

2024-2025 ANNUAL REPORT



Centre for Prehospital Care

Health Sciences North

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Centre for Prehospital Care

Health Sciences North

INTRODUCTION

On behalf of the staff, including the Medical Directors and Advisors, of Health Sciences North Centre for Prehospital Care (HSN CPC), it is our pleasure to present the annual report for fiscal year 2024-2025.

This report follows the template provided by the Emergency Health Regulatory and Accountability Branch, and demonstrates how our organization addresses the key performance indicators listed in the Performance Agreement.

We have completed another productive and successful year. Some key achievements during this fiscal year include:

- We certified **128** new paramedics
- We provided advice and online medical direction during **618** patch calls
- ***70,419** ACRs were processed through our clinical filter identification system from April 1, 2024 to March 31, 2025.
 - **51,646** matched our clinical filters and were electronically audited.
 - **7,964** were identified as requiring further review by a clinical auditor

*We continue to face challenges accessing and importing data from Prehos into IQEMS, which impacts 4 of our 9 services - representing over 37,000 calls. This ongoing data integration issue has further affected timelines and the overall functionality of the centralized system.

We acknowledge the exceptional work of all our staff as we continue to seek new and innovative methods of delivering our services to our stakeholders while meeting and, in some cases, exceeding the expectations defined in our Performance Agreement.

DR. JASON PRPIC
REGIONAL MEDICAL DIRECTOR

COREY PETRIE
INTERIM REGIONAL MANAGER

OUR PURPOSE, COMMITMENTS AND VALUES

Our Purpose

To provide high quality health services, support learning and generate research that improves health outcomes for the people of Northeastern Ontario.

Our Commitments

Showing positive regard for each person's strengths, qualities and values.

We will partner with humility, valuing each person's and each community's strengths and ideas to bring the best care, education and research solutions forward.

We will provide a physically, psychologically and culturally safe environment that promotes a positive care, working and learning experience.

Our Values

We believe in and will model:

Respect Showing positive regard for each person's strengths, qualities and values.

Quality Providing patient and family-focused services that are safe, reliable, accessible (timely), efficient, effective and equitable.

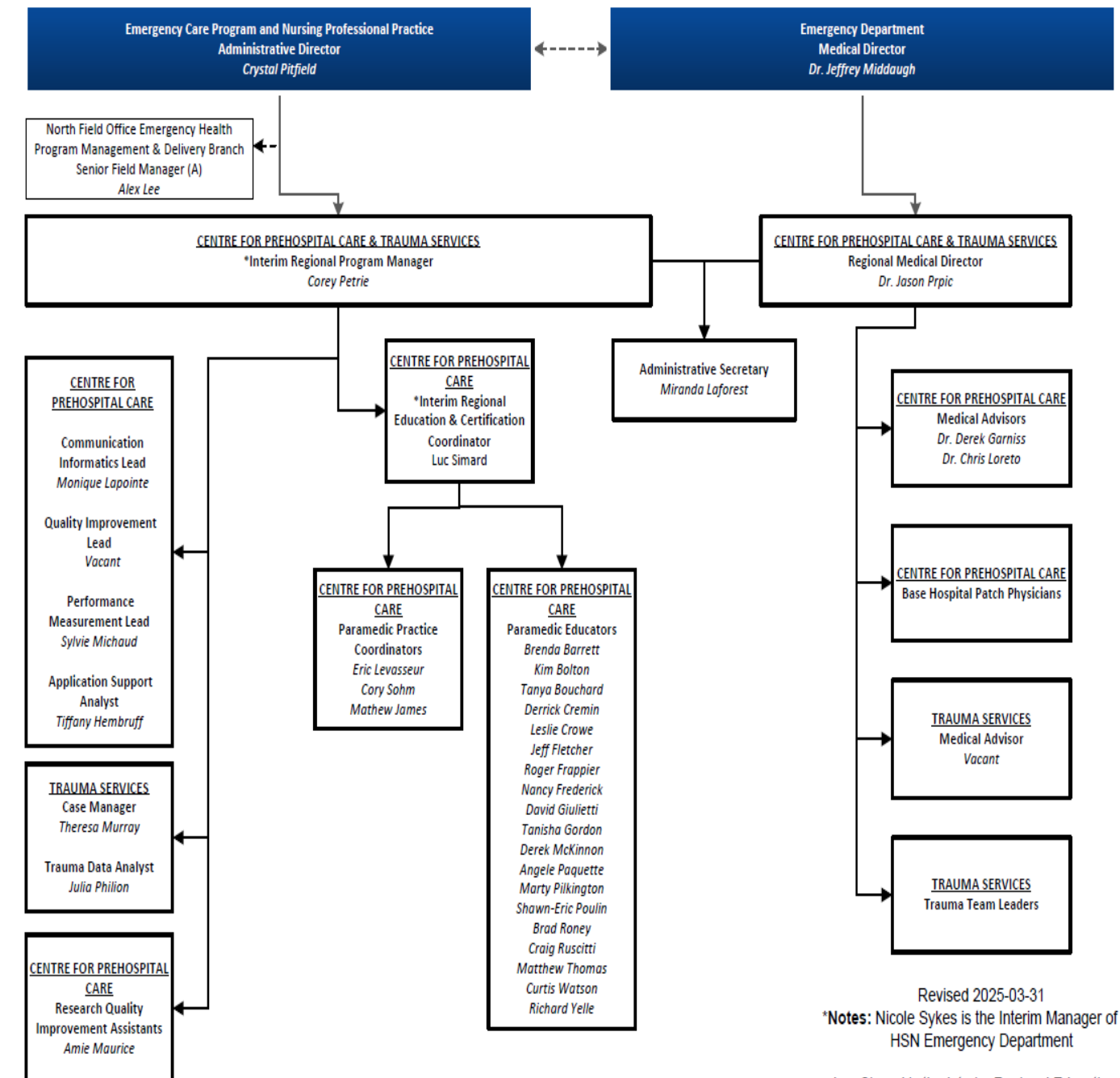
Transparency Sharing information that is timely and truthful, working within the limits of law and policy.

Accountability Taking personal responsibilities for our actions, behaviours and decisions.

Compassion Responding to the needs of others, showing kindness and empathy.



ORGANIZATION CHART



Revised 2025-03-31
 *Notes: Nicole Sykes is the Interim Manager of the HSN Emergency Department

Luc Simard is the Interim Regional Education & Certification Coordinator, effective January 6, 2025

MEET THE TEAM

Corey Petrie  INTERIM REGIONAL MANAGER	Dr. Jason Prpic  REGIONAL MEDICAL DIRECTOR	Dr. Derek Garniss  MEDICAL ADVISOR	Dr. Chris Loreto  MEDICAL ADVISOR
Monique Lapointe  COMMUNICATIONS & INFORMATICS LEAD	Tiffany Hembruff  APPLICATION SUPPORT ANALYST	Miranda Laforest  ADMINISTRATIVE SECRETARY	Sylvie Michaud  PERFORMANCE MEASUREMENT LEAD
Eric Levasseur  PARAMEDIC PRACTICE COORDINATOR	Cory Sohm  PARAMEDIC PRACTICE COORDINATOR	Luc Simard  INTERIM REGIONAL EDUCATION & CERTIFICATION COORDINATOR	Mathew James  PARAMEDIC PRACTICE COORDINATOR

Casual Educators

- Brenda Barrett
- Kimberly Bolton
- Tanya Bouchard
- Derrick Cremin
- Leslie Crowe
- Jeffrey Fletcher
- Roger Frappier

- Nancy Frederick
- David Giulietti
- Isobel Hartley
- Amie Maurice
- Derek McKinnon
- Angele Paquette
- Marty Pilkington

- Shawn-Eric Poulin
- Brad Roney
- Craig Ruscitti
- Matthew Thomas
- Curtis Watson
- Richard Yelle

HIGHLIGHTS

Online Medical Consultation Program

Paramedics routinely consult with Base Hospital physicians during Advanced Life Support Patient Care Standard (ALS PCS) mandatory patch points. Historically, these phone or radio patches were routed to Health Sciences North's Emergency Department, where an emergency physician would consult with the paramedic. However, consultations were often delayed, as emergency physicians were attending to other patients.



As of May 1, 2024, our Base Hospital - through a partnership with the Regional Paramedic Program for Eastern Ontario (RPPEO) and the Centre for Paramedic Education and Research (CPER) - joined a Ministry of Health-funded pilot project called the Online Medical Consultation (OMC) program. Under the initiative, paramedics no longer patch to a busy Emergency Department, but instead connect directly with dedicated physicians available 24/7.

The OMC program is more than a patching system; it is helping to reshape Ontario's 911 response model by ensuring patients receive the right care, at the right time, from the right healthcare provider. OMC goes beyond traditional physician support - it is a transformative model that empowers paramedics with real-time clinical guidance, reduces unnecessary Emergency Department visits, optimizes healthcare system capacity, and improves patient outcomes.

This initiative continues to support enhanced patient care, while also generating significant cost avoidance through more efficient use of healthcare resources. By building a stronger, more resilient healthcare system, OMC is driving meaningful change for Ontarians. This pilot project is currently funded until the end of 2025, and we remain hopeful that funding will be extended beyond this period.

Suboxone Elective CME

HSN Centre for Prehospital Care in conjunction with HSN Addictions & Medicine staff hosted a beta test event for elective Suboxone Simulation CME. Participants learned therapeutic communications and how to apply the Opioid Toxicity and Withdrawal directive for the effective treatment of opioid use disorder patients. Thank you to Greater Sudbury Paramedics and college partners for making this event a great success!



Collaborative Simulation Events with HSN Emergency Department

In 2024-25, the Centre for Prehospital Care and HSN Emergency Department (ED) joined together to host various Integrated Simulation Events. The HSN Simulation team, HSN ED Physicians/RN/RT staff and Greater Sudbury Paramedic Services participated collaboratively in high-acuity, low frequency critical care simulation cases. Learning together, in a risk-free environment, paramedics practiced resuscitation skills and hands-on procedures. The following is a testimonial from one of the events:

"I recently participated in the HSN CPC simulation and had an outstanding experience collaborating with my co-workers and receiving staff. The simulation provided an incredibly realistic and immersive environment, to practice low - frequency, high acuity calls effectively. One of the highlights from the event was receiving feedback from physicians and base hospital staff in a debrief after the call. Their insights were valuable and have enhanced my skills and confidence. The open discussion between the paramedics and receiving staff allowed me to reflect on my performance, understand my strengths, and identify my weaknesses. Overall, the simulation was a great learning experience for me. I would highly recommend this event to anyone looking to improve their skills."



PPC Luc Simard Receives Prestigious EMS Exemplary Service Medal

Congratulations to CPC Paramedic Practice Coordinator Luc Simard who recently received the prestigious Governor General's Emergency Medical Services Exemplary Service Medal (ESM). The ESM was presented to Luc recognizing 20 years of exemplary service by Brigadier-General Forestier serving as the official representative of The Governor General of Canada, Her Excellency the Right Honourable Mary Simon.

Since 1994, as part of the Canadian Honours Programme, the Governor General annually selects Canadian EMS professionals to receive an ESM for 20 years of exemplary service and a bar for each 30 years and 40 years of exemplary service. This award recognizes professionals in the provision of prehospital emergency medical services to the public, who have performed their duties in an exemplary manner, characterized by the highest standards of good conduct, industry and efficiency. At least 10 of these years must have been in the provision of prehospital emergency medical services to the public, which involves potential risk to the individual.

Luc is a College Boreal alumnus and a graduate of the Primary and Advanced Care Paramedic programs. He worked for Greater Sudbury Paramedic Services for over 18 years, the majority of which he practiced as an advanced care paramedic. Luc was also a College Boreal Professor with a specialty in simulation training. Luc has been past president of the Greater Sudbury Paramedic Association and was a recipient of the Leonce Seguin Memorial award. Luc continues in his role as a Paramedic Practice Coordinator with our base hospital in the Sudbury office. He ensures effective curriculum development and timely delivery of continuing medical education to Manitoulin-Sudbury and Greater Sudbury Paramedic Services.

What made this years ESM gala special for Luc was that his spouse, Annik Thibault-Simard also received her ESM award. Annik is a veteran Advanced Care Paramedic with Greater Sudbury Paramedic Services serving the Greater Sudbury community. Congratulations to both Luc and Annik on being recipients of this prestigious Exemplary Service Medal.



Mandatory Continuing Medical Education (CME) Highlights

The Centre for Prehospital Care's Mandatory Continuing Medical Education (CME) highlights reflect its commitment to maintaining high standards in prehospital medical practice. This year's education events focused primarily on the ALS Patient Care Standards (ALS PCS) 5.4 and introduced new auxiliary directives tailored for specific paramedic services. Key sessions covered procedures such as Intranasal Glucagon administration and Suboxone use, alongside updating airway skills for SGA gastric suctioning. Also covered were patellar dislocation management, ketamine for analgesia, and the Dual Sequential External Defibrillation (DSED) and Vector Change Defibrillation (VCD) treatments for medical cardiac arrest. Paramedic also enhanced their skills in managing tachydysrhythmias, ensuring they remain proficient in delivering timely, evidence-based care.

The Centre for Prehospital Care's educational mandate is to ensure the education and standardization of practical skills necessary for the certification and delegation of specific advanced medical procedures (including controlled acts), as defined in the ALS Patient Care Standards.

The 2024-25 mandatory education events focused on the preparation for the launch of the ALS PCS v5.4 directives. Some of the education highlights included:

Ketamine: Paramedics reviewed the pathophysiology of pain response, Ketamine's mechanism of action, including the indications, contraindications, potential adverse effects and black box warnings, its amnesic effects and a ketamine emergency reaction and potential ways to avoid and treat a ketamine emergence reaction.

Medical Cardiac Arrest DSED & VC: The newest version of the ALS PCS has changed the way cardiac arrest management is completed by paramedics. Both Advanced Care and Primary Care Paramedics are focusing on good quality resuscitation, which involves proper airway management, defibrillation, medication administration and post-ROSC care. This also includes the addition of Double Sequential External Defibrillation (DSED) (only for authorized services) and Vector Change (VC) (all services). DOSE VF therapy has been shown to have positive outcomes in terminating refractory ventricular rhythms and in the process, improving survival to discharge with positive neurological outcomes.

Patellar Dislocation Reduction: Paramedics identified the anatomical structures and functions of the patella. They discussed the different mechanisms of trauma that can cause patellar dislocation and the common risk factors associated with patellar dislocation.

Supraglottic Airway - Gastric Port Suctioning: Paramedics reviewed and practiced gastric port suctioning skills, including equipment selection and appropriate techniques, and documentation.

Traumatic Hemorrhage: Paramedics discussed the significance of traumatic hemorrhage in pre-hospital care, and its potential mortality risk. The pharmacology of Tranexamic Acid (TXA) was reviewed, including indications and contraindications for its use.

Emergency Childbirth - Oxytocin: The physiological process as well as techniques for each stage of labour, including normal and abnormal signs were reviewed. Further discussions included post partum hemorrhage treatment and techniques for treating various childbirth complications, such as: nuchal cord, cord prolapse, limb presentation and shoulder dystocia, as well as postpartum management of both the infant and the adult patient.

Medication Administration Cross Check: Paramedics discussed the challenges and risks associated with medication administration in emergency settings, evidence-based strategies to verify medication accuracy, and the implementation of systems and practices that minimize the potential for errors.

Suboxone - Buprenorphine/Naloxone: Additionally, Advanced Care Paramedics in Greater Sudbury received information and training on the use of Suboxone Buprenorphine/Naloxone. They discussed the growing epidemic of opioid addictions in Ontario and the implications of rising medical emergencies related to Opioid Use Disorder on the healthcare system.

Collaboration

OBHG Education SubCommittees

Annual Curriculum Working Group (ACWG)

Building on the success of previous year's collaboration, the Annual Curriculum Working Group (ACWG) focused on updating and implementing both in-person and asynchronous online education which aligned with the upcoming ALS PCS v5.4 and annual CME education cycle. The Education Subcommittee (ESC) worked diligently and met frequently to ensure the newly developed materials were thoroughly reviewed and ready for roll-out in early 2025.

Annual Curriculum and Storage Working Group

This working group supports the work of the Annual Curriculum Working Group by maintaining a centralized location to house educational documents created by each base hospital. This site supports ongoing sharing and ensures standardization of educational materials.

Autonomous Intravenous Working Group

The Autonomous Intravenous Working Group completed the updates to the IV program material to reflect the ALS PCS v5.4.

Scenario Working Group (SWG)

At the 2024 Annual General Meeting (AGM) in Ottawa, the Scenario Working Group (SWG) continued to develop certification scenarios aligned with the ALS PCS v5.4 medical directives. These certification scenarios were developed to capture the education of both Primary Care Paramedics (PCPs) and Advanced Care Paramedics (ACPs) on the updated medical directives.

Following the creation of these scenarios in September, our base hospital participated in a beta-testing session. A comprehensive review was completed on the existing PCP and ACP OSCE scenarios and minor edits and additions were made to align these scenarios with ALS PCS v5.4. A more comprehensive review of the entire scenarios bank is planned for the 2025 AGM to ensure continued clinical excellence.

Certification Standards Working Group

A Certification Standard Working Group was assembled in September 2018 to review the Certification Standards. The Working Group consisted of one representative from each of the five regions of OAPC, one representative from Toronto EMS, Ornge operations, and each Base Hospital. Greg Sage (OAPC) and Maud Huiskamp (MAC) co-chair this working group. This work is expected to resume in April 2025.

OBHG Data and Quality Committee

The DQM continues to collaborate provincially with other Regional Base Hospital Programs (RBHP) on matters related to data management and quality improvement in Ontario. Current projects include:

1. TXA/Ketamine Working Group

1.1. Ongoing development of evaluation framework

2. Patient Safety Committee

2.1. Terms of reference have been reviewed and approved

3. Data Management Working Group

3.1. Terms of reference have been reviewed and approved

3.2. Medication Volume

4. ACR Code Request Working Group

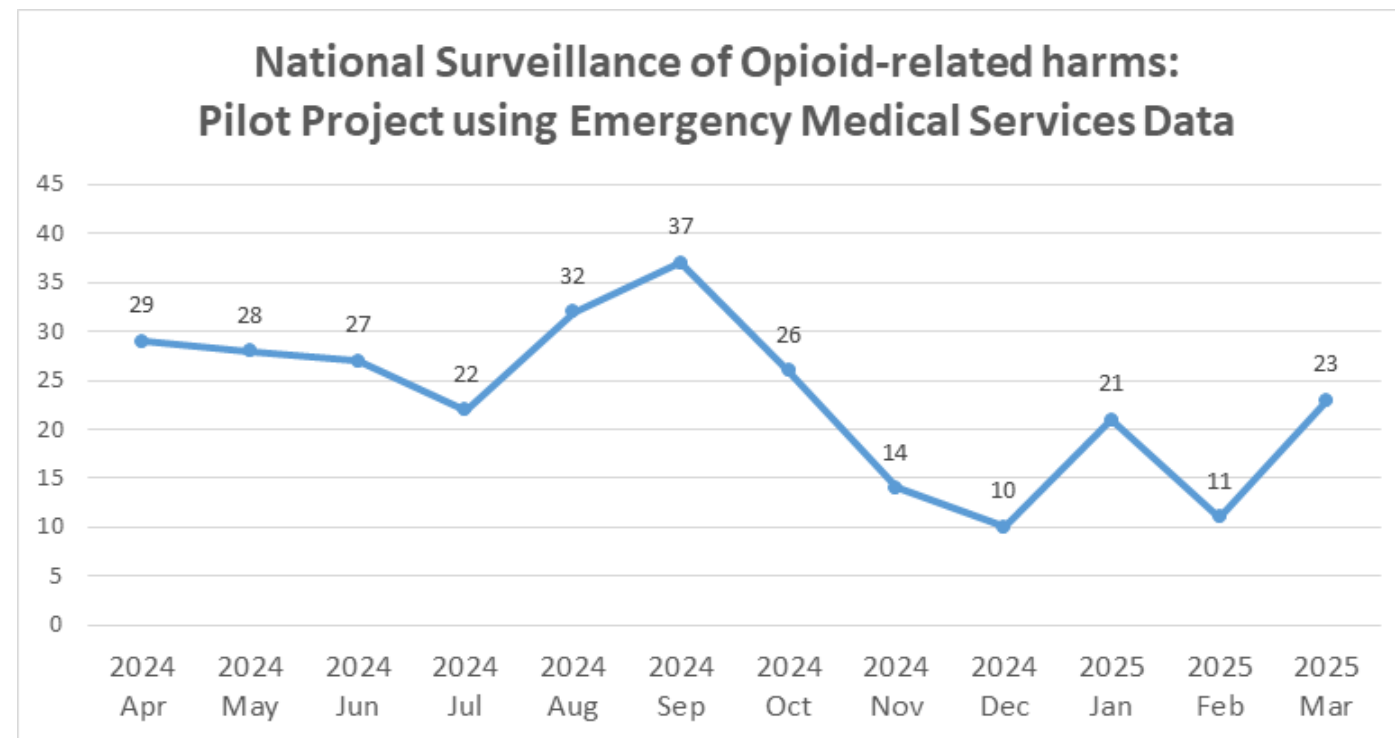
4.1. New codes reviewed and approved

4.2. Ontario Data Dictionary for Paramedic Services Reviewed

Opioid-related harms in Canada – Provincial Reporting

The Government of Canada works closely with the provinces and territories to collect and share data on apparent opioid-related deaths. Accurate information about the crisis is needed to help guide efforts to reduce opioid-related harms, including deaths. Emergency Medical Services data in this report is collected by the Ontario Base Hospital Group, updated four times a year and have been shared through the Special Advisory Committee on the Epidemic of Opioid Overdoses. (source: <https://www.canada.ca>)

The Base Hospital exports this data from the paramedic services ePCR databases and analyzes the information for accuracy and reporting purposes. The report is sent to the MoH via the OBHG Data Quality Management Subcommittee.



Paramedic Portal of Ontario (PPO)

Health Sciences North Centre for Prehospital Care, Southwest Ontario Regional Base Hospital Program, ORNGE Base Hospital and Sunnybrook Center for Prehospital Medicine continue to collaboratively pursue standardization of paramedic certification management as well as enhancing the delivery of education through its established Paramedic Portal of Ontario (PPO).

Operational Working Group paused new development items, and continued to work on training materials. The technical working group, along with the system developers focused on system maintenance and bug fixes to stabilize the paramedic portal environment.

IQEMS

Health Sciences North Centre for Prehospital Care and Sunnybrook Centre for Prehospital Medicine continue to work collaboratively toward the standardization of quality assurance software and the implementation of a centralized data quality management solution through the Intelligent Quality Evaluation and Management Suite (IQEMS). This web-based platform supports key components of Base Hospital Continuing Quality Improvement programs, including data mining, peer review and compliance auditing, secure communication with stakeholders, incident investigation and self-reporting, streamlined workflow and document management.

We continue to face challenges accessing and importing data from Prehos into IQEMS, which impacts 4 of our 9 services—representing over 37,000 calls. This ongoing data integration issue has further affected timelines and the overall functionality of the centralized system.

Base Hospital Review - June 18-19, 2024

The HSN CPC team deserves recognition for their exceptional support in meeting the Regional Base Hospital Performance Agreement requirements related to the operation and administration of the Base Hospital Program. The team's collaborative efforts were formally recognized and praised across multiple areas, including host hospital requirements, continuous quality improvement documentation, policies and procedures, paramedic education, and the ambulance call report audit process. Additionally, the team's readiness and responsiveness throughout the two-day review - providing timely assistance and addressing inquiries - were invaluable to the successful base hospital review.

Kudos to the CPC team for their dedication and professionalism!

Centre for Prehospital Care Celebrates Paramedic Week 2024

In recognition of our paramedics' dedication, we celebrated this year's theme: "Help Us Help You" with gratitude, stories and connection. To show daily appreciation, we ran a week-long gift card draw where winners were selected randomly each day.

In addition, paramedics were invited to nominate their colleagues who exemplify the 2024 theme. We were proud to receive a number of heartfelt submissions that reflected the dedication, compassion, and teamwork that define our services. Throughout the week, six outstanding nominations were highlighted - each accompanied by a blurb and photo submitted by their peers. These individuals were recognized for going above and beyond in their roles and received a gift card as a token of our appreciation.



Cory Pepper - Parry Sound District

"Cory is a stand up guy, consistently mentoring and supporting colleagues, he has outstanding work ethic and patient care. Is a member of peer support, community paramedicine, preceptor and all around a great human! Cory is a great mentor to all paramedics. He is calm and uses teachable moments to help others."



Tanisha Gordon - Greater Sudbury Paramedic Service

"Tanisha is a phenomenal paramedic. Her compassion and empathy towards patients and their families is truly inspiring. She always approaches each day with a positive attitude. Her willingness to teach new students with the College and her patience with them during preceptorship does not go unseen."



Guillaume Boisvert - Cochrane District Paramedic Service

"Guillaume is a great team player. He is respected by his peers and always has a good attitude. He adheres to protocols and works very well with others!"



Marilyne Herard - Nipissing District Paramedic Service

"Marilyne has been diligently working for over 35 years. She has always gone above and beyond in all aspects of her job. Patients never leave the hospital without being wrapped in a warm blanket, just one of the little things she does in her days as a paramedic."



Napoleon Tousignant - Algoma District Paramedic Service

"Napoleon is working with close to 20 years of experience. His commitment to the communities he serves is apparent and he is always working extra to help out due to short staffing. He is always there for his co-workers whether on a call or picking up the phone to check on others."



Sarah Stagg - Manitoulin-Sudbury Paramedic Service

"Sarah, on more than one occasion, has proved to go above and beyond in her role as a paramedic. She does everything in her power to ensure the highest quality of care for her patients. Sarah is the prime example of what a paramedic should be and how one should treat the people in their care."

RESEARCH

Canadian Resuscitation Outcome Consortium

The CanROC Cardiac Arrest Registry collects data on cardiac arrest events, including patient demographics, bystander interventions (such as CPR or defibrillator use), emergency response times, treatments provided by emergency medical responders (including drug therapy and CPR quality), and patient outcomes. By analyzing this data CanROC is able to look for trends, best practices, and guide future protocol development, all of which can help increase survival. Additionally, participating services have access to this data to determine areas that can be improved locally to help give patients the best chance at surviving cardiac arrest. Data collection is currently ongoing at three Canadian sites representing a population of approximately 15 million people in the provinces of Ontario and British Columbia.

Pediatric Out-of-Hospital Cardiac Arrest Resuscitation: Evaluation of IM Epinephrine (The PRIME Trial)

Paediatric out-of-hospital cardiac arrest (POHCA) is a life-threatening event associated with extremely poor outcomes. Survival rates of POHCA have been reported at 10.2%. Many children who survive, have a significant new neurological impairment.

In this study, all children who are confirmed to have experienced a cardiac arrest, are ≥ 24 hours of age and <18 years old and have not experienced an obvious traumatic event will be eligible for study inclusion.

Starting in the Fall of 2025, Paramedics in the Sault Ste Marie Paramedic Service, will be able to provide immediate on-scene management by administering early epinephrine via intramuscular injection. This is a new study protocol for Primary Care Paramedics.

MEDICAL DELEGATION

Q1 The Host Hospital shall ensure that Emergency Medical Attendants and Paramedics are qualified to perform the Controlled Acts and/or other medical procedures as recommended by the Provincial Medical Advisory Committee (PMAC) and the Director. Describe the process.

The HSN CPC is mandated by the Ambulance Act (Ontario Reg. 257/00) to ensure that paramedics are competent to practice. The method by which paramedics are certified is strongly influenced by the Delegation of Controlled Acts policy developed by the College of Physicians and Surgeons of Ontario. In short, it is the responsibility of the Regional Base Hospital Programs to provide an ongoing process by which the “Providers” are continuously informed of best practice guidelines and new trends and are competent to practice in the prehospital environment. As no single process can accomplish these goals, the HSN CPC combines various methodologies and techniques to be utilized as part of a comprehensive continuing medical education program (CME). The goal of the CME program is to prepare paramedics to respond appropriately to a wide range of patient situations, both routinely and infrequently, encountered in the field. Paramedics who do not meet the requirements as laid out in the Certification Standard may be subject to a skills review by the Medical Director or delegate. In rare cases, a Paramedic may have their certification temporarily suspended until such a time that all mandatory CME credit hours are accumulated. Paramedic Services present paramedics who have, at a minimum, an offer of employment at the requested paramedic level to the Base Hospital for certification. Primary Care Paramedics (PCP) complete an orientation process to ensure that they are properly prepared for the evaluation process. They demonstrate competency through a process of scenarios and written questions mapped to their respective scope of practice. During the certification event, they are required to demonstrate competency through a series of scenarios, skills stations and oral questions. In addition to the requirements of a PCP, all Advanced Care Paramedic (ACP) candidates are required to have written the Ministry of Health Advanced Care Paramedic (MOH ACP) exam prior to attending.

Q2 The Host Hospital shall ensure that the Base Hospital Program establishes and maintains a procedure whereby Paramedics already certified under the authority of another Base Hospital Program Medical Director are recognized by the Base Hospital Program.

2.1 Describe the procedure used to ensure paramedics already certified under the authority of another Base Hospital Program Medical Director are recognized by the Base Hospital Program.

Cross Certification applies to paramedics already certified by an Ontario Base Hospital who are seeking certification from another Base Hospital. Once the paramedic is deemed eligible for cross-certification, the Paramedic must complete the Certification Request Form which includes:

- Certification from any Ontario Base Hospital that has occurred within a 10-year period immediately preceding the application
- A declaration of any previous deactivations and/or decertifications that has occurred within the 10-year period immediately preceding the application.
- Current certification status from all Base Hospitals under which the paramedic is certified.
- Permission for the prospective Base Hospital to obtain information from other Base Hospitals regarding the paramedic's previous practice.

The paramedic must successfully complete an evaluation by the Base Hospital and any orientation and training required by the Base Hospital. The evaluation may include:

- An assessment of knowledge and skills;
- Scenario evaluation; and,
- Oral interview or clinical evaluation with the Medical Director

Upon meeting the above requirements for Cross Certification, the Medical Director shall certify the Paramedic.

2.2 Total number of paramedics that work for more than one employer.

As of March 31, 2025, HSN Centre for Prehospital Care had **29** paramedics who worked for more than one employer.

Q3 Provide a list of affiliated Ambulance Services with whom the Base Hospital has signed agreements.

- Algoma District Paramedic Services
- Greater Sudbury Paramedic Services
- Cochrane District Paramedic Services
- District of Sault Ste. Marie Paramedic Services
- District of Nipissing Paramedic Services
- Manitoulin-Sudbury DSB Paramedic Services
- Parry Sound District Emergency Medical Services
- Timiskaming District Emergency Medical Services
- Weeneebayko Area Health Authority Paramedic Services

3.1/3.2 Total number of ACPs and PCPs for this reporting year.

The data below is reflective of the date of data extraction: March 31, 2025. Numbers represent positions (one paramedic may work for two or more services and be represented as such in the data below)

REPORTING PERIOD	TOTAL ACP	TOTAL PCP	TOTAL #
April 1, 2024 to March 31, 2025	97	874	971

*This section includes multi-service medics (i.e. a single medic who works in Service A and Service B would be counted twice).

SERVICE	ACP	PCP	TOTAL
ALGOMA DISTRICT PS		83	83
COCHRANE DISTRICT PS		104	104
GREATER SUDBURY PS	73	131	204
MANITOULIN-SUDBURY DSB PS		137	137
DISTRICT OF NIPISSING PS	24	96	120
PARRY SOUND DISTRICT EMS		94	94
DISTRICT OF SSM PS		101	101
TIMISKAMING DISTRICT EMS		64	64
WAHA PS		64	64

3.3 A list of the delegated Controlled Acts

Note: Not all components of the scope of practice are Controlled Acts

SCOPE OF PRACTICE FOR PARAMEDICS (* = SELECT AREAS OF THE REGION)

	PRIMARY CARE	ADVANCED CARE
MEDICATIONS CARRIED		
Acetaminophen	✓	✓
Adenosine		✓
Amiodarone *(NIP)		✓
Antibiotics	✓	✓
ASA	✓	✓
Atropine		✓
Buprenorphine/Naloxone (CDPS only)	✓	
Calcium Gluconate		✓
Dexamethasone	✓	✓
Dextrose *(Except ADPS)	✓	✓
Dimenhydrinate (Gravol)	✓	✓
Diphenhydramine (Benadryl)	✓	✓
Dopamine		✓
Epinephrine	✓	✓
Fentanyl		✓
Glucagon (PSDEMS and TEDEMS do not administer Glucagon IN)	✓	✓
Glycopyrrolate *(Palliative for GSPS and CDPS)	✓	✓
Haloperidol *(Palliative for GSPS and CDPS)	✓	✓
Hydrocortisone Sodium Succinate	✓	✓
Hydromorphone *(Palliative for GSPS ACP)		✓
Hydroxocobalamin (GSPS, CDSP, TDEMS)	✓	✓
Ibuprofen	✓	✓
Ketamine		✓
Ketorolac	✓	✓
Lidocaine (GSPS)		✓
Midazolam		✓
Morphine		✓
NaCl 0.9% (Except ADPS)	✓	✓
Naloxone	✓	✓
Nitroglycerin	✓	✓
Ondansetron	✓	✓
Oxytocin	✓	✓
Oxygen	✓	✓
Salbutamol (MDI and Nebulization)	✓	✓
Sodium Bicarbonate		✓

3.3 A list of the delegated Controlled Acts *continued*

SCOPE OF PRACTICE FOR PARAMEDICS (* = SELECT AREAS OF THE REGION)

OBSTETRICAL/NEONATAL TRANSFER	PRIMARY CARE	ADVANCED CARE
Assess and Recognize Obstetrical Emergencies	✓	✓
Delivery of the Neonate	✓	✓
TRAUMA	PRIMARY CARE	ADVANCED CARE
Lateral Patellar Reduction	✓	✓
AIRWAY/VENTILATORY COMPROMISE SKILLS	PRIMARY CARE	ADVANCED CARE
CPAP	✓	✓
Endotracheal Intubation (Oral)		✓
Endotracheal & Tracheostomy Suctioning	✓	✓
iGel Insertion	✓	✓
King LT Insertion	✓	✓
Magill Forceps Utilization		✓
Needle Thoracostomy		✓
Oral/Nasal Airway	✓	✓
Oximetry	✓	✓
Positive Pressure Ventilation with BVM	✓	✓
Suctioning Mouth and Nose	✓	✓
Tracheostomy Reinsertion	✓	✓
CARDIOVASCULAR COMPROMISE	PRIMARY CARE	ADVANCED CARE
V4R/15 Lead ECG Acquisition and Interpretation	✓	✓
12 Lead Acquisition	✓	✓
12 Lead Interpretation	✓	✓
ECG Interpretation (PCP-five basic rhythms only)	✓	✓
Pacing		✓
Fluid Bolus Initiation		✓
Intravenous Cannulation		✓
Intraosseous Access		✓
Manual Defibrillation	✓	✓
Valsalva Maneuver		✓
Synchronized Cardioversion		✓
Emergency Home Dialysis Disconnect	✓	✓
DRUG ADMINISTRATION	PRIMARY CARE	ADVANCED CARE
Administer Drugs via SL; SC; PO; IM; IN, MDI and Nebulized Routes	✓	✓
Administer Drugs via ETT; IO		✓
Administer Drugs via IV (Except ADPS)	✓	✓
CVAD Access		✓
Hydrocortisone	✓	✓

3.4 A list of the Controlled Acts that have been removed this reporting year.

There have been no Controlled Acts removed in the fiscal year 2024-25.

PRIMARY CARE PARAMEDIC MEDICAL DIRECTIVES	GSps	MSps	DSSMPS	ADPS	DNSSAB-PS	PSDEMS	TDEMS	CDPS	WAHA
CORE DIRECTIVES v5.3									
Acute Cardiogenic Pulmonary Edema	✓	✓	✓	✓	✓	✓	✓	✓	✓
Analgesia	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bronchoconstriction	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cardiac Ischemia	✓	✓	✓	✓	✓	✓	✓	✓	✓
Croup	✓	✓	✓	✓	✓	✓	✓	✓	✓
Emergency Childbirth	✓	✓	✓	✓	✓	✓	✓	✓	✓
Endotracheal and Tracheostomy Suctioning and Reinsertion	✓	✓	✓	✓	✓	✓	✓	✓	✓
Home Dialysis Emergency Disconnect	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hypoglycemia	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medical Cardiac Arrest	✓	✓	✓	✓	✓	✓	✓	✓	✓
Moderate to Severe Allergic Reaction	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nausea and Vomiting	✓	✓	✓	✓	✓	✓	✓	✓	✓
Newborn Resuscitation	✓	✓	✓	✓	✓	✓	✓	✓	✓
Opioid Toxicity and Withdrawal	✓	✓	✓	✓	✓	✓	✓	✓	✓
Return of Spontaneous Circulation (ROSC)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Supraglottic Airway	✓	✓	✓	✓	✓	✓	✓	✓	✓
Suspected Adrenal Crisis	✓	✓	✓	✓	✓	✓	✓	✓	✓
Trauma Cardiac Arrest	✓	✓	✓	✓	✓	✓	✓	✓	✓
AUXILIARY DIRECTIVES V5.3									
Cardiogenic Shock	✓	✓	✓		✓	✓	✓	✓	*
Continuous Positive Airway Pressure (CPAP)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Intravenous and Fluid Therapy	✓	✓	✓		✓	✓	✓	✓	*
Musculoskeletal Pain			✓		✓	✓			
Cyanide Exposure	✓						✓	✓	
AUXILIARY MEDICATIONS V5.3									
Opioid Toxicity and Withdrawal - Buprenorphine/ Naloxone								✓	
DISCHARGE FROM CARE AUXILIARIES									
Seizure - Treat and Discharge	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hypoglycemia - Treat and Discharge	✓	✓	✓	✓	✓	✓	✓	✓	✓

* Note: Only Constance Lake Station Paramedics are IV certified in WAHA Service and authorized in Cardiogenic Shock and Intravenous and Fluid Therapy

Q4 Does the Host Hospital adhere to the Provincial Medical Directives recommended by the PMAC and approved by the Director?

HSN Centre for Prehospital Care adheres to the latest version of the ALS PCS Version 5.3 which came into effect on February 9, 2024.

Q5 The Host Hospital shall adhere to Provincial Certification, Recertification, Change in Certification and Remediation policies, as recommended by PMAC within recommended timelines.

5.1 Have the provincial Certification, Recertification, Change in Certification and Remediation policies, as recommended by PMAC within recommended timelines been adhered to?

HSN CPC adheres to the Provincial Maintenance of Certification Policy, Appendix 6 in the Advanced Life Support Patient Care Standards, Version 5.3.

5.2 Total number of initial PCP and ACP certification awarded by Service in the reporting year.

REPORTING PERIOD	TOTAL ACP	TOTAL PCP	TOTAL
April 1, 2024 to March 31, 2025	9	133	142

SERVICE	ACP	PCP	TOTAL
ALGOMA DISTRICT PS		20	20
COCHRANE DISTRICT PS		16	16
GREATER SUDBURY PS	6	18	24
MANITOULIN-SUDBURY DSB PS		12	12
DISTRICT OF NIPISSING PS	3	21	24
PARRY SOUND DISTRICT EMS		11	11
DISTRICT OF SAULT STE. MARIE PS		13	13
TIMISKAMING DISTRICT EMS		6	6
WAHA PS		16	16

Note: A paramedic may have been hired by more than one service at the time of certification and reflected as such in the total numbers.

5.3 Total number of PCP and ACP reactivations in the reporting year.

REPORTING PERIOD	TOTAL ACP	TOTAL PCP	TOTAL
April 1, 2024 to March 31, 2025	8	67	75

SERVICE	ACP	PCP	TOTAL
ALGOMA DISTRICT PS		7	7
COCHRANE DISTRICT PS		12	12
GREATER SUDBURY PS	7	4	11
MANITOULIN-SUDBURY DSB PS		10	10
DISTRICT OF NIPISSING PS	1	4	5
PARRY SOUND DISTRICT EMS		10	10
DISTRICT OF SAULT STE. MARIE PS		9	9
TIMISKAMING DISTRICT EMS		5	5
WAHA PS		6	6

5.4 Total number of PCP and ACP deactivations in the reporting year.

REPORTING PERIOD	TOTAL ACP	TOTAL PCP	TOTAL
April 1, 2024 to March 31, 2025	11	71	82

SERVICE	ACP	PCP	TOTAL
ALGOMA DISTRICT PS		4	4
COCHRANE DISTRICT PS		6	6
GREATER SUDBURY PS	10	7	17
MANITOULIN-SUDBURY DSB PS		10	10
DISTRICT OF NIPISSING PS	1	12	13
PARRY SOUND DISTRICT EMS		7	7
DISTRICT OF SAULT STE. MARIE PS		7	7
TIMISKAMING DISTRICT EMS		10	10
WAHA PS		8	8

Q6.1 Does the Medical Director practice emergency medicine full-time or part-time in the hospital emergency unit?

The Medical Director currently works in the HSN Emergency Department and exceeds the minimum requirement of 250 clinical hours.

6.2 Does the Medical Director hold recognized medical specialty credential(s) in emergency medicine?

The Medical Director is credentialed in Emergency Medicine as CCFP (EM).

Q7.1 Do all Base Hospital physicians have knowledge of paramedic practice and provincial medical directives?

As of May 1, 2024, our Base Hospital—through a partnership with the Regional Paramedic Program for Eastern Ontario (RPPEO) and the Centre for Paramedic Education and Research (CPER)—joined a Ministry of Health-funded pilot project called the Online Medical Consultation (OMC) program. Under this initiative, paramedics no longer patch to a busy Emergency Department, but instead connect directly with dedicated physicians available 24/7.

New physicians undergo a robust onboarding process that includes self-directed learning activities such as listening to patch calls, reviewing clinical standards, and becoming familiar with auxiliary medical directives and region-specific patient care models. They also participate in mock patch calls with competency evaluations to ensure readiness. Each new physician is assigned a mentor who supports their development by listening to consultations and providing written feedback to help refine their skills.

7.2 Total number of online medical consultation physicians engaged as a Base Hospital Physician.

27 Online Medical Consultation Physicians were engaged as Base Hospital Physicians.

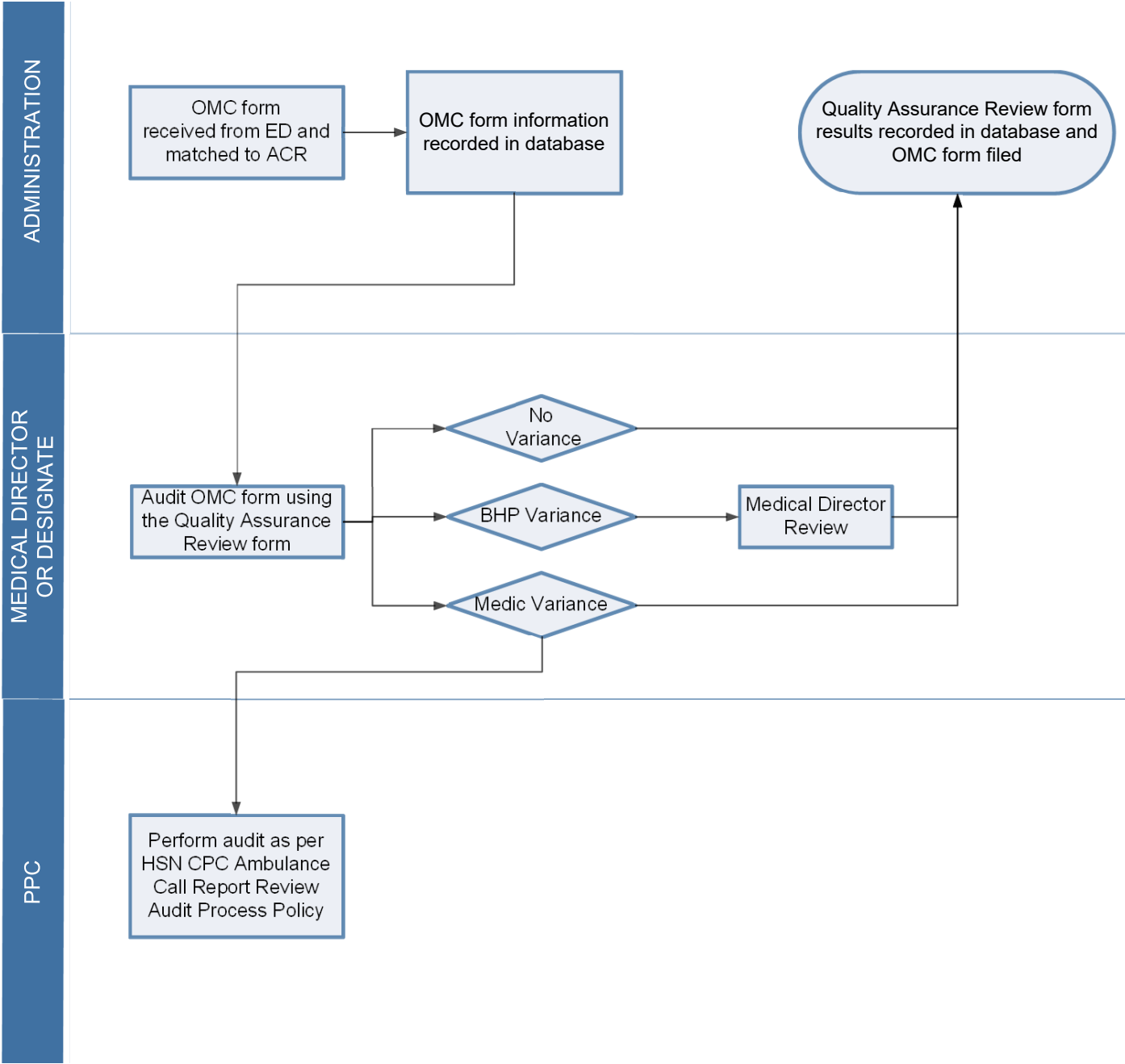
BASE HOSPITAL PHYSICIANS	
Abulrahman Ahmed Alkadhaib (Fellow)	Jonathan Gravel
Michael Austin	Connor Inglis
Kim Barker	Amy McCulloch
Dan Beamish	Paul Miller
Melissa Bouwsema	Simeon Mitchell
Renee Bradley	Jennifer Moore
Ian Buchanan	Sara-Pier Piscopo
Nick Costain	Jason Prpic
Anthony Dixon	Rupinder Sahsi
Richard Dionne	Catherine Sellens
Chris Evans	Paula Sneath
Natasha Ewert	Margaret Vincent
Mark Froats	Ayesha Zia
Justin Godbout	

Q8.1 Total number of Base Hospital physician and paramedic online interactions that have been reviewed for medical quality.

Total of 618 online interactions occurred between April 1, 2024 and March 31 2025, and 100% were reviewed for medical quality.

Problem Code Group	# of Patches	% of Total Patches
VSA	382	62.0%
Neurological	51	8.3%
Cardiac	41	6.6%
General and Minor	29	4.7%
Breathing	29	4.7%
Musculoskeletal/Trauma	28	4.5%
Non-Traumatic	20	3.2%
Endocrine/Toxicological	16	2.6%
Gastrointestinal	8	1.3%
Other	7	1.1%
Circulation	4	0.6%
Airway	2	0.3%
Grand Total	618	100.0%

8.2 Describe the medical quality review process.



MEDICAL OVERSIGHT

Q9 List the dates of Provincial Medical Advisory Committee (PMAC) meetings attended by a member of the Base Hospital Program.

- June 12, 2024
- September 24, 2024
- December 4, 2024
- March 5, 2025

Q10 Are Base Hospital Physicians available for on-line medical direction and control on a 24 hr/7 days a week basis?
Yes.

Q11 The Host Hospital shall ensure that the Base Hospital Program enters into and keeps in effect an agreement with each certified land ambulance service provider listed in Appendix D, with respect to the qualification, ongoing medical oversight, and re-qualification of Paramedics to deliver controlled medical acts under the authority of the Base Hospital Program Medical Director.

HSN CPC has an agreement with each land ambulance service in the Northeast. These agreements include details related to qualification, ongoing medical oversight and requalification of paramedics to deliver controlled medical acts under the authority of the Base Hospital.

Q12 The Host Hospital shall ensure that the Base Hospital Program monitors the delivery of patient care in accordance with the Advanced Life Support Patient Care Standards. Describe the actions taken to monitor the delivery of patient care in accordance with the Advanced Life Support Patient Care Standards.

Continuous Quality Improvement (CQI) is a complex responsibility that requires the collective effort of varied focus areas. Within the HSN CPC, CQI is attained through an integrated system of performance measurement, performance improvement and continuing medical education within a broad based system of quality management and medical leadership.

Performance Measurement is accomplished by collecting and reviewing ambulance call reports (ACRs) for the appropriateness and quality of advanced patient care. Skills and specific patient conditions are categorized as high or low risk procedures by HSN CPC Quality of Care Committee (QCC).

Quality Improvement is an inclusive, multidisciplinary process that focuses on identification of system wide opportunities for improvement. Our efforts focus on identification of the root causes of problems through event analyses, self-reports, and clinical audit reports to reduce or eliminate these causes and develop steps to correct inadequate or faulty processes. The need and importance of a wide overlap between Performance Measurement, Performance Improvement and Continuing Medical Education (Figure 4) is vital to ensure ongoing quality patient care as demonstrated in the well-known and widely used Plan-Do-Study-Act cycle (Figure 5).

FIGURE 4

FIGURE 4

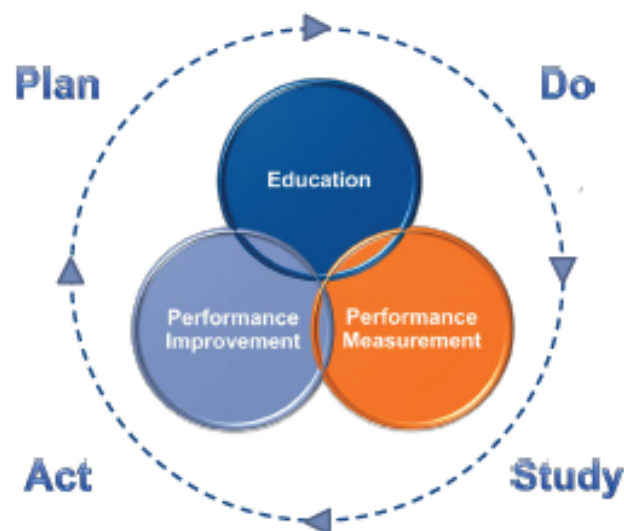


FIGURE 5

FIGURE 5



Q13 The Host Hospital shall ensure that the Base Hospital Program monitors the delivery of patient care in accordance with the Basic Life Support Patient Care Standards, if such monitoring is contained in the agreement with the Upper Tier Municipality and Designated Delivery Agent for land Ambulance Services as set out in Appendix D.

There are no agreements in place at this time. When a BLS issue is noted during the regular ALS auditing processes, service operators are notified for their follow up.

Q14 The Host Hospital shall ensure that timely advice is provided to each Upper Tier Municipality (UTM) and Designated Delivery Agent (DDA) for Land Ambulance Services as set out in Appendix D regarding medical issues in prehospital care.

Advice may be provided formally through either the HSN CPC Quality of Care Committee proceedings that are reported back to Paramedic Services or through the HSN CPC Program Committee. Discussions and resulting action items are tracked through the meeting minutes. Ad hoc advice is provided frequently via conversation, email and non-standing meetings.

14.1 Total number of prehospital medical care issues raised by the UTM or DDA that required advice from the Base Hospital.

When an official request is made by a Paramedic Service or the Ministry of Health (MOH) to review a specific occurrence, all information related to the call is tracked in the IQEMS database. It is forwarded to a Paramedic Practice Coordinator for review and may be analyzed by the QI Lead and the applicable Medical Director/Advisor. All reviews are completed via either the standard call review process or via a formal Event Analysis report in accordance with program policies.

For further information on the outcomes of program audit activities or event analyses, see Appendix B.

14.2 List the top 5 subject areas that advice was requested from UTM and DDAs (i.e. medical equipment, medical acts, policies, etc).

1. ePCR/IQEMS audits
2. Medical Directives and Companion Documents
3. Implementation of Patient Care Models
4. Medical equipment/medication
5. Policy and Procedures

Q15 The Host Hospital shall ensure participation in provincial, regional and community planning that affects prehospital care such as emergency planning, where the Host Hospital has the authority to do so. The total number and dates of provincial, regional, and community planning meetings, indicate the meeting hosts are listed below.

Regional

- Acute Stroke Protocol Improvement Team – Ad hoc
- Cambrian College Paramedic and Advanced Care Flight Paramedic Programs Advisory Committee - Bi-annual
- HSN CPC Audit Huddles – Bi-weekly
- HSN CPC Council (Sudbury/ Videoconference) – Monthly
- HSN CPC NEO Regional Data Advisory Group (Teleconference) - 3 times/year
- HSN CPC Program Committee (Sudbury/ Teleconference) - Quarterly
- HSN CPC Quality of Care Committee (Sudbury/ Videoconference) – Monthly
- HSN EVT Program Development – Ad hoc
- STEMI Bypass Steering Committee – Ad hoc

Provincial

- Base Hospital Managers/ Directors Business Meeting – Monthly
- CCSO Town Hall Meeting – Annual
- IQEMS Operational Working Group - Bi-weekly
- IQEMS Technical Working Group – Weekly
- IQEMS/ PPO Executive Steering Committee - Bi-weekly
- OBHG Annual Curriculum Development Group – Ad hoc
- OBHG Annual General Meeting - Annual
- OBHG Autonomous IV Working Group – Ad hoc
- OBHG Collaboration Working Group (Toronto) - Quarterly & Ad hoc (on hold)
- OBHG Data Quality Management (DQM) - Quarterly
- OBHG Education Sub-Committee – Quarterly
- OBHG Storage Working Group (Wiki site) - Quarterly
- OHBG Scenario Working Group – Ad hoc
- OMC Communications Working Group – Bi-weekly
- OMC Data Evaluation Working Group – Bi-weekly
- OMC Steering Committee – Bi-weekly
- Ontario Base Hospital Medical Advisory Group (MAC) (Toronto) – Quarterly
- Ontario Trauma Advisory Committee (OTAC) Quarterly Meeting (Toronto) - Quarterly
- Ontario Trauma Advisory Committee Medical Directors Working Group – Ad hoc
- Ontario Trauma Coordinators Network (OTCN) (Teleconference) - Quarterly
- PPO Operational Working Group - Bi-weekly
- PPO Technical Working Group - Weekly
- Sunnybrook/ HSN Joint Medical Council Meeting (Toronto & Sudbury) - Bi-annual
- Trauma Registry Advisory Committee - Quarterly

Community

- Critical and Emergency Care Program Council – Monthly
- HSN Emergency Preparedness Committee – Ad hoc
- Suboxone Working Group – Ad hoc
- Sudbury CACC Advisory Committee

National

- National Association of EMS Physicians - Canadian Relations Sub-Committee - Annual & Ad hoc
- Trauma Association of Canada - Performance Improvement Subcommittee - Bi-annual

Q16 The Host Hospital shall make every reasonable effort to ensure that each request for medical advice, direction, or assistance received from an Emergency Medical Attendant, paramedic or communications officer is provided expeditiously and that performance standards are set out in this Agreement are met.

16.1 How are requests for medical advice, direction or assistance from an emergency medical attendant, paramedic or communications office provided?

The following are primary methods of communication:

- 24/7 Online Medical Control through the Base Hospital Physicians
- IQEMS, which is used to discuss audit findings and patient care dialogues
- Ask Mac questions submitted to the Medical Advisory Committee and responses posted to the website
- Email, which is used for the communication of general information and notifications
- Live chats during webcasts are a means for paramedics to ask questions and interact with their medical directors
- Typically twice annual (at minimum) in person sessions with Paramedic Practice Coordinators in an interactive education setting
- Adhoc, all program staff provide support and advice to paramedics on a daily basis.

16.2 Total number of formal requests for medical advice direction or assistance from an Emergency Medical Attendant, Paramedic or communications officer provided.

There were 618 formal requests for medical advice direction or assistance.

Q17 Where a Host Hospital has not been available to expeditiously provide medical advice (eg. Radio patch), direction, or assistance to an Emergency Medical Attendant, Paramedic, or communications officer, the Host Hospital shall document the circumstances of the event in an incident report that will be provided to the Senior Field Manager within 48 hours of the event.

The total number and nature of incident reports provided to the senior Field Manager related to medical advice delays.

All patch failures found through IQEMS and/or reported by a paramedic or service are reviewed to determine root cause and recommend system improvements.

For 2024-2025, we only had 2 patch failures to report to our senior field manager at the Northeast Field Office.

Q18.1 Describe the process used to assist operators with request for assistance and information regarding direct patient care components and elements of local policy and procedures.

Once a request for assistance and/or information has been received in writing by the program, it is triaged by the receiver to determine if its nature is Medical, Educational, CQI, Research, Operational or Other.

- Medical advice and/or inquiries are reviewed by the applicable Medical Advisor or the Regional Medical Director and, when required, forwarded to the Quality of Care Committee (QCC) to be reviewed by the Medical Program as a whole. Minutes of this committee are available to all staff and a report from this committee is provided at Regional Program Committee meetings.
- Educational advice and/or inquiries are assigned to the Regional Education & Certification Coordinator for review and, when required, brought to monthly Council or QCC meetings. A Medical Advisor or the Regional Medical Director may be consulted, as needed.
- Quality Improvement advice and/or inquiries are forwarded to the Quality Improvement Lead for review. A Medical Advisor or the Regional Medical Director may be consulted, as needed.
- Assistance or information related to reportable program metrics are forwarded to the Communication and Informatics Lead or Performance Measurement Lead for review.
- Operational advice and/or inquiries are forwarded to the applicable Paramedic Practice Coordinator and, when required, forwarded to the monthly Council meetings for review.
- Research inquiries are forwarded to the CQI Lead or Regional Manager and when required, the Regional Medical Director is consulted.

18.2 List the top 5 subject areas that information was requested from operators (i.e. medical equipment, medical acts, policies, etc).

1. Initial certification / Return to work requests
2. ePCR/IQEMS Audits
3. Event Analysis
4. Medical equipment purchase advice
5. Continuing Medical Education

EDUCATION

Q19 The Host Hospital will provide a process to confirm and/or ensure the education and standard of practical skills necessary for certification and delegation of specific controlled acts approved by the Provincial Medical Advisory Committee (PMAC) to Emergency Medical Attendants and Paramedics.

HSN CPC develops a yearly CME program that covers the paramedic scope of practice as per the ALS PCS. The goal of the CME program is to prepare paramedics to respond appropriately to a wide range of patient situations both routinely and infrequently encountered in the field.

The Ministry of Health Emergency Health Regulatory and Accountability Branch (MOH-EHRAB) has mandated that PCPs receive a minimum of 8 hours of CME and that ACPs receive a minimum of 24 hours of CME annually. To meet the needs of the service operators, the paramedics and the Regional Base Hospital Programs, these hours have been converted to credit hours (1 hour = 1 credit). Paramedics must have the required number of credits based on their scope of practice logged within the Paramedic Portal of Ontario no later than the third Monday in January.

Failure to meet these requirements will result in a Paramedic review by the Medical Director or designate and may result in the temporary deactivation of the Paramedic's certification. Paramedics who do not meet these requirements are subject to a performance review by the Medical Director or delegate and may have their certification temporarily suspended until such a time that all mandatory CME credit hours are accumulated.

19.1

List the topic, date and length of each continuing medical education program offered to and held for medical, nursing and other allied health staff of the Host Hospital and receiving hospitals in the Ministry-approved geographic coverage area.

DATE	TOPIC/INSTRUCTOR	HOURS/CREDITS
April 20, 2024	Town Hall: Cardiac Pathophysiology (Part 1 of 2), presented by Derek McKinnon, CPC Educator	1.5
April 30, 2024	Town Hall: Home Hemodialysis (HHD) & Continuous Peritoneal Dialysis (CPD) - 2024 Update, presented by HSN Dialysis Staff and CPC Staff	2
May 13, 2024	Town Hall: Cardiac Pathophysiology (Part 2 of 2), presented by Derek McKinnon, CPC Educator	1.5
August 15, 2024	Ventilation in Cardiac Arrest, presented by Ian Drennan, Paramedic Scientist and Assistant Professor in the Department of Family and Community Medicine, and the Institute of Health Policy, Management and Evaluation, at the University of Toronto.	1
August 28, 2024	Town Hall: Confined Spaces, presented by Dr. Derek Garniss, CPC Medical Advisor	1
Various Dates	Spring Skills Sessions - Service Tours by CPC Paramedic Practice Coordinators	varied
September 16, 2024	Coffee & CPAP, presented by Dr. Chris Loreto, CPC Medical Advisor	1
August 8, 2024 & September 5, 2024	Summer CME Series, presented by Dr. Jason Prpic, CPC Medical Director	varied
October 23, 2024	Suboxone Simulation Event, presented by HSN Addictions and Medicine Unit Staff & CPC Staff	3
October 24, 2024	Pregnancy and Infant Loss Information Session, presented by the PAIL Network	2
November 18, 2024	Anaphylaxis vs Allergic Reaction, presented by Dr. Chris Loreto, CPC Medical Advisor	1.5
Various Fall Dates	Prehospital/HSN ED Integrated SIM Events with Dr. Fortino and HSN CPC Staff	4

Q20

The Host Hospital shall ensure that prehospital patient care education is provided in accordance with education standards approved by the Minister as may be implemented and amended from time to time. Provide the topics and time allotted for each educational session delivered this year to paramedics.

In addition to those noted above, the following Virtual sessions were provided specifically for the paramedics.

DATE	TOPIC/INSTRUCTOR	HOURS
April- June 2024	Paramedic Practice Rounds, presented by HSN CPC Paramedic Practice Coordinators	4
September - November 2024	Paramedic Practice Rounds, presented by HSN CPC Paramedic Practice Coordinators	4

Q21

The Host Hospital shall ensure the development and implementation of an educational plan for the Region linked to Continuous Quality Improvement initiatives.

Q22

The Host Hospital shall ensure the provision of the mandated hours of education per year for both PCPs and ACPs.

22.1

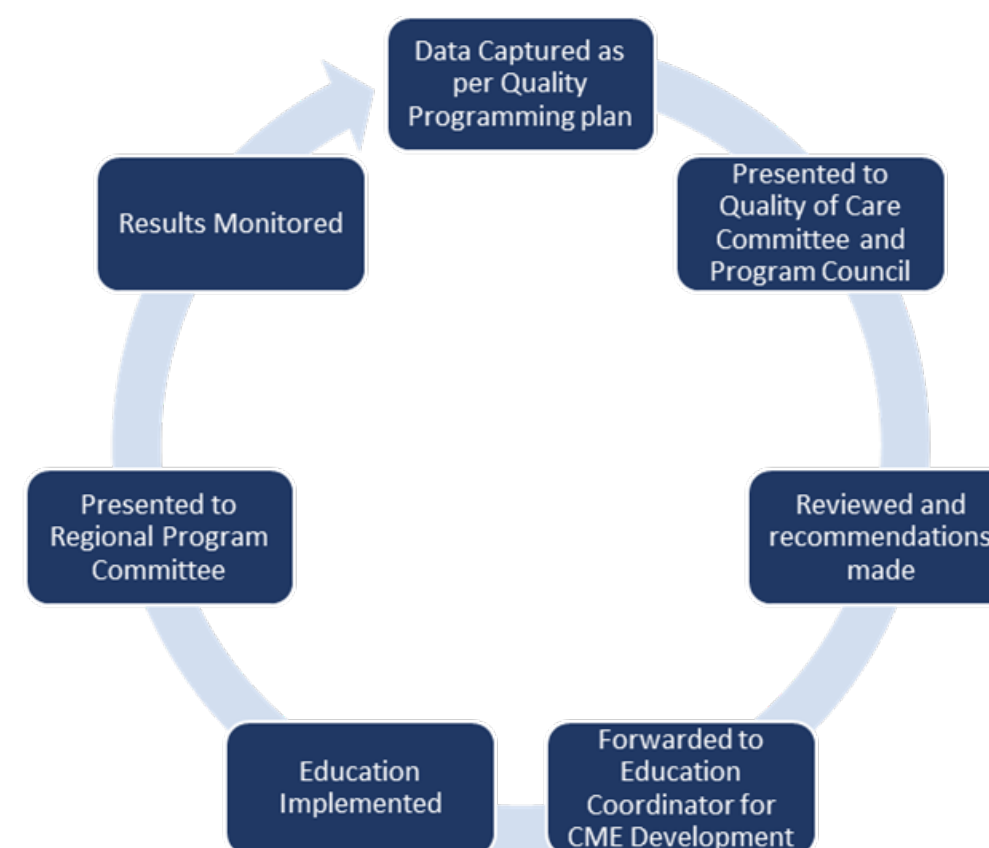
Total number of hours of CME delivered per PCP.

A minimum of 8 CME credits were provided to each PCP.

22.2

Total number of hours of CME delivered per ACP.

In this fiscal year, 24 hours minimum were delivered per ACP.



CONTINUOUS QUALITY IMPROVEMENT (CQI)

Q23 The Host Hospital shall ensure the implementation of a CQI program for each Paramedic employed or engaged by land ambulance service operators as set out in Appendix C and ensure the provision of regular commentary to each Paramedic and operator.

23.1 Total number of paramedics that have been provided with commentary by the host hospital and a brief description of their program.

All paramedics certified under the Program receive commentary on a regular basis, generally via the applicable Paramedic Practice Coordinator for their area. Commentary may include electronic distribution of memos, policies and other documents. As part of auditing activities, paramedics are provided commentary on all of their ACRs with a possible variance from the standard. Additionally, paramedics receive positive commentary via IQEMS.

23.2 Total number of commentary provided to all paramedics.

During the fiscal year 2024-25, HSN CPC made available approximately 1,238 commentaries to paramedics via the Ambulance Call Evaluation process. The Program also distributed various correspondence including 10 memos/letters to paramedics via email and the HSN CPC website.

23.3 Was a minimum of one chart review commentary provided to each paramedic?

Paramedics will receive access to their commentary via IQEMS utilizing the credentials provided in their notification email, 100% of paramedics who completed a call with an identified potential variance received feedback.

Q25 The Host Hospital shall include a report on all CQI activities and findings as part of the annual report submitted to the Ministry.

Refer to [Appendix A: Performance Measurement Standard Report - Reporting Constraints and Limitations](#)

Q26 The Host Hospital shall collaborate with Emergency Medical Services System Stakeholders to share relevant CQI data, as appropriate. How and when was CQI data shared with Emergency Medical Services System stakeholders?

WHAT	WHO	FREQUENCY	HOW
AMBULANCE CALL REPORT AUDIT Notification of any event or circumstance which appears as a variance from the standard.	Paramedics Service Providers	Upon review and closure	IQEMS
EVENT ANALYSIS Sharing of information and outcomes during and post analysis.	Service Providers MOH Field Office	Upon discovery and closure	Event Analysis Report
**AUDIT ACTIVITIES REPORT Number of audits completed / Paramedics	Service Providers	Quarterly	Performance Measurement Standard Reports
**AUDIT VARIANCE DETAIL AND SUMMARY REPORTS Breakdown of variance rates and outcomes by Service	Service Providers	Quarterly	Performance Measurement Standard Reports
**PARAMEDIC SELF REPORTS This report identifies the number of self-reports submitted by Paramedics. The summary categorizes self-reports by Service	Service Providers	Quarterly	Performance Measurement Standard Reports
BLS OMISSIONS/COMMISSIONS BLS issues discovered during an ALS audit are reported to the Service Operator during the auditing process.	Service Providers	Upon discovery	Performance Measurement Standard Reports
PARAMEDIC SKILLS INVENTORY Number of calls where a particular ALS skill was used as part of the overall patient care plan	Service Providers	Bi-annual	Performance Measurement Standard Reports
CLINICAL AUDIT REPORTS Measures of current practice against a defined (desired) standard with the intent to improve systems vs individual practice.	Service Providers	Quarterly	Clinical Audit Reports
AD HOC FINDINGS	Service Providers	HSN CPC Program Committee	Discussion Minutes
REGIONAL DATA ADVISORY COMMITTEE	Service Providers Hospital Representatives CACC Representatives	Quarterly	Discussion Minutes
ONLINE MEDICAL CONTROL INTERACTIONS REPORTS	Ministry of Health Service Providers	Quarterly	Provincial Report Discussion Minutes

**Refer to [Appendix A: Performance Measurement Standard Report - Reporting Constraints and Limitations](#)

Q27 The Host Hospital shall ensure that Host Hospital physicians will be available to provide “online” continuous quality improvement and advice on a continuous basis.

As of May 1, 2024, our Base Hospital—through a partnership with the Regional Paramedic Program for Eastern Ontario (RPPEO) and the Centre for Paramedic Education and Research (CPER)—joined a Ministry of Health-funded pilot project called the Online Medical Consultation (OMC) program. Under this initiative, paramedics no longer patch to a busy Emergency Department, but instead connect directly with dedicated physicians available 24/7.

New physicians undergo a robust onboarding process that includes self-directed learning activities such as listening to patch calls, reviewing clinical standards, and becoming familiar with auxiliary medical directives and region-specific patient care models. They also participate in mock patch calls with competency evaluations to ensure readiness. Each new physician is assigned a mentor who supports their development by listening to consultations and providing written feedback to help refine their skills.

Q28 The Host Hospital shall ensure the establishment of a mechanism to track customer inquiries and organizational responsiveness to these inquiries and survey land ambulance stakeholder groups on a regular basis, and that all consumer feedback will be reviewed and integrated into quality management planning.

All inquiries related to quality management are addressed in the same manner in which they were received i.e. an email is responded to with an email. Any inquiries/feedbacks relative to the quality management or education activities under the purview of the Base Hospital are considered as part of the Annual CME Plan and/or the Annual Quality Programming Overview. Each of these plans is provided to relevant stakeholders in draft form and feedback is actively solicited on each plan on an annual basis. All findings related to activities as laid out in the plan are distributed to key stakeholders and available upon request.

Refer to:
[Appendix A: Performance Measurement Standard Reports](#)
[Appendix B: Case Reviews 2024-25](#)

Q29 The Host Hospital shall ensure the conduct of clinically-focused audits of controlled acts performed on or indicated for a patient by a Paramedic employed or retained by an operator covered by this Agreement, to monitor paramedic compliance with Provincial Medical Directives, in accordance with the following chart audit process:

29.1 Total number of Ambulance Call Reports (ACRs) requiring auditing.

Utilization of IQEMS enables auditing of 100% of selected call types, exceeding the minimum requirements. In 2024-25 there were 51,646 calls audited.

29.2 Total number of medical directive/protocols and cases that have been audited.

In 2024-25 there were 51,646 ambulance call reports that were electronically audited. Of these audited calls, 7,964 (15%) were identified as having a variance and required further action; and 43,682 (85%) were closed with no further action.

29.3 Have all paramedics that have performed at least 5 acts within the ALS PCS had a minimum of 5 ACR audited this year?

Refer to [Appendix A: Performance Measurement Standard Report - Reporting Constraints and Limitations](#)

29.4 Total number of new paramedics (less than 6 months) and total number who had 80% of their charts audited.

There were 9 newly certified ACPs and 133 PCPs (defined as paramedics not having previous Base Hospital certification) in 2024-25. The Performance Agreement states 80% of charts where a controlled act or advanced medical procedure is performed must be audited, however IQEMS allows for 100% of paramedic charts to be audited.

29.5 Number of cancelled calls where paramedics made patient contact that were audited.

There were 120 cancelled calls audited, of which 106 required no follow-up.

APPENDIX A: PERFORMANCE MEASUREMENT STANDARD REPORT

**2024-2025 Annual
Performance Measurement Standard Report
April 1, 2024 to March 31, 2025**



Centre for Prehospital Care

Health Sciences North

Performance Measurement Standard Report
April 1, 2024 to March 31, 2025

REPORTING CONSTRAINTS AND LIMITATIONS

Several paramedic services in northeastern Ontario transitioned to new ePCR platforms, creating challenges in extracting and consolidating data. Services using the Prehos system—Parry Sound District EMS, Sault Ste. Marie Paramedic Services, Manitoulin-Sudbury Paramedic Services, and Timiskaming District EMS—were impacted due to only select calls being manually entered into the IQEMS system for auditing. This led to delays and data gaps and as a result, quarterly reports to the services were not issued. Efforts continue to consolidate and standardize data sources to improve accuracy and consistency going forward.

SECTION 1) AUDIT ACTIVITIES SUMMARY BY FILTER TYPE (ALL SERVICES)

This is a cumulative report providing the breakdown of the number of Ambulance Call Reports (ACR) in the Northeast that matched a filter type and required further review. The column “Matched the Filter Type Totals” includes the total number of ACRs that matched the filter type in IQEMS. It includes ACRs not requiring further review and those identified for further review. The column “Matched the Filter Type-Escalated for Additional Review,” is the number of ACRs of those identified for further review were further escalated for additional review.

SECTION 2) PARAMEDIC SELF-REPORTS

This report identifies the number of self-reports by filter type, submitted by northeastern Ontario paramedics, related to identified omissions and/or commissions, and patient care or documentation.

SECTION 3) SERVICE OPERATOR AUDIT REQUESTS

This report provides the number of service operator driven audit requests listed by IQEMS Filter Type (Reason), broken down by service.

SECTION 4) BLS CONCERNS REPORTED TO SERVICE

This section provides the number of BLS PCS concerns communicated to the service operator during the audit process.

Performance Measurement Standard Report
April 1, 2024 to March 31, 2025

SECTION 1



AUDIT ACTIVITIES SUMMARY BY FILTER TYPE
April 1, 2024 to March 31, 2025

ACR Matched the Filter Type	Total*	Identified for Further Review	Escalated for Additional Review**
FILTER TYPE			
Allergic Reaction	639	34	9
Analgesia	4684	463	138
Cancelled Calls	17447	210	18
Cardiac Arrest	1631	1631	485
Cardiac Ischemia	4427	1106	264
Chemical Exposure	1	1	0
Difficult Airway	565	15	9
Emergency Childbirth	38	38	12
Hypoglycemia	1309	560	151
Nausea & Vomiting	4930	239	66
Opioid Toxicity	2487	380	110
Palliative Care	134	127	5
Pulmonary Edema	7793	318	38
Sedation	104	63	23
Seizure	766	86	24
SOB (Asthma, Croup & Needle Thoracostomy)	2438	552	215
Suspected Adrenal Crisis	15	15	4
Symptomatic Bradycardia	237	149	14
Tachydysrhythmia	2001	1977	27
Total	51646	7964	1612

***Matched the Filter Type Totals:** This is the total number of Ambulance Call Reports (ACR) that matched the filter type in IQEMS. It includes ACRs not requiring further review and those identified for further review.

****Matched the Filter Type:** Escalated for Additional Review: Of the ACRs identified for further review, these are the ACRs that required an additional review.

Performance Measurement Standard Report
April 1, 2024 to March 31, 2025

SECTION 2)



PARAMEDIC SELF-REPORTS
April 1, 2024 to March 31, 2025
n=266

FILTER TYPE	# of Self-Reported Calls by Paramedics
Allergic Reaction	6
Analgesia	77
Cancelled Calls	1
Cardiac Arrest	45
Cardiac Ischemia	38
Chemical Exposure	1
Emergency Childbirth	3
Hypoglycemia	22
Nausea & Vomiting	15
Opioid Toxicity	9
Palliative Care	1
Pulmonary Edema	9
Sedation	5
Seizure	9
SOB (Asthma, Croup & Needle Thoracostomy)	25
Tachydysrhythmia	5
Total	266

Performance Measurement Standard Report
April 1, 2024 to March 31, 2025

SECTION 3



SERVICE OPERATOR AUDIT REQUESTS
April 1, 2024 to March 31, 2025
n=57

FILTER TYPE	# of Audit Requests by Service Operators
Allergic Reaction	1
Analgesia	5
Cardiac Arrest	30
Cardiac Ischemia	7
Emergency Childbirth	1
Hypoglycemia	3
Nausea & Vomiting	1
Opioid Toxicity	6
Sedation	1
SOB (Asthma, Croup & Needle Thoracostomy)	5
Symptomatic Bradycardia	1
Tachydysrhythmia	1
Total	57

Performance Measurement Standard Report
April 1, 2024 to March 31, 2025

SECTION 4



BLS CONCERNS REPORTED TO SERVICES
April 1, 2024 to March 31, 2025
n=140

Filter Type	# of BLS Concerns Reported to Services
Allergic Reaction	1
Analgesia	15
Cancelled Calls	1
Cardiac Arrest	53
Cardiac Ischemia	10
Difficult Airway	2
Emergency Childbirth	3
Hypoglycemia	12
Nausea & Vomiting	6
Opioid Toxicity	14
Pulmonary Edema	5
Sedation	1
Seizure	3
SOB (Asthma, Croup & Needle Thoracostomy)	11
Symptomatic Bradycardia	2
Tachydysrhythmia	1
Total	140

APPENDIX B:
CASE REVIEWS 2024-25

Incidences and audits requiring additional reviews are identified in IQEMS by means of a “Case Review” entry. This module is interrelated with the audit platform and collects information in a centralized workspace to facilitate communication between paramedics, auditors, managers and medical directors.

For this fiscal year, 160 ACRs were identified as requiring further review. Of those 22% (n=35) required an Event Analysis and a notification and/or report was forwarded to the Field Office.

The following table provides the final Base Hospital Outcome.

TABLE 1: TYPE OF REVIEW / BASE HOSPITAL OUTCOME	N	%
Case Reviews not Escalated for Further Review	125	78%
No Follow-Up Required	65	
Paramedic Feedback Received / Remediated	57	
Reviewed - No Action Required at This Time	1	
Self Remediation	3	
Escalated for Event Analysis	35	22%
Equipment Issue Reviewed / Resolved	1	
Feedback Received / Remediated	2	
No Follow-Up Required	1	
Paramedic Coaching Provided	17	
Remediation Plan Completed	10	
Self Report Remediation Completed	1	
Stakeholder Review Requested / Completed	3	
Total Case Reviews	160	100%

