



Prehospital Online Medical Oversight (PROMO)

An Analysis of the Interaction between Base Hospital Physicians and Paramedics

Alicia Violin BSc, Jason Prpic MD, CCFP(EM), Sylvie Michaud CCP(f), BScPH, Nicole Sykes RN

Centre for Prehospital Care
Health Sciences North

BACKGROUND

- In Ontario, Paramedics operate under Off-line Medical Control and use On-line Medical Control (OMC) with a Base Hospital Physician (BHP) for mandatory patch points or for advice
- Few studies have described the interaction between BHPs and Paramedics

OBJECTIVES

1. To review the impact of OMC on patient care
2. To review the quality of OMC
3. To determine the timeliness of OMC

METHODS

- Retrospective review of BHP patches between April 1, 2016 and March 31, 2017
- 5 Ambulance Dispatch Centres made recordings available
- BHP patch documentation and Patient Care Records (PCR) were matched with audio recordings and reviewed by the same investigator

Area of Service

- 13 Paramedic Services
- 726 Paramedics ACP/PCP
- 27 BHPs via HSN ED
- Population of 560,000
- 400,000 km²

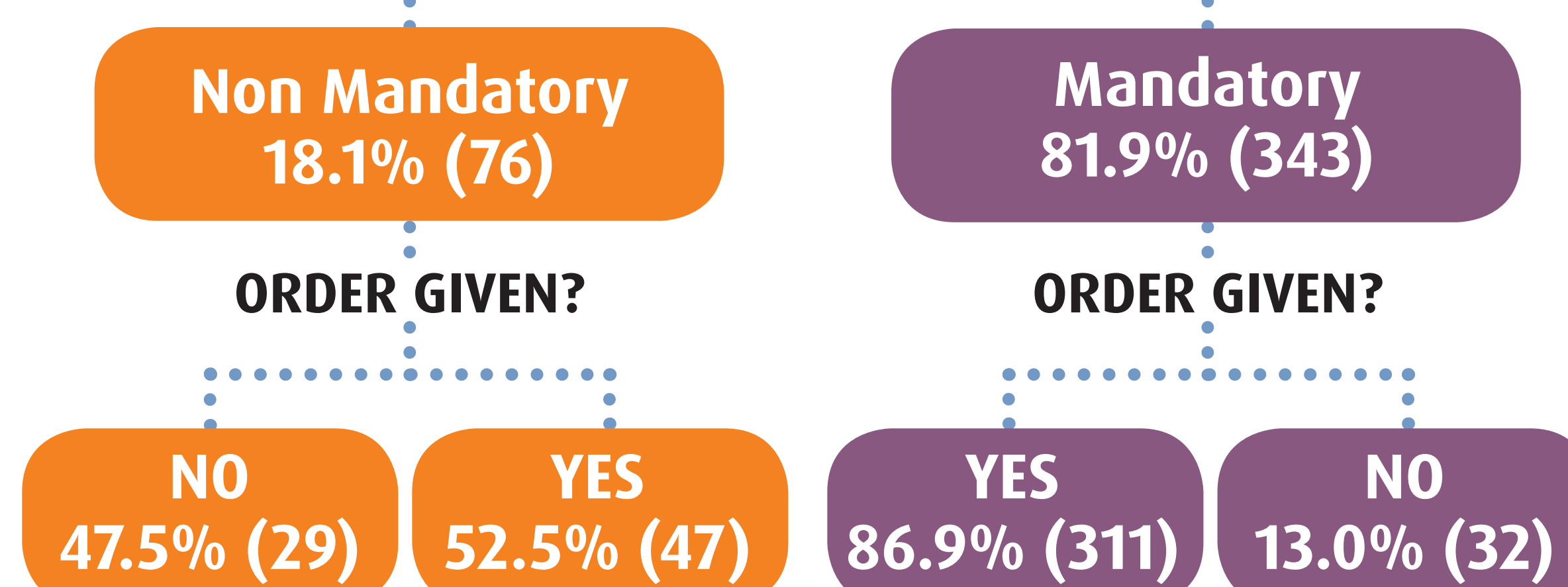


RESULTS

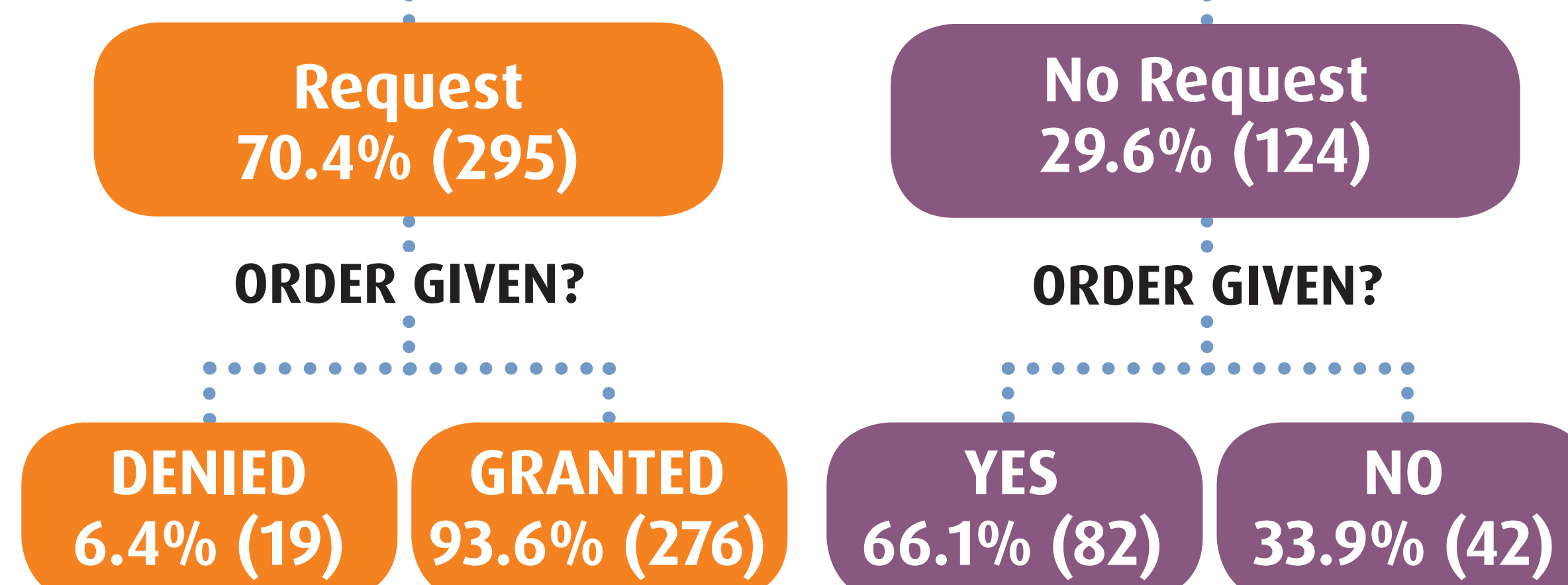
Population

- 454 BHP patches were documented on PCR
- 35 (7.7%) were excluded due to no audio (22) or disconnected by paramedic (13)
- 419 (93.4%) were included in the study

Why Paramedics Patch



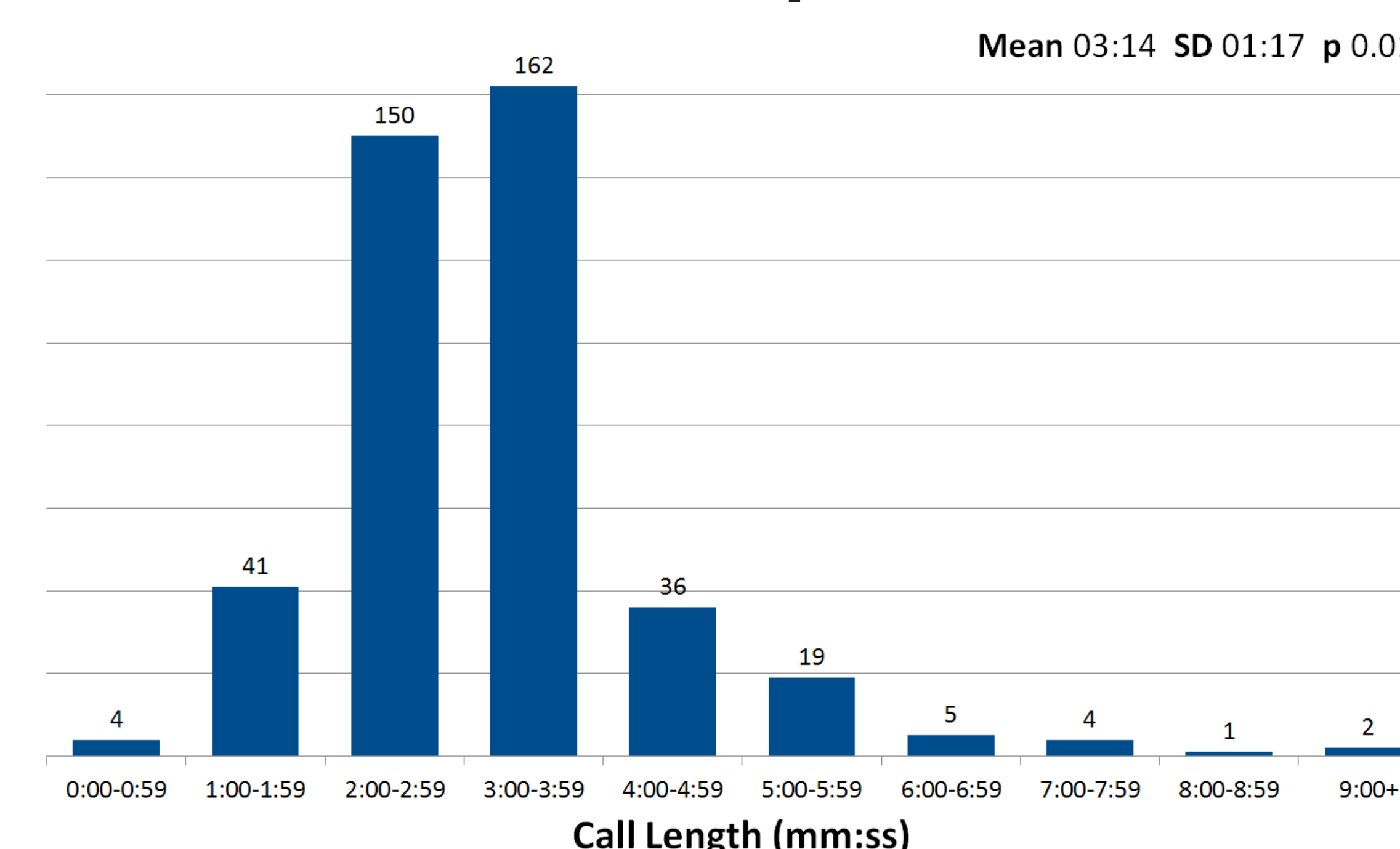
Number of Times Paramedics Request Orders



Key Findings

- Overall 85.4% of patches resulted in an order
- Mandatory patches received an order 86.9% of the time and non-mandatory patches received an order 52.5% of the time
- Specific Paramedic requests were granted 93.6% of the time
- No Paramedic requests resulted in an order 66.1% of the time

Time Paramedics Spend on Patches



Quality Indicators

Criteria	N
Paramedic requested specific order	295 (70%)
Paramedic confirmed order	320 (76%)
Discrepancy between BHP order and field treatment	35 (8%)
BHP order within scope of practice	415 (99%)
BHP order given match documentation on PCR	382 (91%)
Time for BHP to answer phone (mean)	00:01:13
Confirmed able to read before initiation of patch	122 (29%)
Talk Over/Cut Off	22 (5%)

CONCLUSION

1. Variance in reporting styles by paramedics
2. Paramedics are granted more orders when they have a specific request
3. Little discrepancy between BHP order and treatment provided by paramedics
4. Majority of patches are for Termination of Resuscitation, therefore focal point for education
5. On average, paramedics spend 00:03:14 on patches and steps to decrease this time are in progress