



PROGRAM POLICY

NUMBER:	QPS 180
TITLE:	Patch Communication
CATEGORY:	Quality and Patient Safety
APPROVED:	March 2014
VERSION:	1.2
AUTHORITY:	Program Director
LAST REVIEWED:	July 2023
LAST REVISED:	June 12, 2023

BACKGROUND: RPPEO provides medical online support for out-of-hospital care to ensure a high quality of care. The Base Hospital Program supports paramedics by developing patching standards for consultation and clinical guidance in advance life support standards of care. Paramedics within the Regional Paramedic Program for Eastern Ontario contact the Base Hospital Physician (BHP) defined in the Advanced Life Support Patient Care Standards

POLICY: RPPEO will establish and maintain an out-of-hospital Online Medical Consultation process where Paramedics can contact a Base Hospital Physician in accordance with the Advanced and Basic Life Support Patient Care Standards and Performance Agreement.

Paramedics will adhere to the patching process as defined in the ALS and BLS PCS and follow the regionally established standard communication tool.

PROCEDURE:

- 1) Paramedics will patch directly to the base hospital physician by phone (if available) or request a BHP communication via radio transmission as directed by the appropriate communications centre (CACC).
- 2) The paramedic and the base hospital physician will confirm each other's pertinent information including, but not limited to, paramedic and/or physician name, number, reason for patch, and patch number.
- 3) The paramedic will follow the format of the Situation, Background, Assessment, Recommendation, Readback (SBARR) standardized patch record when initiating the report to the physician.
- 4) The paramedic will clearly repeat any verbal orders back to the Base Hospital Physician, using appropriate medical terminology (generic/trade names for drugs, medical terms of procedures), to confirm the Base Hospital Physician's medical direction and/or medical order. These orders are to be recorded on the ACR and form part of the patient care report. If the orders are not subsequently followed as outlined, an explanation is required in the remarks section of the ACR.
- 5) The paramedic will record the patch number obtained from the Base Hospital Physician in the remarks section on the ACR.
- 6) Base Hospital Physicians will answer the patch phone in a timely manner. They will complete a patch form documenting information provided by the paramedic and the orders given to the paramedic. The patch form must be completed by the physician prior to the end of their patch shift.
- 7) RPPEO manages and maintains a Patch Failure review process. Should contact to a Base Hospital Physician fail via cellular phone or radio:
 - a) Contact should be attempted via landline, if available. However, no delay in transport should occur and treatment of the patient will be continued as per BLS/ALS standards;
 - b) Transport the patient to the closest, most appropriate emergency department or as directed by CACC;
 - c) Should a patch failure occur, the incident must be documented appropriately on the ACR, and a patch failure report be completed as soon as possible and submitted to the RPPEO. The designated RPPEO staff will review the incident including circumstances and effect(s) on patient care, the Senior Field Manager will then be notified in accordance with the performance agreement.

- 8) A semi-annual report will be provided to the senior management team, including a complete analysis of all patch failures and issues.
- 9) Online medical direction must only be provided by a Base Hospital Physician.

BASE HOSPITAL PHYSICIAN ROLE AND RESPONSIBILITIES

A Base Hospital Physician (BHP) is one that is credentialed and staffed to work on the Online Medical Consultation team and has been trained by the Medical Director of the Base Hospital Program or delegate to provide advice and orders to Paramedics within the Base Hospital catchment area.

The Base Hospital Program is responsible for ensuring that:

Emergency physicians engaged as a base hospital physician shall hold the appropriate emergency medicine qualifications prescribed by the Royal College of Physicians and Surgeons, The College of Family Physicians or the American College of Emergency Physicians. As part of their formative learning, Emergency Medicine Residents with the appropriate training from their supervising physician may engage in online medical control under supervision.

The Base Hospital Program is responsible for ensuring that emergency physicians providing Base Hospital Physician responsibilities:

- a) abide by the provisions of the Ambulance Act and its associated Regulations, other relevant legislation, the MOHLTC Emergency Health Services Branch Patient Care Standards, the Provincial Base Hospital Medical Directives and the Base Hospital Performance Agreement, and
- b) has the judgement and skills to be capable of providing service in accordance with the Ambulance Act and its associated Regulations, other relevant legislation, the Provincial Base Hospital Medical Directives and this Agreement, and in accordance with the Patient Care Standards issued by the Director of the MOHLTC Emergency Health Services Branch.

The role of the Base Hospital Physician is supportive to the Base Hospital Program and its Medical Director(s). The Base Hospital Physician acts within the parameters provided in their orientation to assist Paramedics with telephone patient care related advice and orders.

Base Hospital Physicians shall:

- a) be familiar with the most recent Medical Directives, standing orders, and policies and procedures of the Base Hospital as supplied;
- b) be familiar with the procedure for answering the patch phone when on shift for Paramedics patching for advice or orders;
- c) answer the telephone for a Paramedic patch promptly, when required;

- d) give advice or orders to a Paramedic when requested. This would include land based paramedics, either Primary Care Paramedics or Advanced Care Paramedics, from anywhere in Eastern Ontario;
- e) complete a Base Hospital Physician Patch Form for every patch taken;
- f) provide feedback to the Base Hospital Program on individual paramedics when appropriate;
- g) receive feedback from the Base Hospital Program on patching process when appropriate;
- h) provide feedback to the Base Hospital Program on its policies, procedures and protocols as appropriate.

Definition:

Patch Failure is defined as:

“When a paramedic is unable to reach a BHP for medical advice, direction or assistance that is not related to cellular service coverage or failure². A patch failure can be due to but not limited to: no answer after multiple attempts, call dropped during patch or busy signal”

RELATED POLICIES/LEGISLATION:

- Regional Base Hospital Performance Agreement, Ministry of Health and Long-Term Care – May 2008
- Advanced Life Support Patient Care Standards
- QPS 120 Call Review
- RPPEO Patch Failure Form
- Patch Failure Report

REVISION RECORD:

Version #	Revision Date	Summary of Changes
1.0	August 2016	Merged with CLI-140 and changed title to “Patching and Radio Communication...”
1.0	September 2016	Removed duplication of “patch failure” procedures, addition of BHP Role and Responsibilities.
1.1	February 20, 2019	Added that RPPEO will maintain an out-of-hospital Online Medical Control process. Reworded to include RPPEO’s support and procedures set in place to help paramedics contact the BHP, rather than just outline when a paramedic should patch.
1.2	June 12, 2023	Made changes to reflect electronic documentation, Online Medical Consultation