



REGIONAL PARAMEDIC  
PROGRAM FOR  
EASTERN ONTARIO

# MedicNEWS

Insight for paramedics in Eastern Ontario

January 2025

Meet Alex and  
Brenda

Two paramedics who  
can relate to the  
drama and  
excitement of  
paramedic care

MoC Deadline:  
January 31

A New Year Message  
of Gratitude

from the RPPEO Medical  
Director

Paramedicine Research in  
the Spotlight

From AI-driven cardiac assessments to the  
expansion of community paramedicine,  
cutting-edge research is shaping paramedic  
practice in Ontario and beyond.

OMC does YouTube

## In this issue

Welcome to the January 2025 edition of MedicNEWS! Dive into this issue filled with practical insights, professional updates, and intriguing stories. Here's what's inside:

- **Continuing Education:** Unlock **18 hours of elective CME credit** available online with just a few clicks, including insightful Critical Leveet Is podcasts. Discover how to enhance your educational journey this year.
- **Medical Direction – Feedback for Growth:** Dr. Mike Austin takes you into the science and art of **giving and receiving feedback**, featuring two fascinating paramedic characters, Alex and Brenda, and their post-call reflections. Learn how constructive dialogue can transform patient outcomes and team dynamics.
- **Certification – January 31 Deadline:** The clock is ticking for your **Maintenance of Certification**. Get advice on meeting the deadline. And, learn about new **Suboxone authorization** that expands your scope of practice.
- **Pharmacology Resources:** Navigate medication information with ease using Health Canada's Drug Product Database and RPPEO's **Drug Availability Database (DAD)**. These tools are designed to support informed clinical decisions.
- **Research Highlights:** From **AI-driven cardiac assessments** to the expansion of community paramedicine, explore cutting-edge research that's shaping paramedic practice in Ontario and beyond.



YouTube [@OnlineMedicalConsultation](#)



Paramedic Pain Management in the Field with Dr. Mark Froats: Part 1 of 2

**Accessibility of Base Hospital Services Policy**, a transformative step toward equitable and inclusive support for paramedics with disabilities.

- **OMC does YouTube:** The base hospital physicians are turning the camera on themselves in a new YouTube channel. Be the first to like, comment and follow OMC YouTube!
- **News Nuggets:** Bite-sized updates from around the world, including an inquest that sheds light on the complexities of rare stroke cases and the curious use of ambulances in Australia for non-emergency calls.
- **Removing Barriers:** Discover RPPEO's new

We hope this issue inspires, informs, and equips you for another year of exceptional care. Dive in and explore!



# A Message for 2025 from Your Medical Director



REGIONAL PARAMEDIC PROGRAM  
FOR EASTERN ONTARIO

SERVING TOGETHER

## FROM THE DESK OF THE MEDICAL DIRECTOR

by Dr. Mike Austin

As I look back on the past year, I'm truly inspired by the paramedics in this region. You have shown incredible adaptability, skill, and leadership. Your efforts continue to highlight what's possible when dedication meets opportunity. Together, we've made meaningful progress in reimagining how care is delivered, always keeping patients at the heart of everything we do.

Looking ahead to 2025 and beyond, I remain focused on advancing paramedicine, supporting your teams, and delivering exceptional care to the communities we serve. Here are some of the key priorities that will guide my work:

- **Supporting Continuous Professional Growth:** Paramedics are skilled and equipped for lifelong professional learning. As care evolves, we will provide mentorship, foster opportunities for self-directed learning, and promote constructive feedback. These supports will help you adapt to changes as they continue to come, refine your skills when you find gaps, and deliver even more innovative, patient-focused care.
- **Innovating 911 Response Models:** The demand on emergency services, including ambulances and emergency departments, remains high as population needs evolve. To meet these challenges, we are moving beyond traditional approaches like transport for all or refusal of service. We are advocating for the integration of paramedicine into systems that better address the needs of patients by developing



new models of paramedic care that align with cutting-edge health programs. Our goal is to ensure more timely, appropriate, and effective care.

- **Strengthening Patient-Centred Systems:** Every adjustment we make to how we deliver care is guided by the goal of improving outcomes for patients. We are building new pathways to improve access to the right parts of the healthcare system for our patients, providing the best possible care and support at every stage.

Paramedics are not just emergency responders; you are innovators, collaborators, clinicians and leaders at the forefront of healthcare transformation. Your resilience, compassion, and commitment to excellence inspire progress every day. Together, we will continue to shape a future defined by patient-centred care and professional growth.

Thank you for the incredible work you do and the difference you make in your communities.

Wishing you and your families a Happy and Healthy New Year!

## Certification

### MAINTENANCE OF CERTIFICATION



The Advanced Life Support Patient Care Standards outline the requirements for paramedic annual maintenance of certification in Appendix 6.

In brief, paramedics need 10 patient contacts each year as well as no more than 90 days out of service. Those who have more than 90 days away from practice undergo a Return to Clinical Practice to maintain their Certification.



The annual **Maintenance of Certification (MoC)** deadline is **January 31, 2025**. By this date, all annual requirements must be completed and documented in each paramedic's **'My Profile' on MedicNET**.

In addition to the requirements set out in the Patient Care Standards, the RPPEO requires the following each year:

**Each Advanced Care Paramedic (ACP) must**

- Be employed by a Paramedic Service
- Have participated in Cycle 1 Spring and Cycle 2 Fall CME
- Have 8 hours of an elective from our approved elective calendar, or that the Paramedic submits for approval via our Elective CME Pre-approval request form.

**Each Primary Care Paramedic (PCP) must**

- Be employed by a Paramedic Service
- Have participated in Cycle 2 Fall CME



To avoid last-minute stress, it's a great idea to check your MedicNET profile now. If you spot anything that doesn't seem right, reach out to the RPPEO well before the January deadline to update your profile and be ready for certification. For detailed advice and tips on meeting the requirements for a smooth certification renewal, read the sections below. If you have any questions or concerns about your certification, feel free to contact the RPPEO at [certification@RPPEO.ca](mailto:certification@RPPEO.ca). Don't wait—get it done today!

In the RPPEO regions, we currently have 1565 certified paramedics in the system, 1089 PCPs and 476 ACPs, although that number fluctuates weekly.

THE RPPEO CERTIFICATION  
YEAR RUNS FROM FEBRUARY 1  
THROUGH JANUARY 31. EACH  
PARAMEDIC MUST COMPLETE  
ANNUAL MAINTENANCE OF  
CERTIFICATION  
REQUIREMENTS BY THE END  
OF THE DAY ON *January* 31  
EACH YEAR.

Get ready  
now for the  
January 31  
deadline



As of January 2nd, 1137 Paramedics have fully completed their Maintenance of Certification requirements. Well done to you all!

With paramedics from some services starting Fall CME later than others, 428 Paramedics have not yet completed all the requirements for Recertification on February 1st.



The breakdown is as follows:

- 23 ACPs have not completed Spring CME online. In order to complete this requirement, they need to complete the Spring 2024 CME course on MedicLEARN.
- 13 ACPs did not attend an in-class session of Spring CME. In order to complete this requirement, they will need to complete the online course called, "2024 Spring CME - Part 2 - RTCP Edition."
- 136 ACPs have not completed eight hours of elective CME. There are many opportunities throughout the year to achieve the required hours, and there are also many online opportunities on MedicLearn. Note: New ACPs are exempted from Elective CME during their first MOC year. Exemptions have already been entered in MedicNet.
- 220 Paramedics have not completed Fall CME online. In order to complete this requirement, they need to complete the online module for 2024 Fall CME.
- 202 Paramedics have not yet attended an in-class session of Fall CME. In order to complete this requirement, they need to attend one of the *very* few remaining CMEs. There are limited spaces available, so speak with your service management to discuss options.
- 98 Paramedics have not achieved 10 Patient Contacts for the year. If this is you, please speak to your service management to discuss obtaining 10 Patient Contacts, or alternative options.

# 5 Measures for 2025 MAINTENANCE of Certification

## 1

**overall MOC completion: 73%**

1137 Paramedics have fully completed their Maintenance of Certification requirements.  
428 Paramedics have not completed all the requirements for Recertification on February 1st.



## 2

**ACP elective CME completion: 71%**

340 of the region's 476 ACPs have submitted at least 8 hours of elective CME

## 3

**Fall 2024 Online CME completion: 86%**

1345 paramedics have finished the online 2024 Fall CME, leaving just 220 who still need to get it done.



## 4

**Fall 2024 In Class CME completion: 87%**

1363 paramedics finished the in-class Fall CME while 202 have not yet attended an in-class session of Fall CME



## 5

**10 patient contacts made: 94%**

98 paramedics need to obtain more patient contacts to reach the minimum of 10 in a year



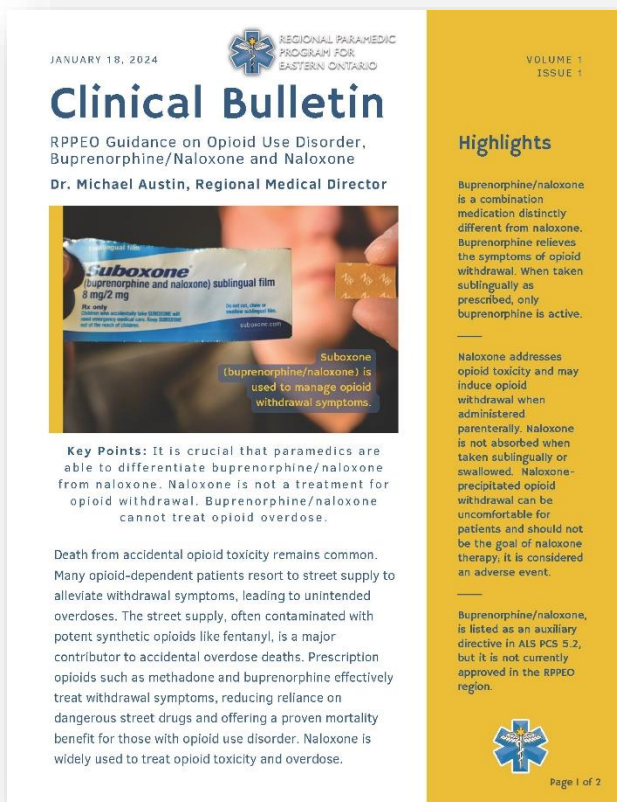
RPPEO.ca

Remember, failure to complete all the MOC requirements will result in an automatic deactivation at 12:01 AM on February 1st, 2025, rendering you unable to work as a paramedic. Once you complete any missing requirements, even if it is after the deadline, RPPEO will automatically update your paramedic file and reactivate you. It's much less stressful for everyone when paramedics complete requirements before the deadline. Achieving all the necessary education to maintain your certification is considered a professional responsibility. Good luck everyone!

## Suboxone Authorization for Paramedics: What You Need to Know

RPPEO is authorizing paramedics who have completed Fall 2024 CME in the administration of buprenorphine/naloxone (Suboxone) for managing opioid withdrawal symptoms. This certification will be automatically added to your Certification Letter.

### Training and Authorization



- Authorization occurs automatically *after* you complete Fall 2024 CME.
- A consultation with a Base Hospital Physician (BHP) of OMC is **required prior to Suboxone administration**. Patching helps to confirm patient eligibility and supports paramedics in this new treatment option.

### Follow Your Service's Lead

- Suboxone is an auxiliary directive under the ALS PCS, meaning it is optional for paramedic services. You must wait for your service to adopt the directive before incorporating Suboxone into practice.
- Traditional transport or refusal of transport practices remain applicable until approved alternative care pathways are in place. Transport to hospital is not a required condition for Suboxone administration.

*Suboxone administration is a new skill that expands care for patients experiencing opioid withdrawal, consistent with the ALS PCS. Be sure to consult RPPEO's Clinical Bulletin.*

## Supporting Resources

- The Fall 2024 CME module provides critical training to prepare you for Suboxone administration. Feel free to consult the online module for a refresher when needed.
- Refer to the **RPPEO Clinical Bulletin** for more guidance: [Clinical Bulletin on OUD Buprenorphine/Naloxone and Naloxone \(2024\)](#).
- Read the [MedicNEWS Article on Opioid Use Disorder](#) in BHP Corner.

## What RPPEO is Doing to Support You

- Collaborating with paramedic services and healthcare providers to establish care pathways for opioid use disorder.
- Developing alternate care models (e.g., treat-and-refer and treat-and-discharge options) as part of Phase 2 of the rollout.
- Partnering with [CAPSA](#) to create programming informed by the lived experiences of people who use substances.
- Advocating at regional and provincial levels to align this initiative with broader healthcare strategies.

## Next Steps for You

1. Complete Fall 2024 CME, if you haven't already.
2. Follow your service's guidance before integrating Suboxone into practice.
3. Refer to the Clinical Bulletin, MedicNEWS article and CME materials as needed.
4. Patch to OMC prior to administration to confirm patient eligibility.
5. Contact your service leadership or email RPPEO at [quality@RPPEO.ca](mailto:quality@RPPEO.ca) with any questions.

Thank you for your dedication to providing exceptional care and adapting to these advancements. Together, we are making a meaningful impact in addressing the opioid crisis.

# 7 THINGS THAT PARAMEDICS CAN DO

to demonstrate respect for  
people who use substances

## STUDY

Study pathophysiology. Understanding the effects of substances on dopamine is key to understanding substance use, substance use disorders and addiction.

## TRACK

Track your data. Know how many poisonings, overdoses, naloxone administrations or opioid-related events are happening in your service.

## TALK

Talk about *all* the substances in your community. Focusing on one issue, like 'purple heroine' for example, perpetuates blind spots to other substances in the community.

## LEARN

Learn the history of substances, their use and regulation. Social trends in the use of substances, its supply and regulation are one way we understand the current environment.

## DESCRIBE

When we tell people we are educating that fentanyl is "powerful," it makes it sound like a good thing. Describe substances as toxic or poison.

## OPEN

Get out of your silo. Talk to public health, police, community services and organizations of people who use substances.

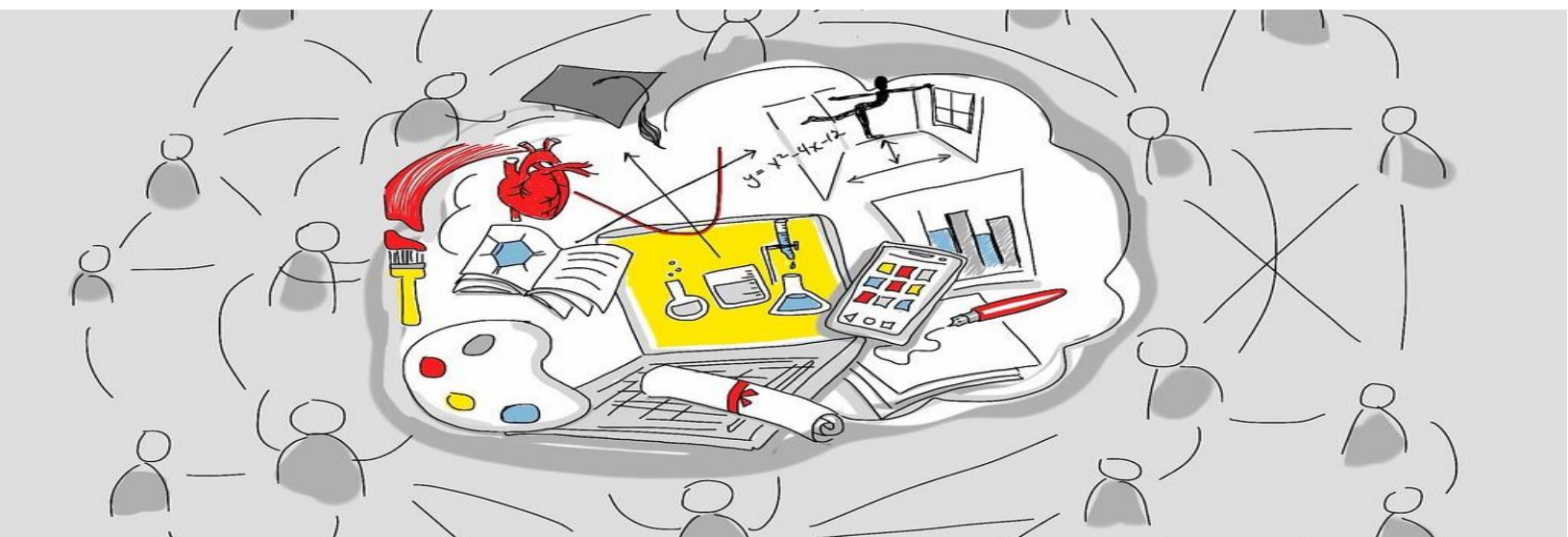
## ASK

Ask people, "What's your story?" Demonstrate the power of hearing people to fuel compassion and respect.

by Cory Guest

Public Education Coordinator, Winnipeg Fire Paramedic Service





## Continuing Education

### Elective CME

For the 2024 certification year, RPPEO has posted 18 hours of potential online CME credit available with just a few clicks. You can also request CME credit for learning activities that interest you by [completing this form](#).

Here are a couple sessions we've recently added to elective CME content on MedicLEARN:

#### Podcast and Show Notes

##### TBI - Dr. Katie Lin

On this month's episode, we're joined by Dr. Katie Lin to discuss TBI and the crashing brain.

During the episode, you'll hear us cover:

head injury differentials and history gathering

ischemic vs hemorrhagic

head injury etiology

head injury pathophysiology

assessment

3 step neuro exam

#### EM Grand Rounds Webinar

##### EM Grand Rounds - Hypothermia

###### Goals and Objectives:

1. Introduce a revised staging system and review the newest guidelines around primary hypothermia management in the ED
2. Discuss how to optimally manage the hypothermic patient in the field/out-of-hospital environment
3. Explore non-freezing cold injuries and how to best treat them in the ED

Duration: **54 Min**



## CRITICAL LEVELS

Select Critical Levels Podcasts are available for CME credit by listening via MedicLEARN.

# Medical Direction



## BHP Corner

*Bringing you the current state of the science and medicine of emergency health care, BHP Corner is where the RPPEO's Base Hospital Physicians discuss the clinical trends, issues and cases that the region's paramedics are facing.*



by **Michael Austin**

As your Medical Director at the Regional Paramedic Program for Eastern Ontario (RPPEO), I have the privilege of working alongside some of the most dedicated and skilled paramedics in the province. Our shared commitment to excellence in patient-centred care drives us every day. One critical component of achieving this excellence is the continuous, lifelong learning that comes through the effective giving and receiving of feedback. Let's begin with a case.



### Scenario: Management of a Trauma Patient

**Case Overview:** Paramedics Alex and Brenda responded to a call for an elderly lady with altered level of consciousness at an assisted living facility. Upon arrival, they find a 68-year-old lady on the ground with snoring respirations.

**BRENDA BEAR**  
RPPED-CERTIFIED  
ADVANCED CARE  
PARAMEDIC

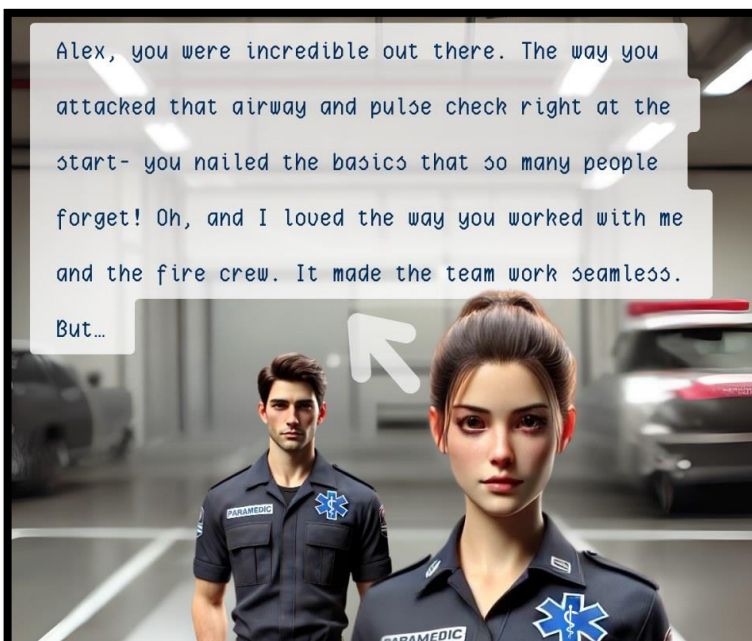


**ALEX ROY**  
RPPED-CERTIFIED  
PRIMARY CARE  
PARAMEDIC

**Initial Assessment and Treatment:** Alex performed a primary survey, opening the airway and ensuring there was a pulse. Brenda performed vital signs and a blood glucose measurement. The patient was hypotensive and her oxygen saturation was low. While Alex took a history from the facility staff, Brenda applied oxygen, started an IV, and initiated a fluid bolus. The fire department arrived and assisted with

lifting the patient to a stretcher and facilitating extrication. The patient's vital signs and mentation improve as she is transported to hospital.

We find Alex and Brenda now in the ambulance bay where they're having a chat as they get to cleaning up post call.





You were not nice with the staff. They were stressed out and flustered and couldn't answer your questions. I get frustrated when that happens too, but the way you spoke with them... it wasn't nice. It was almost rude.



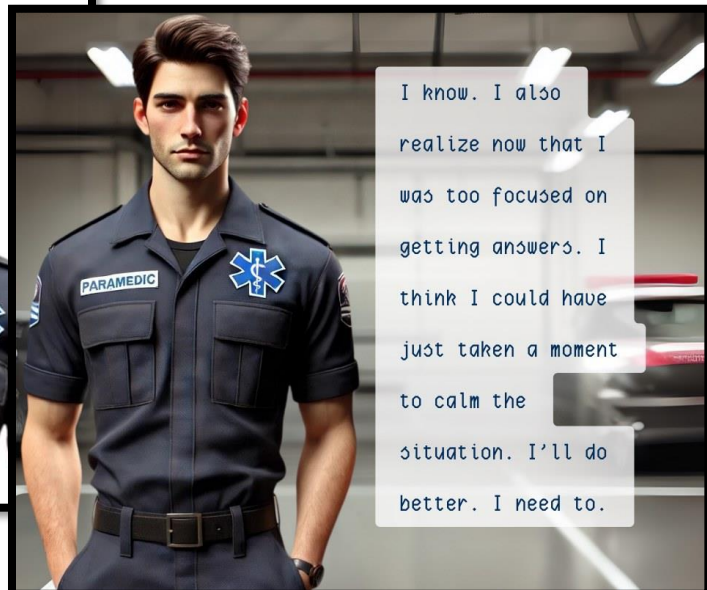
You're right. I get so tired of hearing how nobody knows the patient even though they work there. But, I didn't really think that maybe they're not used to emergencies. And, maybe they're tired and overworked, too. That's on me.

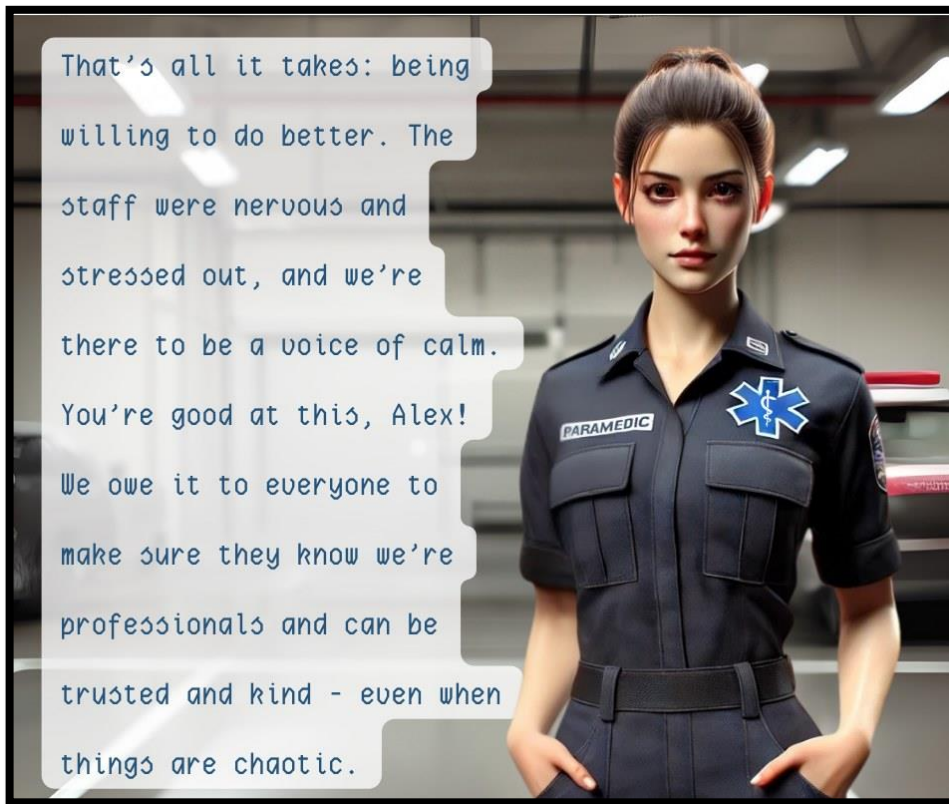


It's not just on you. This job-it's chaos. She was really sick and needed a bunch of treatments urgently, and the history was really important. But sometimes we forget that everyone is trying their best, and it's important to stay professional and be kind.



I know. I also realize now that I was too focused on getting answers. I think I could have just taken a moment to calm the situation. I'll do better. I need to.

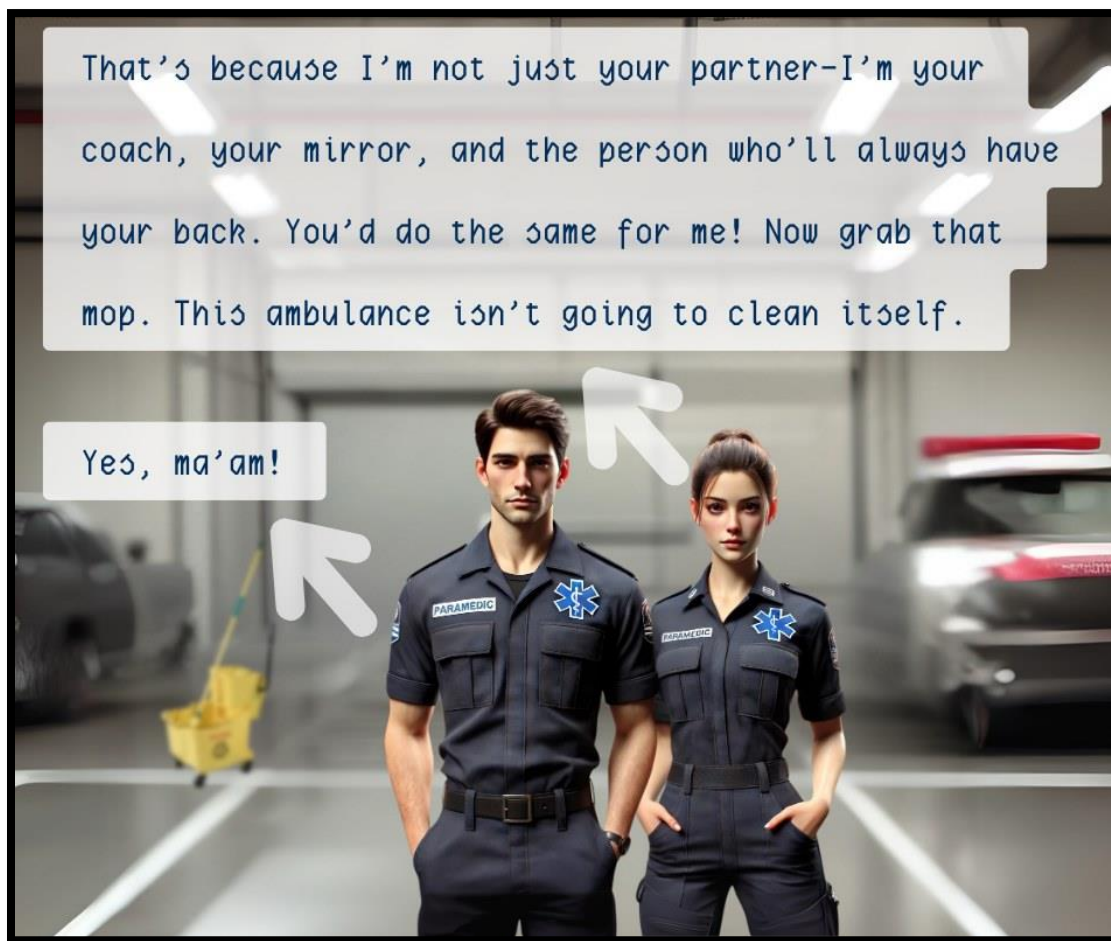




You've got a way of making feedback sound like a pep talk. I'll take it.







This example, taken from the pages of a medical procedural, illustrates how feedback can highlight areas for improvement that might not be immediately obvious in the heat of the moment. By focusing on communications, Alex enhances his ability to provide comprehensive care and uphold a professional demeanor at a time of crisis. The informal feedback from his partner fosters a culture of continuous learning and improvement, ultimately leading to better patient outcomes and a more empathetic, effective paramedic team.

Alex appreciates that Brenda has the confidence and comfort to suggest ways to improve the care they provide as a team. Brenda is grateful for Alex's approachability and willingness to listen and grow, which allows her to speak up when she sees an opportunity to enhance their care. Together, they can discuss and address these insights as a team. This collaborative approach leads to better patient outcomes, a more empathetic and effective paramedic team, and helps prevent unaddressed concerns that could otherwise lead to workplace conflict and professional consequences.

### The Power of Feedback in Healthcare

Feedback, though sometimes uncomfortable, is essential for continuous improvement and delivering the highest standard of care for every patient we serve. In many organizations, feedback is deeply embedded in education, training, and daily professional activities. It serves as a valuable tool to indicate whether things are



on the right track or if adjustments are needed. In healthcare, feedback provides practitioners with insights into their practice through the eyes of their peers, helping to consolidate strengths and identify areas for improvement, ultimately improving patient care.

*"feedback fosters a culture of continuous learning and improvement, ultimately leading to better patient outcomes"*

Formal feedback from your peers at the RPPEO is designed to support you in delivering safe patient care, enhancing your performance, and fostering professional growth. It enables paramedics at all levels to gain valuable insights into their practice, allowing them to refine their skills and improve patient outcomes. Whether feedback comes from peers, superiors, or patients, it helps build a more reflective and competent healthcare workforce. Remember, your peers may often ask targeted questions to ensure the feedback is specific and actionable. Stay open-minded, as this process aims to make you a better clinician and support optimal and safe patient care.

## TYPES OF FEEDBACK

**Informal Feedback:** This is the most frequent form, given on a day-to-day basis about any aspect of a professional's performance and conduct. It is usually verbal and provided by any member of the multidisciplinary team, like your partner or other colleagues. Practice gaps are often identified at this level, by the people you work with most closely, and reflecting carefully on informal feedback provided by peers can be a key step towards closing these gaps early and with a comfortable disposition, and prevent escalation of concerns to a higher and more formal level.

**Formal Feedback:** What you will receive from your peers at RPPEO as part of a structured assessment. Formal feedback is often written and typically given by peers. Of course, this type of feedback can also be provided by your paramedic service through its management structure.

**Formative Feedback:** Known as "for learning," this type of feedback focuses on a learner's progress, providing opportunities to gain insights, reflect, and redirect efforts before final assessments.

**Summative Feedback:** Referred to as "of learning," summative feedback measures performance against a standard, often accompanied by a grade and explanatory feedback.

*Peer feedback: Brenda's feedback for Alex is informal while RPPEO peers often provide formal feedback.*

### Why Feedback Matters

Appropriate feedback significantly contributes to developing competence and confidence at all stages of a healthcare professional's career. It helps bridge the gap between actual and desired performance, promoting

reflective and experiential learning. More importantly, feedback aids in constructively addressing underperformance, fostering an environment where continuous improvement is the norm.

Paramedics are in a unique situation within healthcare, as they work side by side with a partner who can provide immediate and constructive feedback. This dynamic allows paramedics to support each other directly in the field, a feature that is rare in other healthcare settings and should be optimized.

*"...paramedics support each other directly in the field, a feature that's rare in other healthcare settings"*


Without feedback, professionals may assume their current practices are adequate, leading to a false assessment of their skills and abilities. Performance gaps that go unaddressed can also lead to workplace conflict and professional consequences. This can result in stagnation and potentially compromised patient care. Conversely, constructive feedback helps identify and address gaps in knowledge and practice, driving better patient outcomes and more comfortable workplace relationships with peers and superiors.

### ***Making the Most of Feedback***


To maximize the benefits of feedback, it is crucial to approach it with an open mind and a willingness to learn. Here are some tips for receiving feedback effectively:

1. **Listen Actively:** Pay attention to the feedback without interrupting. Show that you value the insights being offered.
2. **Ask Clarifying Questions:** If something is unclear or you don't understand, ask for specific examples or further explanation.
3. **Reflect on the Feedback:** Take time to consider the feedback and how it can be applied to improve your practice. Some of you might find writing this down a good exercise. It is natural to feel criticized and defensive when receiving feedback, even when it's provided in a safe and supportive manner. Recognize this feeling and understand that it is a natural one. If a response is required, it's often helpful to take time (at least 24 hours) to consider and reflect on the feedback before responding. Speaking with trusted peers about the feedback can also be helpful for reflection.
4. **Take Action:** Implement changes based on the feedback and monitor the results. Continuous improvement is an ongoing process, and the hallmark of professional practice. In fact, it is the willingness and maturity to examine critically how we are performing, and make changes to our practice based on self-reflection, evidence, and feedback from others, that will continue to drive paramedicine towards professional independence.

# FEEDBACK CHALLENGES AND OVERCOMING BARRIERS



Feedback isn't easy—it can make you feel exposed, like every action is under scrutiny. You might wonder, "Am I being judged? Did I fall short?"



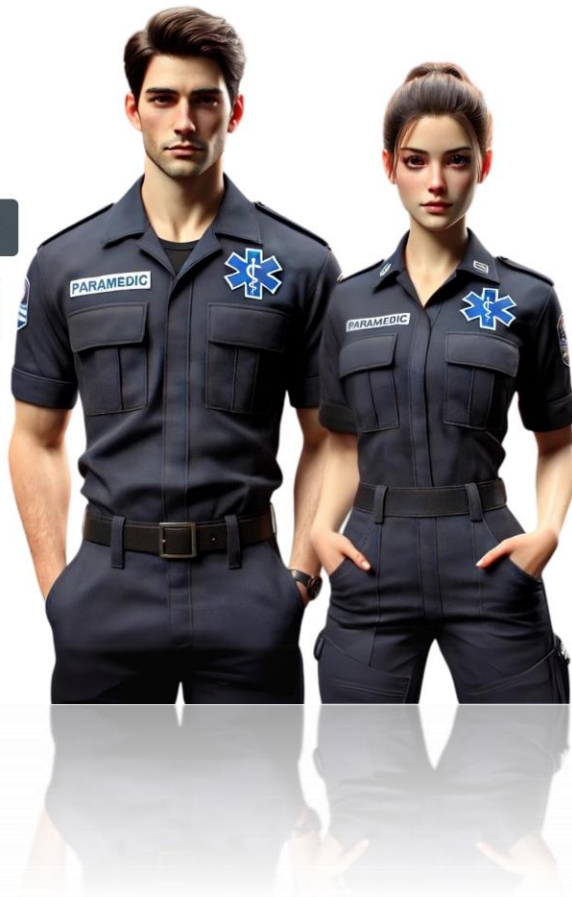
On the other hand, giving feedback can feel just as daunting, as you wrestle with questions like, "Will this come across as criticism? Will it be taken the wrong way?"

These feelings are natural. Feedback touches on vulnerability, humility, and openness. It's an invitation to reflect—not just on what you do, but on how you grow. As a paramedic, you know the stakes are high, and the work is deeply personal. But feedback, even when it stings, isn't about breaking you down; it's about building you up.



As paramedics, we need to cultivate a culture where feedback is viewed as a positive. It's an essential part of our learning... and it's part of our professional development.

Here are some tips you can try today that'll make your feedback more effective ...



## BE SPECIFIC

Focus on specific behaviours rather than general comments. This helps the receiver understand exactly what needs to be improved.



## BE TIMELY

Provide feedback as soon as possible after you see a behaviour. This way, it's relevant and fresh in the receiver's mind.



## BE BALANCED

Highlight strengths as well as areas for improvement. Balanced feedback is more constructive and less likely to be perceived as criticism.

## ENCOURAGE SELF-REFLECTION

Encourage the receiver to reflect on their performance and identify areas they believe need improvement. Feedback may begin with a question to explore the rationale and causality for an action or behaviour, and to prompt an individual to reflect on how things went and how they could be done better for next time. Learning is often deeper and more meaningful if the individual self-identifies an area that needs improvement.



# BE RESPECTFUL

Feedback is received more constructively in a safe, respectful environment, in which the individual is respected as a valuable professional. It is okay to be tough on the subject, but be soft on the person.



When you embrace feedback as a tool for learning and not a weapon of judgment, you create space for connection, trust, and professional growth.

Take a breath. Explore those moments of discomfort—they're where the real growth happens.





### Supporting Paramedics

As your Medical Director, I am here to support you in your professional journey. My goal is to foster an environment where feedback is not only accepted but sought after and valued. Together, we can create a culture of excellence in patient-centered care, where every piece of feedback is a step towards better outcomes for our patients and a more fulfilling professional experience for all of us.



In conclusion, feedback is a cornerstone of professional growth and excellence in patient care. By embracing it, we can ensure that we are always moving towards the highest standards of practice, benefiting both our patients and ourselves. Let's continue to support each other through constructive feedback, striving for excellence in everything we do.

*Dr. Michael Austin, MD, FRCPC, DRCPSC (PTM), is RPPEO's Medical Director.*

### Introducing the OMC Video Series



### Welcome to the OMC YouTube Channel!

The Online Medical Consultation (OMC) service has become an integral part of modern paramedicine in our region, offering paramedics real-time access to physician support during patient care. To enhance your use of

this critical service, we are excited to introduce the **OMC Video Series**, now available on its dedicated [OMC YouTube Channel](#).

### What is the OMC Video Series?

The OMC Video Series is designed to provide paramedics and Base Hospital Physicians with insights, practical tips, and tools to navigate OMC consultations effectively. The series offers content tailored to your needs, including:

- **Best Practices:** Learn how to make the most of consultations, using clear communication.
- **Real-World Scenarios:** Explore practical examples of clinical care in the field.
- **Innovative Insights:** Understand the evolving role of OMC in enhancing your care and that of others using OMC.

### Celebrating Paramedic Leadership

Since piloting OMC, RPPEO paramedics have shown how effective use of this service can improve out of hospital care. Your thoughtful, professional engagement with OMC has not only improved patient care but also shaped the evolution of this program. Congratulations to each of you for your leadership, innovation, and dedication. Your contributions have paved the way for OMC to expand and benefit paramedics in other regions of Ontario.

OMC is now used by paramedics supported by three Base Hospitals:

- **CPER (Centre for Paramedic Education and Research - Hamilton Health Sciences)**
- **RPPEO (Regional Paramedic Program for Eastern Ontario - The Ottawa Hospital)**
- **CPC (Centre for Prehospital Care - Health Sciences North)**

While OMC started as an RPPEO project, it has since grown to serve all three Base Hospitals, with shared responsibility and oversight to ensure it continues to meet the needs of paramedics and patients alike.

### A Reminder: OMC is Always Here for You

OMC is available to paramedics at any time, for any reason. Whether you're navigating a complex case, confirming protocols, or seeking advice, OMC is a dedicated tool to support your decision-making and enhance patient care.

## How to Access the OMC Video Series



Watching the videos is easy!

1. Visit the [OMC YouTube Channel](#)
2. Explore the growing library of videos, with new content being added regularly.
3. Subscribe to the channel to stay updated on the latest releases.

*OMC YouTube Channel presents Pain Management. Click to watch.*

## Thank You for Leading the Way

Paramedics are innovators and leaders in reshaping patient care. Your use of OMC has demonstrated how technology and collaboration can elevate care delivery, and these videos are here to support your continued success.

Check out the OMC YouTube Channel today and see how it can help you make the most of this invaluable service. Together, we'll keep building a future defined by patient-centred care and professional excellence.

**Thank you for your incredible work, and stay tuned for more exciting updates in MedicNEWS and beyond!**



## Quality & Patient Safety

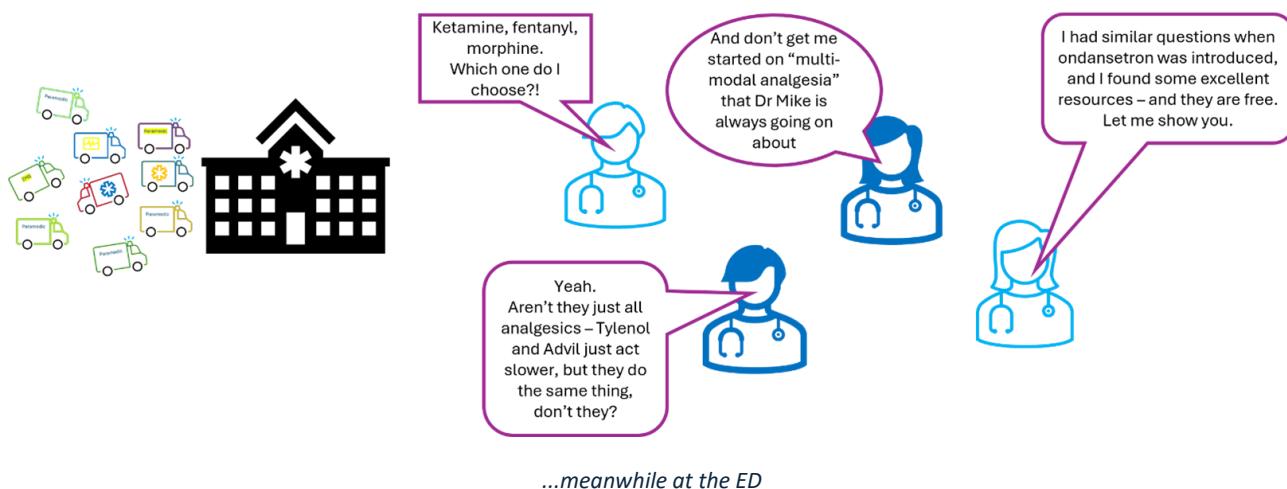


## Resources

### Explore Pharmacology

#### A Guide to Key Resources

by James Bowen



Pharmacology can be a maze, but the right tools make navigating it easier. In this edition of **MedicNEWS**, we're spotlighting an invaluable resource that will help you access reliable drug information: **Health Canada's Drug Product Database**

## Health Canada's Drug Product Database

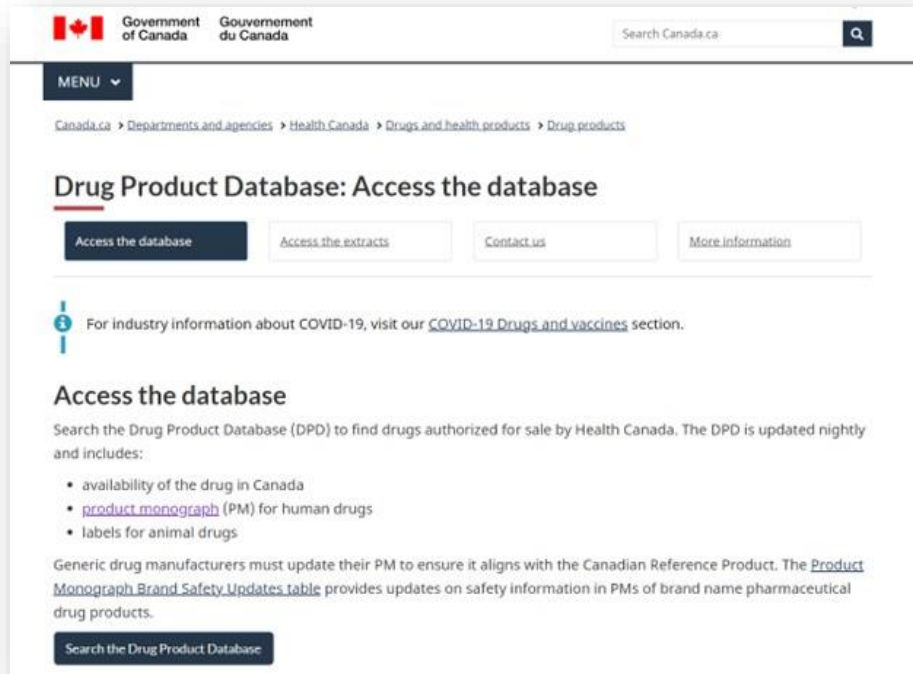
The [Drug Product Database \(DPD\)](#) is a treasure trove of information for healthcare providers. It allows you to search for **Product Monographs**, the go-to documents for understanding a drug's properties and proper use.

*"A Product Monograph is a factual, scientific document on a drug product that, devoid of promotional material, describes the properties, claims, indications and conditions of use of the drug and contains any other information that may be required for optimal, safe and effective use of the drug." - Health Canada*

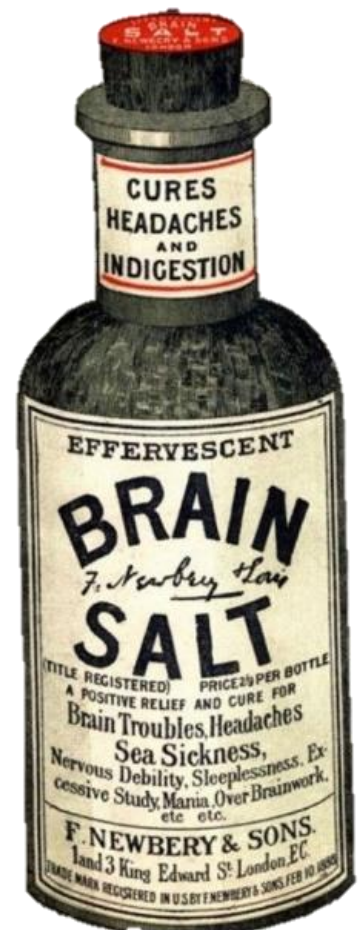
### What's in a Product Monograph?

A product monograph provides you all sorts of information about medications, such as:

- The warnings, precautions, actions, and clinical pharmacology provide useful information when deciding on medication administration.
- The patient information section provides information to use when helping the patient make an informed decision, and is in a plain, simple language.
- If you really want to geek-out, the scientific information is the place to go.
- Under the dosage you can find information on overdose – so these are even useful for medications we don't carry



Health Canada's comprehensive Drug Product Database



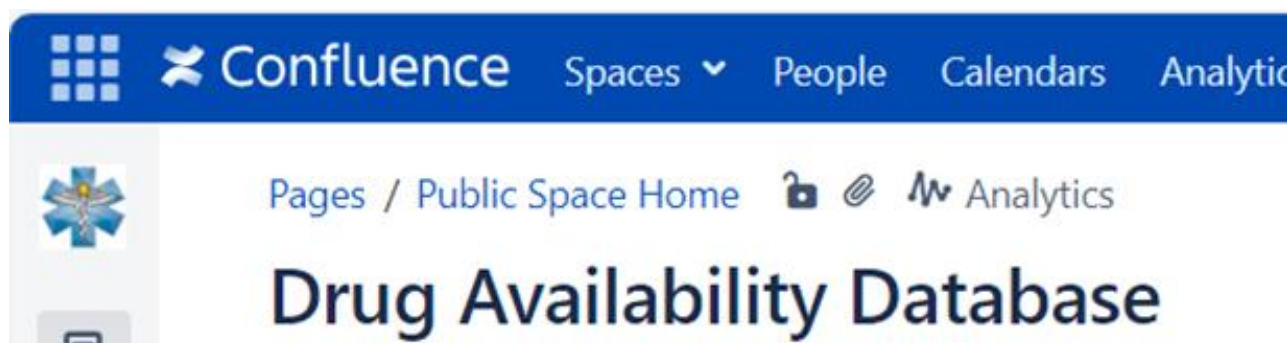
<p>PRODUCT MONOGRAPH INCLUDING PATIENT MEDICATION INFORMATION</p> <p><b>™ACCEL-ONDANSETRON ODT</b> ondansetron Orally disintegrating tablets, 4 mg and 8 mg, oral Mfr. Std. Antiemetic 5-HT<sub>3</sub> receptor antagonist ATC code A04AA01</p>		<p><b>Table of Contents</b></p> <p><b>PART I: HEALTH PROFESSIONAL INFORMATION .....3</b></p> <p>SUMMARY PRODUCT INFORMATION .....3</p> <p>INDICATIONS AND CLINICAL USE .....4</p> <p>CONTRAINDICATIONS .....4</p> <p>WARNINGS AND PRECAUTIONS .....4</p> <p>ADVERSE REACTIONS .....7</p> <p>DRUG INTERACTIONS .....8</p> <p>DOSAGE AND ADMINISTRATION .....8</p> <p>ACTION AND CLINICAL PHARMACOLOGY .....10</p> <p>DOSAGE FORMS, COMPOSITION AND PACKAGING .....11</p> <p>STORAGE AND STABILITY .....12</p> <p>AVAILABILITY OF DOSAGE FORMS .....15</p> <p><b>PART II: SCIENTIFIC INFORMATION .....16</b></p> <p>PHARMACEUTICAL INFORMATION .....16</p> <p>TOXICOLOGY .....16</p> <p>REFERENCES .....17</p> <p><b>PATIENT MEDICATION INFORMATION .....19</b></p>
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*Product monograph table of contents*

## Searching the Drug Product Database


Searching the database is usually done by active ingredient (generic name), however this can yield pages of results, as the database includes all medications submitted with that ingredient. A much quicker way is to use the Drug Identification Number (DIN) – an 8-digit number.

RPPEO's **DAD** has the DIN for all Ontario ACP and PCP medications.



- RPPEO's **DAD** isn't our father—it's the **Drug Availability Database**, a tailored solution designed for Ontario paramedics. You'll find it hosted on RPPEO's [public access site](#).
- The DAD shows availability of all medication preparations marketed in Canada that are authorised for Ontario ACPs and PCP. With each medication preparation, you can find the DIN that will speed up searching in the Drug Product Database.





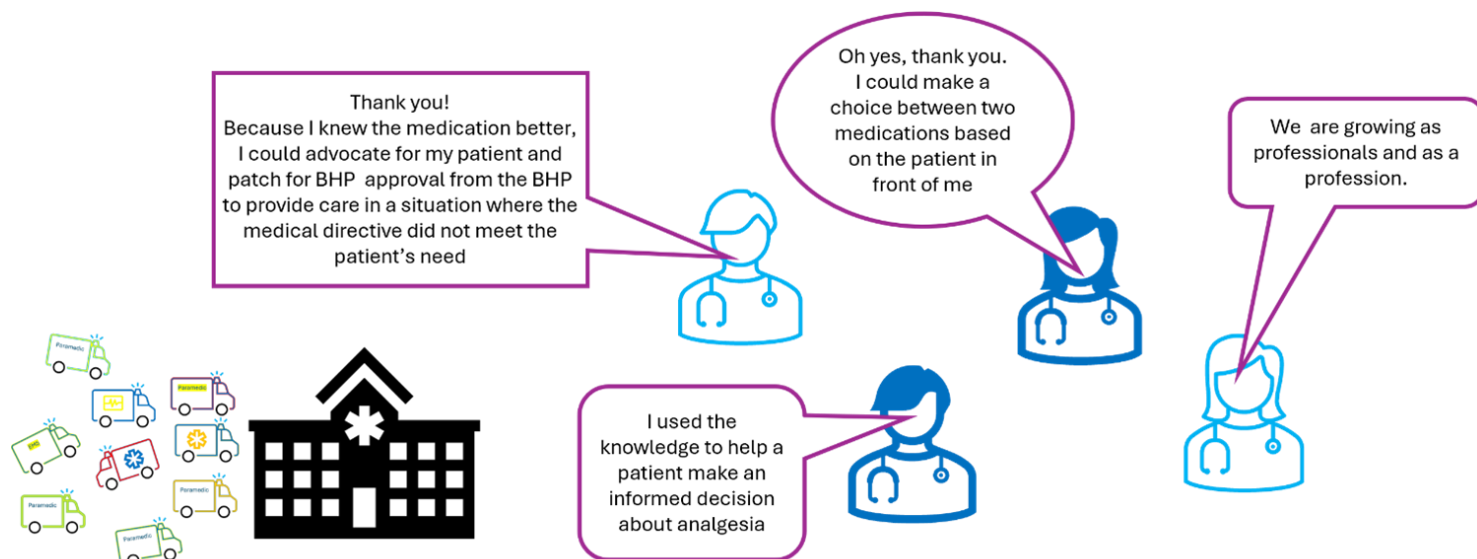
Drug (Active Ingredient)	Manufacturer	Trade Name	DIN	Presentation	Status	Notes
<b>Diphenhydramine (injection)</b> R06AA02 All units Mirc: 100 mg Std: n/a	Fresenius Kabi	Diphenhydramine Hydrochloride Injection	02369567	50 mg/ml in 1 ml vial	Available	
	Omega Laboratories	Diphenist	02219336	50 mg/ml in 1 ml vial	Available	
	Sandoz	Diphenhydramine Hydrochloride Injection USP	00596612	50 mg/ml in 1 ml	Available	

RPPEO's paramedic-specific Drug Availability Database (DAD)

These resources are a must-have for any paramedic looking to deepen their understanding of pharmacology and improve patient care. Whether you're digging into monographs, looking up warnings, or searching for specific medications, Health Canada's DPD and RPPEO's DAD are here to make the job easier.

**Start exploring these tools today! Your practice—and your patients—will thank you.**

Back at the ED...



**James Bowen** is a Specialist in the RPPEO's Quality & Patient Safety department and a practising PCP. You can reach him at

# Research

## What's New and Exciting in Paramedicine Research?

The world of paramedicine is constantly evolving, with innovative research driving improvements in patient care, operational efficiency, and emergency response. Here are some of the latest developments shaping the future of paramedic practice, along with examples from Ontario and the RPPEO region:

### 1. Integration of Artificial Intelligence (AI)

AI is poised to become a game-changer in paramedicine as in medicine by assisting in critical decision-making. For instance, advanced algorithms can analyze ECG signals with over 93% accuracy to predict defibrillation outcomes. This technology empowers paramedics to make informed choices during cardiac emergencies.

#### Example:

Pilot projects and research studies are exploring AI integration with cardiac monitors to enhance paramedic assessments during resuscitation efforts. These programs are being trialed through partnerships with academic institutions and paramedic services.

[Read more here.](#)



*A wearable AI-enabled defibrillator*

### 2. Expansion of Community Paramedicine

Community paramedics are taking on expanded roles in non-emergent care, offering in-home services and preventive care that reduce unnecessary hospital visits. This model is becoming a cornerstone for managing chronic conditions and alleviating strain on the healthcare system.

#### Regional Example:

The **Community Paramedicine for Long-Term Care Program** is active in many Ontario regions, including those served by RPPEO. This initiative provides seniors awaiting long-term care with regular check-ups, chronic disease management, and 24/7 health service access in their homes.

[Read more here.](#)

### 3. Adoption of Telemedicine and Mobile Health Technologies

Telemedicine and mobile apps are revolutionizing out-of-hospital care by enabling real-time consultations with specialists. These tools ensure paramedics have access to critical expertise when it matters most, improving patient outcomes.

**Regional Example:**

RPPEO paramedics are already using telemedicine to connect with Base Hospital Physicians during more challenging calls, enhancing decision-making in real time. This practice is supported by the Online Medical Consultation project enabling paramedics to consult BHP at any time.

[Read more here.](#)

**4. Development of Wearable Cognitive Assistance Systems**

*OMC enables paramedics to consult for any patient.*

Emerging technologies like **CognitiveEMS** use wearable devices to provide paramedics with real-time data and step-by-step protocol guidance through augmented reality interfaces. This innovation enhances on-scene decision-making and efficiency.

**Regional Example:**

While still in early stages, Ontario research teams are exploring the feasibility of augmented reality tools for paramedics in training scenarios, potentially paving the way for operational use in the near future.

[Read more here.](#)

**5. Utilization of Drones in Emergency Response**

Drones are being deployed to deliver lifesaving equipment, such as Automated External Defibrillators (AEDs), to remote or congested locations, reducing response times and potentially saving lives in critical situations.

**Regional Example:**

In Ontario, research collaborations with municipal paramedic services are testing drone-based AED delivery systems for rural and remote communities, including simulations in Renfrew County.

[Read more here.](#)

**Selected Reading List**

Here are some recommended articles and studies for those interested in exploring these topics further:

- "The Synergy of AI and Clinical Paramedic Expertise" – [Paramedic Practice](#)
- "Community Paramedicine: Advancing Care Beyond the Emergency" – [BMC Health Services Research](#)



- "Wearable Cognitive Assistance Systems for EMS" – [arXiv](#)
- "Drone-Enhanced Emergency Medical Services" – [Wikipedia](#)

## News Nuggets



Easily digestible short summaries of news impacting paramedic clinical care, from the region, the country and around the globe. In this edition, we check in with Australia.

## Ambulances Dispatched for Pigeons, Pregnant Cats, and Toothaches



Paramedics in Victoria, Australia, are raising concerns after being dispatched to **non-emergency cases** like a pigeon in cardiac arrest, a pregnant cat, and even cases of hiccups and toothaches. These incidents highlight a surprising trend of system misalignment, where the wrong service is being sent to individuals—and animals—in need.

While the **Victorian Ambulance Union** has reported these unusual cases, they underscore a broader challenge: the

ambulance system is already struggling with resource availability, and dispatching paramedics to non-emergencies further strains it.

This is **clearly not the right service** for pets in labour or people needing minor medical advice. However, rigid call-taker algorithms, which classify incidents based on specific scripted responses, appear to contribute to this

misallocation. Paramedics have emphasized the need to adjust these triage systems to better filter and prioritize genuine emergencies.

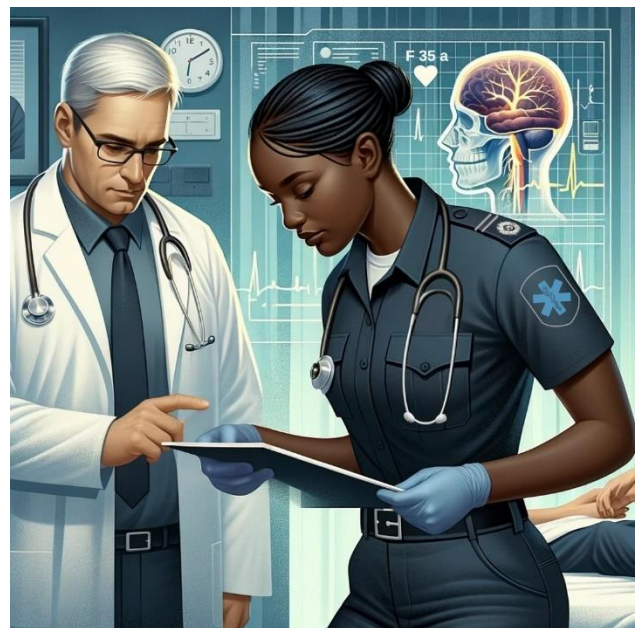
The situation serves as an important reminder: ambulance services are built for **time-critical medical emergencies**. There's lots of opportunity for some enterprising people to figure out how to better leverage alternative care pathways—like telehealth, urgent care clinics, and veterinary services—to address issues that don't require emergency response.

Full details on the incidents can be [found here](#).

## Recognizing Stroke in Complex Cases: Lessons from a Coronial Inquest

A recent **coronial inquest**—similar to Ontario's **coroner's inquest**—in **Adelaide, Australia**, highlighted the complexity of recognizing rare stroke presentations, particularly in younger patients, and the challenges of balancing conflicting information during patient assessments. These inquests are not about assigning blame but are conducted to better understand the circumstances of a death and identify opportunities for improvement in systems and processes.

The case involved **Kate Marie Sylvia**, a 32-year-old woman who tragically passed away from a rare stroke known as [cerebral venous sinus thrombosis](#) (CVST). With symptoms like severe headache, vomiting, and difficulty speaking, her condition was initially misdiagnosed as a migraine. What's more, paramedics on scene did not observe clear stroke indicators—symptoms that her family reported—but these observations were not fully communicated to the receiving medical team.



The inquest underscored the complexity of patient care when clinical signs are subtle or transient, information is conflicting, and decisions must be made in time-sensitive, high-pressure environments.

### Key Takeaways for Paramedics

- **Rare Conditions Can Present Atypically:** CVST is a rare form of stroke that can affect younger patients and may lack the classic stroke symptoms, making diagnosis difficult.
- **Communication Matters:** Sharing all relevant observations—both clinical findings and family-reported symptoms—can give receiving teams a more complete picture for diagnosis.

- **Balancing Complexity:** Paramedics often encounter conflicting information in the field. Cases like this highlight the importance of thorough documentation and clear communication during patient handover.

This case is a sobering reminder of the challenges inherent in emergency care and the critical role paramedics play in early assessments. It also reflects the value of open processes, such as coronial (or coroner's) inquests, to improve understanding and identify lessons that can enhance patient outcomes.

For more details, visit the [full story here](#).

*Send your bite-sized news items to MedicNEWS! If you find interesting news relative for the clinical practice of paramedicine, send it along to [info@RPPEO.ca](mailto:info@RPPEO.ca) for consideration in an upcoming issue of MedicNEWS. Please include the link to the original story (if there is one) and mention "MedicNEWS" in the subject line of your message.*

## Announcing...





## Removing Barriers: What the New RPPEO Accessibility Policy Means for Paramedics

The Regional Paramedic Program for Eastern Ontario (RPPEO) has taken a significant step forward to provide every paramedic with full access to

the services they need. As of **December 2, 2024**, the [Accessibility of Base Hospital Services Policy](#) is in effect addressing barriers faced by paramedics and other clients with disabilities during critical RPPEO-managed processes such as certification, education, and quality programming.



### Why Now? Recognizing the Need for Change

Paramedics play a vital role in Ontario's healthcare system, and the base hospital is a cornerstone of support for their professional growth. However, standardized processes—while efficient—can unintentionally create barriers for individuals with disabilities. Whether those barriers are physical, informational, or policy-related, the impact on a paramedic's ability to train, certify, or grow professionally can be significant.

The RPPEO recognized this issue and developed a policy to provide paramedics who encounter barriers due to a disability with a means to ask for accommodations so that they may fully engage and succeed in their work. Safety and clinical quality remain our joint goalpost, so not every request for an adaptation will be possible. RPPEO is pleased to provide this process for evaluating requests for accommodation.

### What Does the Policy Do?

The **RPPEO Accessibility Policy** makes it clear that paramedics can request accommodations when barriers arise. Here's how it works:

1. **Identify Barriers:** If you face challenges in participating in education, certification, or other RPPEO services due to a disability, you can request accommodations.
2. **Collaborative Solutions:** The RPPEO will evaluate each request individually. You and RPPEO staff will work together to try to identify accommodations that respect your needs while maintaining safety and quality standards.
3. **Documentation and Privacy:** Any accommodation plans will be documented and kept private, shared only with those directly involved in the process.

This approach aligns with **Ontario's Human Rights Code** and the **Accessibility for Ontarians with Disabilities Act (AODA)**, which both require organizations to address barriers and protect individuals against discrimination.

### What Does This Mean for You?

For paramedics, this policy represents a commitment to equitable access and support. Whether you need adjustments for certification exams, continuing medical education, or other RPPEO services, the policy is there to help you navigate the process with dignity and fairness.

It's not just about meeting legislative requirements; it's about recognizing that paramedics bring diverse abilities to their work and leaving no one behind because of systemic barriers.

### How to Request an Accommodation

The process is straightforward:

- You can submit a **Request for Accommodation** in any documented form, ideally by email.
- A designated RPPEO staff member will work with you to evaluate the request and explore solutions.
- To get started, contact **Jeff Robbins** at [certification@RPPEO.ca](mailto:certification@RPPEO.ca).

### Looking Ahead

The implementation of this policy is a step toward making RPPEO services more inclusive and adaptable. By integrating flexibility into standardized processes, RPPEO is demonstrating its commitment to both **equity** and **excellence** in prehospital care.

If you'd like to read the full **Accessibility of Base Hospital Services Policy**, visit the **Policy section** on [RPPEO.ca](https://rppeo.ca). Whether you need support today or are just learning about this initiative, know that RPPEO is here to listen, collaborate, and support your success as a paramedic.

## MedicNEWS Back Issues

You can browse the MedicNEWS catalogue or find articles on topics you're interested in by visiting the [MedicNEWS page on RPPEO.ca](#).

