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## Patching to the Base Hospital Physician Overview

The Advanced Life Support Patient Care Standards (ALS PCS) states that a Paramedic will attempt to contact their Base Hospital Physician (BHP):

- When a medical directive contains a mandatory provincial patch point; OR
- When a Regional Base Hospital (RBH) introduces a mandatory BH patch point; OR
- For situations that fall outside of these medical directives where the Paramedic believes the patient may benefit from online medical direction that falls within the prescribed scope of practice; OR
- When there is uncertainty about the appropriateness of a medical directive, either in whole or in part.

At CPER, we are committed to ensuring that Paramedics have direct access to quality on-line medical direction.

### The Patch Process

When a Paramedic needs to access on-line medical direction, the Paramedic is to use the designated patch numbers to call the BHP. The patch calls are routed to a line at the local ambulance communications centre, which in turn, auto-dials to a dedicated phone at the Hamilton General Hospital. The dedicated phone at the Hamilton General Hospital forwards all calls (0630 to 2300 hours) directly to the on-call BHP on their mobile phone. During the night (2300 to 0630 hours) the call is answered at the Hamilton General Hospital to utilize the on-site Base Hospital Physician.



Based on the local policy and procedure of the EMS operator, Paramedics are directed to utilize service issued phones to contact the BHP. However, at times, due to mobile phone coverage or other technical malfunction, the mobile phone may not work. In these circumstances, Paramedics can utilize land lines (where available) or contact their local ambulance communications centre by radio and request a patch to the Hamilton General Hospital.

## Behind the Scenes

To ensure BHP access, CPER has implemented two back-up plans should the on-call BHP not be immediately accessible. The first contingency occurs if the BHP is not available within the first three rings. In this circumstance, the call is automatically forwarded to the on-call Medical Director (Dr. Michelle Welsford) or the on-call Associate Medical Director (Dr. Doug Munkley). If the Medical Director is not available, you will hear a voice mail message indicating this. In the event that this first contingency plan does not connect the Paramedic to on-line medical direction, then the Paramedic is to proceed to CPER's second contingency plan by contacting their local ambulance communications centre.

## Paramedic Action

The second contingency plan involves the Paramedic contacting ambulance communications, explaining that the primary mode of Patching has not succeeded, and request assistance. Ambulance communications will then call the on-site Base Hospital Physician at Hamilton General Hospital directly.



If after ONE or TWO attempt(s), the Paramedic is not able to reach the on-call BHP, then the Paramedic is to contact ambulance communications and request that they be put through to the BHP at Hamilton General.

If the Paramedic loses contact during a call with the BHP: the Paramedic is to hang-up, wait 30 seconds to allow for the diverter to reset, and then call again.

## Trouble Shooting

<b>Busy Signal</b>	<ul style="list-style-type: none"> <li>• There is another patch going on within your region.</li> <li>• Recent Hang-up. The diverter takes 30 seconds to reset.</li> </ul>
<b>Voice Mail</b>	<ul style="list-style-type: none"> <li>• Both the primary BHP and back-up BHP (Dr. Welsford/ Dr. Munkley) are receiving a patch</li> </ul>
<b>Call Failure</b>	<ul style="list-style-type: none"> <li>• Signal is lost (check connectivity)</li> </ul>
<b>Ringling and Ringing</b>	<ul style="list-style-type: none"> <li>• The phone is ringing at the General, please hold and wait for an answer</li> </ul>

Occasionally, the patch process may fail – even after utilizing the back-up process. As per the ALS PCS: “Where a treatment option requires the prior authorization by the BHP AND the BHP cannot be reached despite reasonable attempts by the Paramedic to establish contact, a Paramedic may initiate the required treatment without the requisite online authorization if the patient is in severe distress and in the Paramedic’s opinion the medical directive would otherwise apply. Clinical judgement must be applied and an acceptable standard of care must be met. This may be based on peer and expert review. In such cases, a Paramedic should continue attempts to contact the BHP after the treatment has been initiated.” Thus, the Paramedic must use their judgement to determine if they would carry on with the treatment as outlined in the medical directives. In most circumstances, following patch failure the Paramedic should initiate rapid transport, if not already en-route. Note that when considering termination of resuscitation (TOR), the ALS PCS indicate that if a BHP cannot be reached, that the Paramedic should initiate transport.

## Making Contact

When you have made contact with the BHP and you have ensured a clear line of communication, it is recommended that you provide on-line medical direction with:

- Your name (Example: “Hello Doctor, this is Paramedic Smith. Do you copy?”); and
- Your qualification, service and location (Example: “I’m an ACP (or PCP) with Guelph-Wellington EMS, and we are currently at a house in Arthur”); and
- Your EHS ID Number

After your patch, ensure you document the appropriate BHP number, as described below:

201	• Dr. Michelle Welsford
202	• Dr. Doug Munkley
205	• Dr. Paul Scotton
206	• Dr. Catherine Sellens
208	• Dr. Diane Simpson
209	• Dr. Kim Barker
210	• Dr. Alim Pardhan
211	• Dr. Rupinder Singh Sahsi
1 to 199	• Base Hospital Physicians at Hamilton General

## Continuous Quality Improvement (CQI)

All Paramedic patches are recorded in three modes: (1) Paramedic documentation on the ACR; (2) BHP documentation on the “Patch Pad”; and (3) voice recording of the patch. The documentation and recordings are made accessible to the CPER CQI team for audit purposes. The primary purpose of the patch audit system is to ensure quality of the Paramedic-BHP patch interaction.

## Patch Failure

Definition: A patch failure is defined by CPER to include any incidences when the Paramedic is not able to obtain BHP contact after the Paramedic has first attempted to contact the BHP directly and then has attempted to contact the on-site BHP via the back-up plan.

In the event of a patch failure, CPER **MUST** be notified as soon as possible. Please forward the following to Rob Luke at [luke@hhsc.ca](mailto:luke@hhsc.ca):

1. Call #
2. Call Date
3. Approximate time of patch failure
4. Patch Problem (busy, no answer)

In order for CPER to accurately evaluate the effectiveness of our current program it is imperative that each instance be documented consistently. When documenting a patch issue please keep the following in mind and document accordingly:

### Problem Code

### Comments

**BHP: No Response  
403**

- All initial attempts that are not successful
- Second attempts that are not successful, where the Paramedic did not use the back-up system through ambulance dispatch

**BHP: Failure  
402**

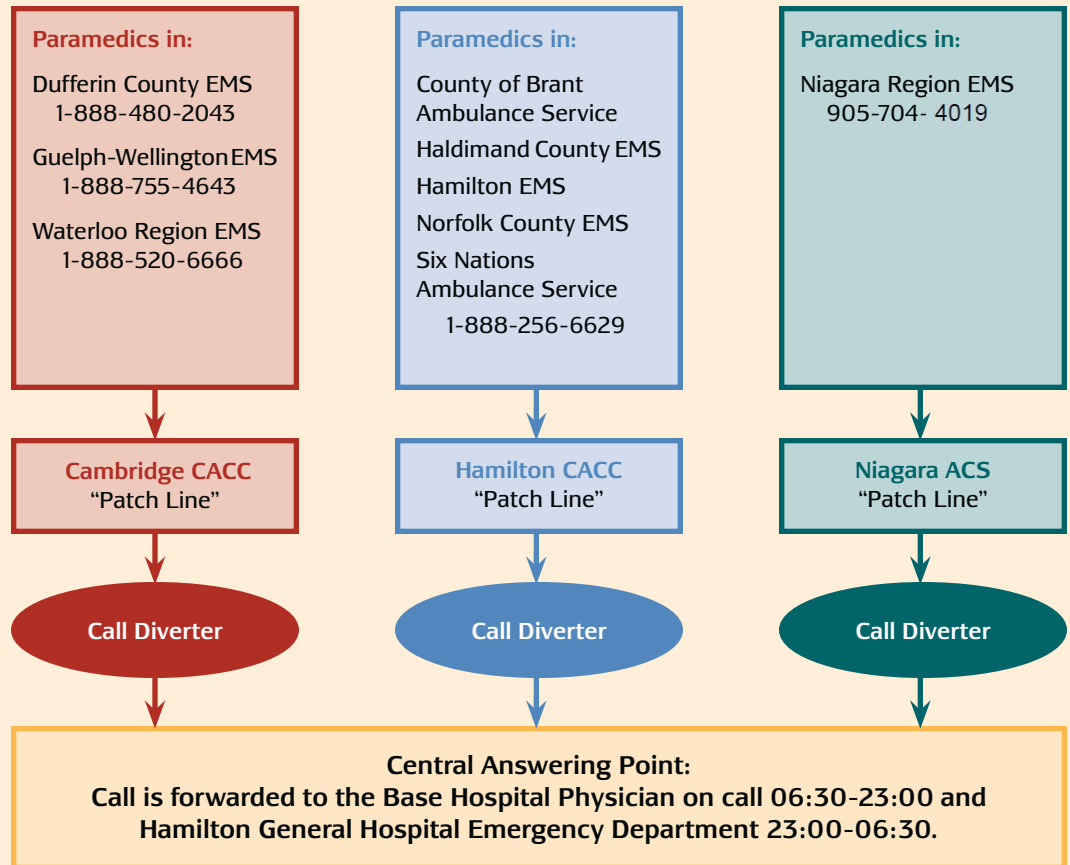
- All instances where the Paramedic is not successful in contacting the BHP after the second back-up system was attempted.

For each instance please also document whether the patch was via cell phone or through the ambulance communications and the circumstances surrounding the failure (see above). **If a BHP: Failure is documented then an email must be forwarded to CPER.**

## Final Comments

Finally, CPER is always looking to improve systemic processes. If you have any suggestions or feedback on how to improve patching – or any CPER programming – please feel free to contact us.

## APPENDIX A Paramedic Patch Phone Flowchart: First Contingency Plan



## APPENDIX B Paramedic Patch Phone Flowchart: Second Contingency Plan

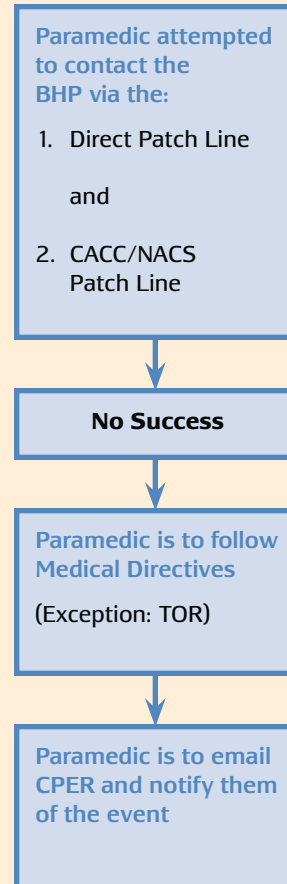
**If no answer via  
direct patch line**

Paramedic  
Directly Contacts  
CACC / NACS via

Cambridge  
800-265-2215  
Hamilton  
905-574-1414 or  
Hamilton (alt)  
800-263-5767  
Niagara  
905-704- 4005  
866-895-6227

**CACC/NACS will  
connect Paramedic  
to Base Hospital  
Physician at HGH**

## APPENDIX C Paramedic Patch Phone Flowchart: Patch Failure\*



**\* Patch Failure Definition:**

A patch failure is defined by CPER to include any incidences when the Paramedic is not able to obtain BHP contact after the Paramedic has first attempted to contact the BHP directly and then has attempted to contact the on-site BHP via the back-up plan.