

For Information

DATE: August 19, 2013

REPORT TITLE: **PARAMEDIC MEDICAL DIRECTOR'S ANNUAL REPORT**

FROM: Janette Smith, Commissioner of Health Services

OBJECTIVE

To introduce the medical updates and advances as they pertain to the delivery of paramedic service in the Region of Peel.

REPORT HIGHLIGHTS

- Sunnybrook Centre for Pre-Hospital Medicine provides the medical oversight for the delivery of Paramedic Services in Peel.
- Dr. Sheldon Cheskes provides an update to Council annually and will attend the October 24, 2013 meeting of Regional Council.
- The community benefits from the scientific research and medical advances that Dr. Cheskes introduces to the paramedics of Peel.

DISCUSSION

1. Sunnybrook Centre for Pre-Hospital Medicine

Peel Regional Paramedic Services delivers its various levels of paramedic care and medical strategies in the community through the direction of the Sunnybrook Centre for Pre-Hospital Medicine (SCPM). SCPM is regularly referred to as the Base Hospital. The term Base Hospital is defined as a hospital which is designated by the Minister of Health and Long-Term Care to have a program that monitors both the quality of care and certification of paramedics within their designated catchment area.

Sunnybrook Centre for Pre-Hospital Medicine provides medical direction and oversight to the Regions of Halton and Peel, the County of Simcoe, the District of Muskoka, the City of Toronto as well as two First Nation communities, Beausoleil and Rama. The program is provided through an organization which consists of a number of medical directors and staff with expertise in education, research, risk and quality assurance. Dr. Sheldon Cheskes, MD, CCFP(EM), FCFP is the Medical Director for Halton and Peel.

Dr. Cheskes has been a base hospital Medical Director in Peel for over 20 years. He has an established reputation as an international leader in the field of pre-hospital care and is also collaborating investigator with the Keenan Research Centre, Li Ka Shing Knowledge

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Institute, St Michael's Hospital and the University of Toronto. In addition, he is an Assistant Professor, Division of Emergency Medicine at University of Toronto.

Dr. Cheskes' experience and knowledge has opened the doors to the enhancement of paramedic skills sets, tools and protocol to improve patient outcomes. Through research projects with Paramedic and Fire Services we continue to see a reduction in the loss of life as a result of sudden cardiac arrest.

2. Medical Advances and Scientific Research

Over the past several years a number of medical advances and strategies have been introduced in Peel. Some of the strategies which have been introduced include:

- Continuous Positive Airway Pressure (CPAP)
 - A treatment to assist a patient who is experiencing severe respiratory distress and has signs/symptoms of acute pulmonary edema or Chronic Obstructive Pulmonary Disease (COPD) as an alternative to the more invasive treatment of endotracheal intubation.
- King LT Airway as a Primary Care Paramedic (PCP) airway for cardiac arrest and a rescue airway for the Advanced Care Paramedic (ACP)
 - A treatment which is an alternative to endotracheal intubation or mask ventilation and is designed to minimize airway trauma.
- Introduction of new drugs (Benadryl and Gravol) at both the PCP and ACP levels of care
 - A treatment for moderate allergic reactions (Benadryl) and nausea or vomiting (Gravol).
- Stemi Direct and Indirect Bypass Protocols
 - Protocols to directly bypass area hospitals once a paramedic has diagnosed a patient as having a heart attack in the field and transporting directly to a cardiac catheterization lab (Mississauga Hospital or Brampton Civic Hospital).
 - Protocols to permit other local emergency departments to directly contact ambulance dispatch and request an immediate transfer of a heart attack patient to a cardiac catheterization lab.
- Stroke Bypass Protocols
 - Protocols to bypass area hospitals with a patient identified with a new onset of symptoms related to stroke and within a 4 window. These patients are directly transported to Trillium Health Partners, Mississauga Hospital.

Through Dr. Cheskes continued involvement in the field of research Peel has been able to participate in a variety of research projects through the Resuscitation Outcomes Consortium better known as ROC. This research has provided the evidence which is now being used in the management of sudden cardiac arrest. Some examples of the research which have been concluded or are being introduced are:

- Impedance Threshold Device (ITD) Trial
- Hypertonic Saline Trial
- Analyze early versus analyze late trial of pre arrest CPR
- Continuous Cardiac Compressions versus 30:2 CPR in cardiac arrest (started in June 2011)
- Amiodarone/Lidocaine/Placebo Drug Trial (commenced in the summer of 2012)
- Hypothermic cooling of cardiac arrest patients

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Dr. Cheskes has accepted multiple awards on behalf of Peel Region for their innovation and dedication to prehospital research.

Dr. Cheskes will attend the October 24, 2013 meeting of Regional Council to provide his annual update on the medical outcomes and advances.

CONCLUSION

Dr. Cheskes is to be commended for his dedication in the field of pre-hospital care. His contributions along with the paramedics' ability to implement these medical initiatives contribute significantly to the survival and improved health outcomes for Peel Region residents.



Janette Smith
Commissioner of Health Services

Approved for Submission:



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