London Health Sciences Centre
Southwest Ontario Regional Base Hospital Program

Procedure:	Base Hospital Physician Patching	
Owner of Policy:	Manager, Quality and Business Systems	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Endorsed By:	Director, Southwest Centre for Prehospital Medicine	**Endorsement Date:** May 2025
Original Effective Date:	May 2024	**Date Reviewed: May 2026**

PURPOSE

This policy outlines the actions taken when a paramedic is patching to a base hospital physician and the escalation procedure when issues are encountered with the centralized patching system.

SYSTEM OVERVIEW

The Southwest Ontario Regional Base Hospital Program (SWORBHP) utilizes a centralized patching system. This patching system consists of:

- A primary patch line where calls will typically be routed to an on-call base hospital physician (BHP). Occasionally, there is no on-call BHP scheduled for the overnight shift 23:00-07:00). In these instances, the primary patch line will be routed to the London Health Sciences Centre (LHSC) University Hospital (UH) Emergency Department (ED). A secondary patch line is also in place, which is routed to the LHSC Victoria Hospital (VH) Adult Emergency Department.

The patch phone numbers are provided to the paramedic services by the Central Ambulance Communications Centre (CACC).

POLICY

The Ministry of Health Emergency Health Regulatory and Accountability Branch (EHRAB), at times, republishes the ALS PCS with amendments. Patching, found in the preamble and within the PCP/ACP core and auxiliary medical directives of the ALS PCS, outlines the requirements of all parties involved in the process of patching and performing medically delegated acts of Ontario Paramedics. The language regarding patching found within the ALC PCS will serve as the policy related to patching.

A centralized patching system allows for real-time medical direction and guidance provided by a physician to paramedics by phone, to assist in patient care on scene or en route. A paramedic shall patch to the Base Hospital when:

a) a medical directive contains a mandatory provincial patch point, OR
b) 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 paramedic scope of practice, OR
c) for consultation when, in the paramedics' opinion, the patient presentation or situation warrants medical advice.

To reach a BHP, paramedics will use the patch numbers provided by the CACC for their paramedic service. Medical direction and guidance can only be provided by a trained BHP. The BHPs for the SWORBHP region are listed on the SWORBHP website, as well as LHSC UH ED and LHSC VH Adult ED physicians. Paramedics will not attempt to patch to a BHP outside of the patching system.

PROCEDURE

1. Paramedic Patching Procedure

1.1. The paramedic will call the primary BHP patch number for their paramedic service (as provided by CACC).

1.2. If a BHP cannot be reached, the paramedic will:

1.2.1. Disconnect the call.
1.2.2. Wait a moment and call the primary line again.
1.2.3.Do not leave a voice message if the call goes to voicemail.

1.3. If the second attempt fails, the paramedic will:

1.3.1. Disconnect the call.
1.3.2. Call the secondary line for their service (as provided by CACC).

1.4. Further attempts can be made so long as it is in the best interest of the patient and does not risk patient safety.

1.5. If a BHP cannot be reached to provide medical advice or orders, the paramedic will document a patch failure. If this is a critical incident, proceed with regular operating procedures, and the paramedic will escalate it to their Employer.

1.6. When the phone is answered, if the recipient is not a physician (e.g., nurse in the ED), the paramedic will request that a physician take the call.

1.7. If technological or human factors issues are encountered, the paramedic will escalate the issue to their Employer and self-report the call, detailing their concerns.

2. Service Leadership Escalation Procedure

2.1. If there appears to be a patching system outage:

2.1.1. The Employer will escalate the issue to the CACC.

2.1.1.1. The CACC will determine if there is an issue with the diverter(s) associated with their CACC and address as per internal processes.
2.1.1.2. If the issue is an extended diverter issue or looks to not be related to the diverter(s), CACC will escalate the concern to SWORBHP by emailing sworbhp@lhsc.on.ca or calling 519-685-8500 ext. 77058.
2.1.1.3. SWORBHP will determine the scope of the issue and coordinate the next steps.
2.1.1.4. SWORBHP and CACC will collaborate to determine an interim solution if necessary and will inform the Employer of the solution; and
2.1.1.5. The Employer will take appropriate action if necessary.

2.2. In instances where there appear to be human factors impacting connection with a BHP, the Employer will escalate the issue to SWORBHP by emailing sworbhp@lhsc.on.ca or calling 519-685-8500 ext. 77058.

REFERENCES

Advanced Life Support Patient Care Standards Version 5.4
Emergency Health Services Branch, Ministry of Health

Ontario Regulation 257/00, Ambulance Act, R.S.O. 1990, c. A. 19