

	A07 - VECTRS / OLMS	
	Version date: 2024-12-20	Effective Date: 2025-04-30 (07:00)
EMR / PCP / ICP / ACP	ALL AGES	

VECTRS / OLMS: (204) 949-400
<ol style="list-style-type: none"> 1. Paramedics will contact the Virtual Emergency Care & Transport Resource Service (VECTRS) for all of the following: <ul style="list-style-type: none"> • On-line medical support (OLMS) • Destination and redirection (diversion) decision support • Trauma destination decision support and authorization for trauma bypass • Trauma team activation at the Health Sciences Center (HSC) and trauma prealert at alternate facilities • Stroke team activation at HSC and prealert at Provincial tele stroke sites • Access to the Code-STEMI physician and authorization to transport to the Provincial “cath lab” • Access to the VAD coordinator or cardiologist 2. A paramedic may call for clinical or destination support at any time. You must call VECTRS for the following situations: <ul style="list-style-type: none"> • You have transported a patient with a critical condition to a hospital that has no physician available and you require clinical support (B01) • A care map or medication standing order does not adequately address your patient’s situation • You are required to consult OLMS (C01, C02) or OLTS (F02.1, F02.2) before discontinuing a resuscitation • A minor is refusing treatment and/or transport without an adult custodian present or available (A05) • You are otherwise directed to in a specific care map. 3. The call will initially be answered by the VECTRS interfacility transport coordinator (IFTC) who will require demographics (name, birthdate, personal health insurance number) to register the patient at VECTRS. Calls will be recorded and documented. 4. You will be assisted by the VECTRS clinicians, including the advanced care paramedic (ACP) and / or emergency physician (EP). <p>If required, a delegation can be provided and can be accepted from either the ACP or EP. Medication orders must be authorized by the EP, but may be conveyed by and accepted from the ACP.</p> 5. During peak periods the VECTRS advanced practice respiratory therapist (APRT) may be assisting with EMS calls, but a paramedic cannot accept a delegation or an order from them. 6. You should provide an organized and focused request including full vital signs, your current location, estimated time to the designated facility for this condition or the closest open emergency department (ED), and prehospital CTAS scores. <p>The SBAR (situation / background / assessment / request) is a universally recognized structured framework for patient care communications, and is the preferred format for ERS.</p> 7. The VECTRS clinician may conference in the Provincial transport physician (TP) and air medical crew (AMC) for consideration of air intercept and / or subsequent TFT.

8. You will continue to provide notification (including an estimated time of arrival) to receiving emergency department (ED) facility staff at an appropriate interval before arrival.

DESTINATION & REDIRECTION

1. Paramedics are reminded to follow the destination protocol (B01) as issued by ERS medical leadership.
2. Paramedics can call VECTRS / OLMS at any time for assistance with legitimate clinical issues around destination decision making.
3. However, paramedics should not call to request an alternate destination based on preference, convenience, or to preempt a secondary interfacility transport (IFT). All IFTs will be triaged and appropriately prioritized by VECTRS, and dispatched by the Medical Transportation Coordination center (MTCC).

As well, paramedic should not be calling to request an alternate destination based on the preference or convenience of the patient or their proxy
4. In the event of a hospital redirection, if there is a destination challenge, paramedics should consult the clinical service lead (CSL). They will involve VECTRS if the challenge needs to be escalated.

TRAUMA BYPASS

1. Call VECTRS and indicate that you have a *major trauma patient who meets bypass criteria*, regardless of where you are in the Province (tables A or B in B04.1, B04.2, or B04.3). Indicate your current location and estimated transport time to your destination.
 - For a patient with any anatomical or physiological indicator (table A), VECTRS will authorize you to bypass closer facilities and transport directly to the trauma center or specific regional health centers, such as Brandon or Dauphin. In certain circumstances, VECTRS may direct you to an alternate location for air intercept.
 - For a patient with mechanism of injury (MOI) or special consideration (table B) VECTRS may direct you to a local ED for the initial evaluation.
 - If your patient does not meet table A or B criteria, but you still have concerns, consult VECTRS. The VECTRS clinician can review the patient with you and provide destination advice.
2. VECTRS will provide trauma team activation at HSC, or provide trauma pre-alert to other facilities.

ST-SEGMENT ELEVATION MYOCARDIAL INFARCTION (STEMI)

1. Call VECTRS and indicate that you have a STEMI patient, regardless of where you are in the Province (E04). VECTRS will conference in the STEMI physician.
2. Indicate your current location and estimated transport time to at St. Boniface Hospital (SBH).
3. If you are within 100 minutes of SBH, the STEMI physician will authorize direct transport to SBH and pre-alert “cath lab” staff.
4. If your patient is more than 100 minutes from SBH, the STEMI physician may direct you to an alternate location for initial thrombolysis, followed by urgent secondary transport to SBH.
5. If transporting directly to SBH, VECTRS may direct you to a specific location for air intercept.

LEFT VENTRICULAR ASSIST DEVICE (LVAD)

1. Call VECTRS and indicate that you have a patient with an LVAD, regardless of where you are in the Province.
2. VECTRS will conference in the on-call VAD coordinator from SBH, and direct you to an appropriate ED depending upon the patient complaint.

ACUTE STROKE

1. Call VECTRS and indicate that you have an acute stroke patient, regardless of where you are in the Province (E15).
2. Indicate your location, the closest stroke site and estimated transport time to the closest stroke center or regional tele stroke site.
3. VECTRS will direct you to transport to either the Provincial stroke center at HSC, or a regional tele stroke site.
4. At HSC, VECTRS will preregister the patient at HSC, arrange for immediate CT imaging upon arrival, and provide stroke team activation to the stroke team.
5. If advised to transport to a tele stroke site, VECTRS will pre-alert the tele stroke neurologist and appropriate staff at the receiving emergency department.

LINKS

<p>A05 - Refusal B01 - Standard Destination & Redirection B04.1 - Trauma Destination (IERHA & SHSS) B04.2 - Trauma Destination (PMH) B04.3 - Trauma Destination (NRHA) C01 - Basic Cardiac Arrest for EMR C02 - Advanced Cardiac Arrest C08 - LVAD E04 - ACS & STEMI & NSTEMI-ACS E15 - Stroke F02.1 - Basic Trauma Arrest for EMR F02.2 - Advanced Trauma Arrest</p>
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APPROVED BY	
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EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (refer to X01 for change tracking)
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| <ul style="list-style-type: none"> • Addition of advanced work scope indicator • Removal of mandatory call to VECTRIS / OLMS for labor IFT |
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