WITHOUT ACKNOWLEDGING SHORTCOMINGS, PREHOSPITAL CARE IN ONTARIO WILL NOT REACH ITS FULL POTENTIAL

To the editor: We are grateful to these Ontario prehospital care leaders for taking the time to highlight some strengths of our prehospital care system. We agree with Bigham, Welsford, and Verbeek[1] that there has been *some* advancement in Ontario's prehospital care over the past decade. What we want to emphasize, however, is that development has been far too slow, particularly with respect to the Basic Life Support Patient Care Standards (BLSPCS).

We agree that it is prudent to carefully consider changes to clinical practice prior to implementation. What have not been justifiable are the long delays to implementation after a decision has been made. Bigham et al.[1] describe clinical leaders having approved a change to oxygen administration practices in 2011 with implementation of this change not expected until late 2015. This long delay to implementation is a clear example of a lack of development and advancement.

With respect to the Canadian C-Spine Rule, it seems curious that Bigham et al.[1] refer to awaiting the "definitive implementation trial" when the Medical Advisory Committee was made aware during a 2014 meeting that this trial's successful completion was in question.[2] Another example of the lack of development and advancement is awaiting our own stalled research rather than engaging with international partners, such as the Australians, whose success with the safe prehospital implementation of the Canadian C-Spine Rule has been noted previously in *CJEM*.[3]

Bigham et al.'s[1] view that spinal immobilization for penetrating trauma is only "rarely required" by the current BLSPCS conflicts with that of their colleagues at the Southwest Ontario Regional Base Hospital Program who direct paramedics to universally immobilize patients with penetrating trauma, based on the BLSPCS.[4] This apparent misinterpretation by one of these groups further demonstrates the need for an update to the BLSPCS. Basic paramedic practices in Ontario have not changed significantly for more than 8 years because the BLSPCS has been left unchanged, including the apparent ambiguities, again demonstrating a lack of development and advancement.

There are many strengths of Ontario's prehospital care system, but refusing to acknowledge the shortcomings leaves no hope of ever correcting them. Continuing this denial will mean that the quality of care provided to people across our province will continue to largely show a lack of development and advancement. This lack of development and advancement is called stagnation.

Although we may disagree with Bigham et al. on many aspects of impressions of the current state of Ontario's prehospital care, we do share a common desire to advance prehospital care in our province. We are grateful to Bigham et al. for engaging in this important discussion that may help us move toward this shared focus.

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