London Health Sciences Centre
Southwest Ontario Regional Base Hospital Program

SWORBHP LINKS

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Inside this issue:

The dog days of summer !

Editor: Cathy Prowd
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The Benefits of Self Reporting

The healthcare industry's approach to medical safety shares many parallels with the aviation industry, where self reporting of errors has been encouraged for many years. Recognizing this trend, SWORBHP introduced the self report hotline (1-888-997-6718) in September 2010. SWORBHP approached this issue from the perspective that paramedics almost always know when they commit an error, perform self-remediation, and continue to safely perform delegated medical acts. The self report mechanism simply allows paramedics to take credit for professional behavior already being demonstrated.

The '800' number allows access from any phone (including hospitals), to facilitate immediate reporting of potential errors. The medic reports their name, call type, and run number, plus a brief message outlining the details of the deviation from the directive. At the same time, we suggest you write up an incident report outlining the case, care delivered, the deviation from directive, and in more detail any corrective action taken. Receiving ER staff must be notified of any drug errors, or patient care errors that could impact ER care. We recommend that you notify your service as well.

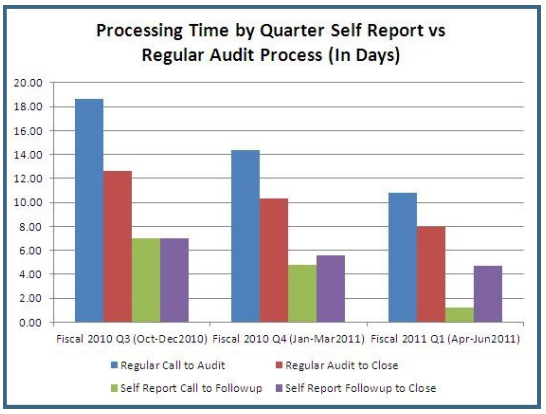
Reporting the error shows that you understand the relevant protocol, but some mention of actions taken to correct future practice (self study, review, etc.) is appropriate. It's a good idea to have someone look at your ACR to make sure there are no other violations. This ensures that no other issues requiring remediation have been overlooked. Any explanatory documentation can be added to the incident report in anticipation of questions arising from Base Hospital peer audit. The local medical director then reviews all documents, and many cases can be closed out the next day, without additional remediation.

Self reporting is not a protective dome from deactivation. There have been calls where the paramedic reported an error, but either didn't fully understand or explain what the corrective action was, missed a more serious error, or the error required some type of practical verification.

> …"I was pushing buttons in the dark on the defib and became confused. I tried to dump the shock, but the machine just shocked on its own."
> "We had to take a closer look at that one". Dr. Paul Bradford

Each case is approached as unique, with its own mitigating factors and methods of correction. Very few have resulted in deactivation, and all have been brief in duration. While they represent a small proportion of the total cases under review, self report files are resolved much faster than those found through audit or complaint (reference Chart 1). Paramedics should make sure they are familiar with the self report process, as it may instantly turn a stressful situation into a professional practice learning experience.

Chart 1



Paul Bradford, B.Sc., M.D., CCFP(EM), FCFP, CD
Local Medical Director
Essex-Windsor, Chatham-Kent

Click here to visit our website and learn more about the Professional Standards team and the self report hotline.

Is There an App in our Future?

Innovative technology has grown leaps and bounds over the past ten years to the point we literally carry the world in our hands. Apps are everywhere. They are so popular that the American Dialect Society voted App as the word of the year for 2010 (American Dialect Society, 2011).

Recently, I was asked if we were going to develop an App, and if it would actually benefit the paramedics. For some of us who might not be familiar with an App, it is a software program that you can use online or on a mobile device such as a phone (Campbell, 2011).

As we move forward with innovative technology in our programs, an App is a natural transition for SWORBHP. We are currently in the development phase of designing an App for BlackBerry, iPhone, and Androids. Pending final approval of the new medical directives, our App will be loaded and ready to lend guidance to the street medic. Quick and easy navigation are key components of our future App. At the touch of a button, a paramedic will be able to find the new dosage for Epinephrine (if their patient is experiencing a severe allergic reaction or spirals into severe asthma exacerbation).

Directives guide us in our practice, so having quick access to them makes sense. The Medical Directives are just the beginning. We are researching interactive programs that will allow the paramedics to reinforce their knowledge (by participating in simulated medical scenarios) and searching resources for a platform from which to deliver a list of the most common medications.

So grab your phone and get ready to play, as we release our App soon to be coming your way!

Tracy Gaunt, B.A., NCEE, CQIA
Professional Standards Specialist
Southwest Ontario Regional Base Hospital Program

References:

American Dialect Society (2011). “App” voted 2010 word of the year by the American Dialect Society. Retrieved June 9, 2011 from: http://www.americandialect.org/index.php/ameridial/app_voted_2010_word_of_the_year_by_the_american_dialect_society/

Campbell, A.(2011). What the heck is an App? Retrieved June 9, 2011 from: http://smallbiztrends.com/2011/03/what-is-an-app.html

Diane Y. Stewart Endowed Scholarship Award

On June 13, 2011, Stéphanie Romano and Paul Robinson received the Diane Y. Stewart Endowed Scholarship Award from London Health Sciences Centre.

This marks the first time in Base Hospital history that a staff person has received this award and a milestone for the program. Over 38 applicants from across LHSC applied for this award. Stéphanie is working on a Master’s Degree with a projected completion date of April 2012. Paul is working on his Bachelor’s Degree with a projected completion of April 2012.

Congratulations Stéphanie and Paul.

To learn more about the Diane Y. Stewart Endowed Scholarship Award **click here**.

Severo Rodriguez, B.A., M.Sc., NR-LP, AEMCA
Regional Program Manager

The Cost of an Emergency Department (ED) Visit

We repeatedly hear of the overcrowding in Emergency Departments (ED), the extended wait times, off-load delays and the need to develop a better process to reduce the number of visits and the wait times. According to the Canadian Institute for Health Information (CIHI), Ontario hospitals spent an estimated $1.27 billion on providing support to ED services. The volume of visits equated to over 5 million in Ontario.

Utilizing data provided by 178 Ontario hospitals through the National Ambulatory Care Reporting System (NACRS), and the Canadian MIS Database, CIHI released an analysis on ED visits and cost per visit covering the time period between 2004-2005 and 2008-2009 with comparison of adult and senior age groups.

Their analysis indicated that ED visits overall have increased 6.9% between 2004-2005 and 2008-2009. Drilling down on the increase, based on age, revealed that the senior population (over 65 years) had an increase of 12.6%. The age group between 20-64 had an increase of 7.3% in ED visits. Population growth within these age categories was considered, and an increase for these age groups was identified in the analysis.

At the time of the analysis the most recent costing information available was for the 2007-2008 fiscal year. The average cost per ED visit in Ontario was $260. The average cost of a Seniors' ED visit was $386. The hospital expenses included direct patient costs such as compensation paid to salaried physicians, nursing salaries, medical supplies, clerical salaries, and amortized equipment costs. Hospital overhead costs and diagnostic and laboratory costs were included as well.

The average costs per LHIN were identified with average cost per ED visit ranging from $211 in North Simcoe Muskoka to $362 in the Central West LHIN. The average cost for the South West LHIN was $229 per ED visit. For the seniors' age group, cost per ED visit ranged from $313 in North Simcoe Muskoka to $565 in the Central West LHIN with the average cost for the South West LHIN at $337.

The demand for ED services and the associated costs will continue to increase. We should be asking ourselves, are we using our available resources in the most efficient manner or can we develop or enhance existing services/programs which meet the patients' need and reduce the demand on the ED.

Further analysis into the types of ED visits, and identifying those that could have been prevented is needed. With this analysis in hand, we can put ourselves in the proactive state and reduce the ED visits, as opposed to the reactive state where we are trying to manage the visit.

Judy Aggerholm, B.Sc., CGA
Business Manager
London Health Sciences Centre

Reference:

Canadian Institute for Health Information (2010, February). Analysis in Brief: Seniors' Use of Emergency Departments in Ontario, 2004-2005 to 2008-2009. Retrieved July 15, 2011 from: www.CIHI.ca

Upcoming Continuing Education Opportunities

Remember to check our website regularly for information on upcoming Webinars and Rounds.
Click here to visit our website and view the page dedicated to Continuing Education.

Back to Basics

The preface section of the Basic Life Support Patient Care Standards (BLS PCS) states that paramedics "attempting to make a definitive diagnosis in the field may lead to unnecessary delays in treatment and transport. Diagnosis is of secondary importance in field practice". (Emergency Health Services Branch, Ministry of Health and Long-Term Care, 2007, Preface p.1)

Personally, I firmly believe that this is true. In fact, I would even say that it is unfair to place a paramedic in a situation where, armed with a 12 minute scene time, a stethoscope, and a very expensive defibrillator, we would expect you to form solid diagnoses with your patients. As emergency physicians with access to lab tests, state of the art imaging, and hours of time to repeat tests and ponder various diagnoses, we unfortunately and humbly are often unable to actually make a final conclusive diagnosis for that chest pain, or that weak and dizzy spell.

With that said (for some reason) thousands and thousands of times a year in the Southwest, it appears that not only are you comfortable making field diagnoses with your patients, you appear so confident with your conclusions that you are in fact leaving your patients in the field – often after you have performed a delegated act.

The BLS PCS also states that, "If, where interventions are deemed necessary, the patient refuses treatment and/or transport" (and here is the kicker) and "***despite reasonable efforts to convince the patient otherwise"***, (Emergency Health Services Branch, Ministry of Health and Long-Term Care, 2007, p.1:13) you are to then move through a series of steps designed to further convince the patient to attend the hospital. Somewhere along the line I think this has been lost.

As medical directors, we have signed up to provide you with (via delegation) the ability to provide certain procedures or skills that (although originally meant for physicians only) are felt to be of benefit to your patients on scene or en route to the hospital. It was never the intent nor the design, that after providing you with these delegated acts, this would routinely result in patients not being transported to the hospital for a comprehensive assessment.

Now, you may be thinking of the hypoglycemic patient who appears normal after IV Dextrose. Recently, through Professional Standards, we have reviewed multiple cases of Ventolin, Gravol, Benadryl, Nitroglycerin, and even Epinephrine administration to patients that ultimately, for whatever reason, were not transported to hospital. All I can say is this. In my experience, a lot of the presenting complaints that would require some of these medications reflect true medical emergencies. It was never the intent of the SWORBHP medical directors that any of these medications would be administered to patients left in the field. I hope that your documentation reflects ***reasonable efforts to convince patients to be transported to hospital.***

Treat and transport. It's basic. That's why it's in the basic manual.

Michael Lewell, B.Sc., M.D., FRCP(C)
Regional Medical Director

Reference:

Emergency Health Services Branch, Ministry of Health and Long-Term Care (2007). *Basic life support patient care standards*.
Retrieved from **http://www.health.gov.on.ca/english/public/program/ehs/edu/pdf/bls_patient.pdf**

Paramedic Recognition Awards

Congratulations to the following **Huron County** paramedics who were recognized for a ***Prehospital Save:***
Harold Martin, Dave Wagner (March 25, 2011)
Amanda Kowall, Denise Richard (May 18, 2011)

Congratulations to the following **Essex-Windsor** paramedics who were recognized for a ***Prehospital Save:***
Patrick Fields, Nicole Dicarlo, Rick St-Pierre, Angela Volpatti (February 22, 2011)
Thomas LeClair, Kimberley Boyce (February 25, 2011)
Bradley Hart, Kristen Key (March 1, 2011)
Bradley Humber, Tim Branch, Marc Kobrosli (March 3, 2011)
Justin Lammers, Michael Lacroix, Donna Moss, Lisa DasNeves (March 3, 2011)
Eric Luskey, Sarah Stromme, Denis McFarlane (March 4, 2011)
William Jaques, Jacqueline Simpraga (March 11, 2011)
Marty Petro, Mike Basinski (April 3, 2011)
Donna Moss, Aaron Parent, Teresa Coulter (April 13, 2011)
Gerry Hedges, Nick Jovanovic, Ken Silver (May 13, 2011)

Congratulations to the following **Essex-Windsor** paramedics who were recognized for a ***Prehospital Newborn Delivery***:
Gerry Hedges, Nick Jovanovic, Ian Nash (April 7, 2011)

If you have been on a call that you feel meets the criteria to be considered for a Prehospital Save or Prehospital Newborn Delivery, please complete a submission form and forward to the Base Hospital for verification of the call.
Click here to access online forms.

Cathy Prowd, CQIA
Operations & Logistics Specialist

Educating SWORBHP Patch Physicians

Base Hospital patch physicians are an integral part of the prehospital circle of care. Primary and Advanced Care Paramedics utilize this mode of online medical control at mandatory patch points in the Provincial Directives, or for advice during unusual circumstances.

The orientation of new emergency physicians and ongoing education of current emergency physicians about prehospital care is a continuing challenge faced by the SWORBHP medical directors.

Over the next few months SWORBHP staff and our new EMS Resident (Dr. Sameer Mal) will be working to create educational programs for all physicians in our region who answer the patch phone. The goal of this education will be to inform physicians of the most recent Provincial Directives and to ensure that across the region all physicians that might answer the patch phone continue to be prepared to do so.

The education will address equipment and medications carried by each level of paramedic and the mandatory patch points. Special attention will be paid to the Termination of Resuscitation Directives.

If a paramedic or EMS manager within the region has any particular point you would like to have delivered to the patch physicians, please send them to adam.dukelow@lhsc.on.ca.Your input and feedback is essential to the success of this education program.

Adam Dukelow, M.D., FRCP(C), MHSC, CHE
Local Medical Director
Middlesex, Elgin, Lambton, Oxford and Oneida

Look for us on the Web
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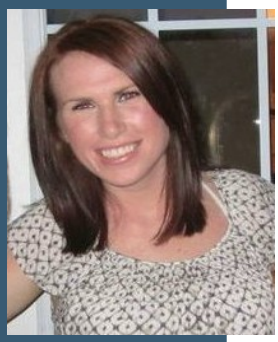
Up Close and Personal

In this edition of LINKS, we will take you up close and personal with David Vusich and Michelle Frazer. We hope this allows you an opportunity to get to know each of them a little better.

David Vusich, ACP, A-EMCA, AdEd, NCEE
Coordinator, Training

Dave joined SWORBHP in August 2009 as full-time Coordinator, Training. He holds a certificate in Adult Education from St. Francis Xavier University, Nova Scotia and a diploma in Advanced Care Paramedicine from Conestoga College, as well as a certificate in Ambulance and Emergency Care from Fanshawe College. Dave recently attained National Certified EMS Educator status with the National EMS Educators Certification Services. He is currently working towards the completion of a Bachelor of Adult Education from Brock University. In the past, Dave worked for the EMS Branch as a Regional and Provincial Training Coordinator and Manager of Education and Patient Care Standards. He has taught Training and Development courses for several years. Dave and his wife Teresa live in Ingersoll.



Michelle Frazer, CQIA
Certification Associate

Michelle joined SWORBHP in December 2009 as an Education Assistant and has recently transitioned into a new role of Certification Associate. She is a Certified Quality Improvement Associate with the American Society for Quality. In the past, she worked for Quality & Patient Safety at LHSC as a Policy Assistant, and in Health Records at Grey Bruce Health Services as a Departmental Secretary. Michelle and her boyfriend Matt live just outside of London with their miniature schnauzer, Rufus.

Paramedic Representation on Base Hospital Utilization Committees

Paramedic representatives sit on all the Base Hospital Utilization Committees (BHUC) and the Provincial MAC. The reps serve a very important function on these committees. They bring the voice of the provider to the table. They provide the perspective of the paramedics who actually perform the medical directives, attend CE sessions and participate in recerts. They are able to say “hold it, there may be a better way of doing that”, or “that won’t work but this might”.

What’s in it for the reps? Other than the odd free lunch, there is an opportunity to see how the Base Hospital works and interacts with the various EMS Operators and CACC. There is an opportunity to bring the valuable perspective of working paramedics to the table and influence some of the decisions. There is an opportunity to build personal networks with other paramedics, Base Hospital staff and service providers.

The northern group (Grey, Bruce, Huron and Perth) BHUC decided last year that paramedic input was so important that it began to include paramedic reports as a standing agenda item at its meetings.

Get to know who your paramedic representative is and give him/her feedback or share your concerns. The rep positions are important and become even more important when they are able to relay feedback from their colleagues. When an opportunity comes up to serve on one of the committees, volunteer! Perhaps we can encourage one of the committee reps to write a short article about their experience for the next Newsletter.

Don Eby, M.D., M.Sc., CCFP(EM) FCFP
Local Medical Director
Grey, Bruce, Huron and Perth

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My Year as EMS Resident

It seems like yesterday when I was approached by Dr. Lewell and Dr. Dukelow and informed of the possibility to complete an EMS year at SWORBHP. The offer sounded fantastic at the time and it has exceeded every expectation that I had.

Throughout this past year I have gained an immense body of knowledge surrounding our EMS system in Southwest Ontario, as well as prehospital medicine. My experiences with recerts, education, quality assurance, rideouts, the Medical Advisory Committee, prehospital research (and the list continues...) have all provided me with a greater understanding of our EMS system. This knowledge has given me the foundation to build upon a career as a physician with prehospital medicine expertise.

As EMS Resident I helped develop the Resident education section of the SWORBHP website and the Base Hospital core rotation for Emergency Medicine Residents. I have played a role in the development and presentation of various webinars. We've had great success at both National and International conferences presenting research that has come out of SWORBHP and LHSC. I had the opportunity to travel to various venues including the Emergency Cardiovascular Care Update (ECCU) conference for the release of the 2010 Resuscitation Guidelines, the Centre for Disaster Preparedness (CDP) in Alabama to complete a disaster preparedness course, and the National Association of EMS Physicians Medical Director's course and conference. Participation in these conferences and courses has allowed me to bring knowledge and skills learned from world experts in the field, to the Southwest.

"This past year has been the most enjoyable year of my Residency."

This past year has been the most enjoyable year of my Residency. The opportunity to work alongside my colleagues at SWORBHP and the paramedics throughout the region has been a valuable experience. As a result of the positive experience I have had, I will continue to be involved with SWORBHP this coming year in a different capacity. I truly believe this inaugural year was a success for myself, SWORBHP, and the Emergency Medicine Residency Program at UWO.

It has been an enjoyable year. Thank you to everyone for making it possible.

Matthew Davis, M.D., M.Sc.
Southwest Ontario Regional Base Hospital Program

Sun Parlour EMS - a Proud Supporter of the Chatham-Kent Safety Village

Sun Parlour EMS is a partner and strong supporter of the Chatham-Kent Safety Village. Sun Parlour is one of a few Emergency Medical Services in Ontario, Canada, and North America directly involved with programming at the "Village". Sun Parlour paramedic, Amanda Atkinson teaches a life-saving program at Safety Village. Approximately 3,000 children visit Safety Village each year. Eleven year old Lauren Fuoco was credited with saving her own life when she choked on a piece of steak. She credits the program offered at the Safety Village for teaching her what to do in a choking situation.

Click here to read the full story.
For more information on the Chatham-Kent Safety Village, visit **http://www.cksafetyvillage.org**

Bruce Krauter
Operations Manager
Sun Parlour Emergency Services , Chatham-Kent

Nervous About Recerts ?

About twelve months ago, a wave of anxiety began to spread across the region. It was only a ripple at first, but one that quickly increased into a tsunami. Recerts were coming! Rumors about the program ran rampant, with word on the street that as many as fifty percent of the paramedics were going to fail the recert course.

The good news? As with most rumors, there was little truth to them. Yes, the 2010-2011 recerts involved perhaps the highest level of formal evaluation experienced by some paramedics in quite some time, but everyone should take pride in their accomplishments! The overall success rate for the program was 99.4%, a testimony to the level of professionalism demonstrated by the paramedics in the eleven services. For those who did not meet the requirements for recertification, remediation was completed quickly, and hopefully provided each paramedic with a better understanding of the medical directives.

Program development for 2011-2012 is well underway with release of the long-anticipated new Advanced Life Support Patient Care Standards. While there are changes to the “medicine”, such as introduction of a Provincial Medical Termination of Resuscitation directive, the most significant change is in the format of the directives. Therefore, our primary focus for the recert program this year is educational rather than evaluative, helping paramedics decipher the newly formatted directives.

We are busy designing a number of pre-course learning materials that will be available in early August to introduce the new directives, explaining how to read and apply them, and highlighting the medical changes in each directive.

Short, on-line quizzes for each of the three sections (pre-amble, core directives, and auxiliary directives) will help you assess your preparedness for recert class time. In class, paramedics will have the opportunity to apply the new directives in a variety of call types through case discussions, working with their colleagues and educators in a supportive and fair environment.

There will always be some apprehension preceding recertification – after all, not many people really enjoy being tested! So let’s look forward to another positive learning experience this year, one that nobody should feel nervous about.

David Vusich, ACP, A-EMCA, AdEd, NCEE
Coordinator, Training

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Trivia

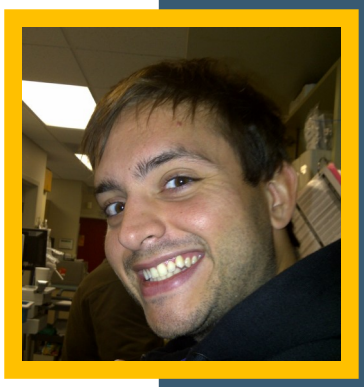
Did you know?

Canada is an Indian word meaning ‘Big Village’.
A cluster of bananas is called a hand and consists of 10 to 20 bananas, which are known as fingers.
Only female mosquitoes bite. Females need the protein from blood to produce their eggs.
A fetus acquires fingerprints at the age of three months.
A typical lightning bolt is two to four inches wide and two miles long.
Any month that starts on a Sunday will have a Friday the 13th in it.

Reference:
www.corsinet.com/trivia

Dr. Sameer Mal — EMS Resident

Please join me in welcoming our newest EMS Resident, Dr. Sameer Mal. Sameer is currently in the beginning of his fourth year of the FRCP Emergency Medicine Program. He has chosen to pursue an EMS fellowship and will be part of the SWORBHP team from July 2011 to June 2012.



Born and raised in London, Ontario, Sameer completed his Bachelor of Sciences in Physiology and Psychology at the University of Western Ontario in 2005. In the fall of that year Sameer finally left his hometown for a three year hiatus in Hamilton, Ontario to complete medical school at McMaster University. After initially being intrigued by the neuroscience principles present in the fields of Psychiatry and Neurology, he fell in love with the acute care, variety, and fast pace in the Emergency Department and decided to pursue a career as an Emergency Physician. In 2008 he returned to London after being accepted into the Emergency Medicine Residency Program at UWO.

During residency, Sameer developed an interest in EMS through his involvement and eventual success completing prehospital research and was fortunate enough to be surrounded by great staff and senior resident mentors with a background in the field. Exciting ride-outs and a great rotation block at SWORBHP also helped solidify his interest in pursuing an EMS fellowship.

Outside of work, Sameer keeps himself busy playing basketball, volleyball, and squash, and is currently working on improving his biking skills. He has a huge love of dogs and shares a hilarious little Cocker Spaniel named Shaq (with a personality to match) with his family. World travel has been a special love of his and memorable trips include many parts of East Africa, Europe, and India.

Sameer is looking forward to joining the SWORBHP team this summer and eventually diversifying his career as an Emergency Physician with his strong interest in prehospital medicine.

Cathy Prowd, Editor
Operations & Logistics Specialist

If you have comments or feedback on the newsletter, or have an article you would like to have considered for publication in a future edition of LINKS, please send to:

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