London Health Sciences Centre
Southwest Ontario Regional Base Hospital Program

Leadership of optimal prehospital care systems

SWORBHP LINKS

VOLUME 15 OCTOBER 2013

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Appointment—SWORBHP Program Manager

We are extremely excited to announce that Susan Kriening will become the Manager of the Southwest Ontario Regional Base Hospital Program on October 28, 2013. Sue was chosen from a pool of over 30 highly qualified applicants and joins the SWORBHP team with a wealth of educational, clinical and leadership experience.

Sue obtained a BScN from Queen's University in 1987 and Master's of Health Studies in Leadership from Athabasca University in 2011. She is a Green Belt in Six Sigma, has certification in Lean, and maintains her Canadian Emergency Nursing Certification. Sue also participated in the Rotman Executive Program in Advancing Healthcare Leadership. Sue worked as an Emergency Department and Critical Care nurse in tertiary care, community hospitals and rural hospitals in Ontario and Manitoba.

Sue's extensive leadership experience includes having been an Emergency Department Coordinator, Bed Utilization Manager, Manager of the Medicine Program at Victoria Hospital London Health Sciences Centre (LHSC) and Manager of the Victoria Hospital Adult and Children's EDs LHSC. Most recently Sue has been the Manager of the University Hospital ED at LHSC.

As an LHSC ED Manager, Sue has gone above and beyond to be involved in prehospital care. Sue was integral in the creation and revision of multiple EMS destination policies for Middlesex London EMS/LHSC, created a streamlined overcapacity protocol for London and has led numerous activities to build relationships between the ED and EMS staff. In 2011 Sue traveled to Tel Aviv, Israel with SWORBHP staff to study their CBRN and Code Orange programs. She has also been actively involved in LHSC ED CBRN and Code Orange Planning.

We are confident that Sue will lead SWORBHP toward the recently created vision of "Leadership of optimal prehospital care systems".

Please join all of us in welcoming Sue to the SWORBHP team.

Adam Dukelow, M.D., FRCP(C), MHSC, CHE
(A) Regional Program Manager
SWORBHP Strategic Planner

Autumn in all its Beauty !

Look for us on the Web
www.lhsc.on.ca/bhp

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Correction…

In the June 2013 issue of the LINKS Newsletter, the article on p. 10 entitled "2012 Hyperacute Canadian Best Practice Recommendations for Stroke Care...Highlights for EMS" cited the Guidelines as being 2012. Please note these are **2013** Guidelines, not 2012. Anywhere in the article where it refers to 2012 recommendations, should be noted as 2013.

A videoconference presentation on the new 2013 Hyperacute Stroke Recommendations can be viewed as a webcast on the OTN website. To view this presentation, please go to the OTN website at www.otn.ca and follow the instructions below to access the webcast.

In the top toolbar, click on **Learning & Meetings**, a drop down menu will appear, select **Webcasting**, you will be taken to a new page, select **Webcasting Centre** in the first paragraph, then select **Archived Events - Public**. Next you will need to enter the Event number for the presentation in the search window in the upper right hand corner of the screen. The Event Number is: **28594243.** You can access the webcast from your home or office computer, providing you have internet access.

Gina Tomaszewski
Southwestern Ontario Regional Stroke Acute Care Coordinator
London Health Sciences Centre

Collegiality

As you know, the Ontario Paramedic Association (OPA) has submitted a proposal for the creation of a paramedic self-regulatory college to the Health Professions Regulatory Advisory Council (HPRAC). As one of the Base Hospital Programs in Ontario, we have been asked to comment on the submission along with many other key stakeholders provincially.

I have spent quite a bit of time listening to paramedics over the past few years speak about the creation of a college and have read significant numbers of opinions and "blog" type posts on-line in various forums related to the topic. I have been quite impressed by the desire and passion many of you have for self-regulation.

One of the recurring themes I feel compelled to address is that for some, self-regulation is seen as a way to get the Base Hospital to stop looking over your shoulder so you can have one less layer of oversight into your practice. To be blunt, this should not be the impetus for seeking self-regulation.

Enhancing the safety of the public should be the reason any health care provider should be seeking a regulatory college. Paramedics under the current Base Hospital system enjoy a scope of practice that is second only to physicians. The paramedic scope of practice in invasive, highly technical, critical and lifesaving, and is the envy of many other health care providers: self-regulated or not. Unfortunately, if that scope is applied incorrectly, it can be harmful and even deadly. For this reason, robust education, quality assurance, and oversight by trained resuscitation experts is essential. Under the current Base Hospital Model, these are provided, and paramedics excel at delivering their critical interventions safely every day. The proposed OPA model with less oversight, less scrutiny, and less ability to identify risks to patients in a timely fashion, stands directly opposed to the one true mission of self-regulation: enhancing public safety.

Base Hospital Programs actually agree that paramedics should have a self-regulatory college for many of the other reasons noted in the application, and we are confident that day will come. It is imperative however that the future college enhances public safety and further protects the lives of the patients we serve. We all want to be part of that.

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

This article crossed my desk a couple of months ago. It evoked such an important message, that I felt the need to share it. When I read the article, I asked myself - am I guilty of any of this? I challenge each of you to ask yourself the same question.

Digital Communications in the Workplace

Before the widespread use of computers, the invention of the Internet and the creation of smartphones, written communication in the workplace was slower, more civilized and less frequent. People either spoke directly to one another or sent letters.

Today, digital is the favoured form of communication in the workplace, and employees are receiving and sending written messages at a rapid pace. So the question is – how do you ensure the increased quantity of digital communications doesn't sacrifice quality?

How to optimize your office email

1. **Sending an email? Slow down!** Brevity and speed have become synonymous with digital communications, especially with the advent of text messaging and Twitter's famous 140-character limit. But what may be acceptable via text or social media may not be appropriate in the office. Instead of truncating words, omitting punctuation and using acronyms, take a moment to carefully craft your message with proper sentence structure and ensure you hit all the key points. Remember, just because you can send an email in less than a minute doesn't mean you should.

2. **Review and edit**. Incorrect spelling, bad grammar, incomplete information and an edgy tone are not uncommon in the world of corporate emails. However, by taking the time to review and edit your emails, you'll come across as thorough, thoughtful and professional, which ultimately builds credibility. Conversely, sloppy, curt, unprofessional emails can hinder effective communication and tarnish your professional reputation, especially if this is your typical email style.

3. **Write like you speak**. In the interest of time, people often neglect to filter their email correspondence the same way they edit their speech. The result can be curt, tonal, bossy, rude or confrontational, often when that's not the intent. So before you hit send, ask yourself: *Would I say this to the recipient's face, and would I be comfortable if my manager read it?* If the answer is no, rewrite your message.

4. **Question the mode of communication**. Okay, it's true – email is one of the easiest and most convenient ways to deliver a message, but is it always the most effective? Before drafting an email, consider if there is a more effective way to deliver the message. Perhaps a phone call or face-to-face meeting will achieve what you need and help to build relationships in a more meaningful way.

5. **Relax!** At some point in time, everyone will receive an email that gets them fired up and on edge. Usually the tone of the message is to blame, even though this was not the intent of the sender. Instead of letting it get the better of you, take a deep breath and remember that there was probably no malicious intent behind the email; it was likely just caused by speed and brevity. Why not pick up the phone or drop by your colleague's desk to clear things up? Chances are it will quickly diffuse your negative feelings and, again, help to build inter-office relations.

Watch for part 2 – "Effective Communication in a Culturally Diverse Workplace" in the next edition of LINKS.

Cathy Prowd, CQIA
Operations & Logistics Specialist

Reference

Digital Communications in the Workplace. (2013, June). Shepell.fgi. Retrieved from: http://www.shepellfgi.com/EN-CA/Employees%20and%20Families/Wellness%20Articles/Balancing%20Act/_DigitalCommunications.asp

We Pay Tribute to a Great Friend and Colleague - Bill Macri

On July 6, 2013, Bill Macri lost his valiant battle with cancer. Bill died peacefully, on his own terms, with his loving family by his side. Bill's inspiring career as a paramedic began in 1981. He ushered in the era of defibrillation and Base Hospitals. Bill did everything; he held positions in the union, management, taught at the College and for Base Hospital, and most recently as the BLS Coordinator for Essex and Kent.

Bill truly loved being a paramedic. He surprised us all by continuing to work on the cars and for SWORBHP through his chemo. Regardless of the kind of day he was having, he always had a warm smile and a big laugh. Bill's service as a paramedic was exceptional and he was awarded the Governor General's EMS Exemplary Service Medal in 2009.

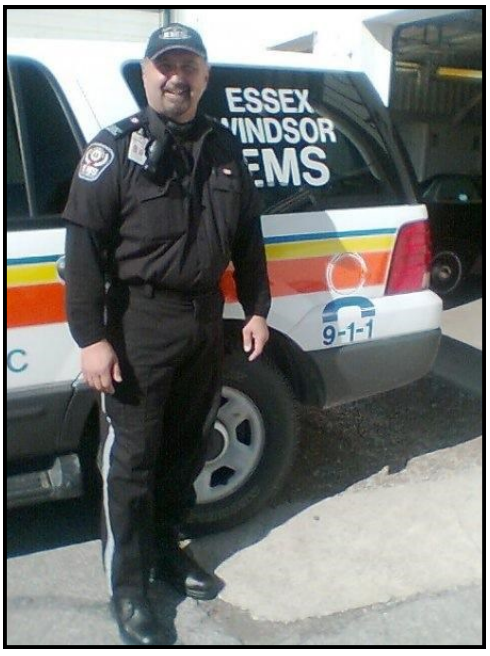
Paramedics loved having Bill as an instructor during annual recertification. His sense of humor and caring personality helped to ease the tension of the day. He was particularly good during a difficult situation where remediation was required. He often looked deeper than the clinical situation, and into the personal and family challenges that a particular medic may have been dealing with. He had a non-judgmental manner which put paramedics at ease. He was able to get them help if they were in trouble, and crack their impervious omnipotent armour, when it was the caregivers who needed some care. I think that was his gift to us, and his legacy to our program—to always look for the best in people, and support them. He was a great man who displayed honour, courage, dedication, compassion and humility. With the love and support of his adoring wife, his family and his friends, Bill left this world with the greatest of dignity and an abundance of unconditional love.

There were few ambulances on the road July 11th in Windsor, as paramedics came together with ER staff, firefighters, police officers, and dispatch staff, to form a massive tribute to Bill. The paramedic honour guard was truly stellar, as they watched over their brother and escorted him to his final resting place. As a tribute to Bill, a scholarship has been established at St. Clair College to support a student entering the Paramedic Program. Donations can be made to the St. Clair College Foundation.

Rest in peace dear friend. With profound respect...

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

Marine Rescue Day on Bob-Lo Island - L to R - Cathie Hedges, Bill Macri, CTV News Reporter, Matt Gaudette, Dr. Paul Bradford, Rick St-Pierre



The Nature of Medical Directives

I have recently been involved in several cases where paramedics have attempted to push the boundaries of the medical directives. In one case, a paramedic felt a patient who had been vomiting for several days would "benefit" from a bolus of IV fluid despite having a 'normal' blood pressure. In this case the patch physician declined the request for an order for an IV bolus and the paramedic was frustrated with the physician.

Medical directives are designed to be applied to the most common symptom categories paramedics encounter. They are not designed as the definitive treatment of the patient. The directives have a wide margin of patient safety built into them. They are standardized and carried out by a continuum of paramedics from novice to expert.

"Directives have rigid, specific boundaries…"

Directives have rigid, specific boundaries (e.g. the heart rate must be between 60 and 159 to give Nitroglycerin). They are not guidelines, but have specific parameters to follow. Many of the requests for clarification about a call sent to paramedics arise in situations where a paramedic has not followed these parameters.

A feature of paramedic practice is its time restricted nature. The time spent with a patient in a typical call is relatively short. Paramedics are expected to do many things in this short time period – move equipment, make patient contact, establish a relationship with the patient, obtain information, start treatment, move and transport the patient. These activities along with limited diagnostic resources at a scene leaves very little time to deliberate about what the definitive diagnosis is. While sometimes it is possible to make a quick diagnosis, frequently it is not. Therefore paramedics end up treating symptom categories like 'chest pain' or 'shortness of breath' rather than a specific diagnosis.

In the case described above the merits of an IV fluid bolus could be debated but the current medical directive and patching processes are not set up to allow this to happen during a call. Occasionally situations do occur where the medical directives do not apply. This is a reason to patch for advice. However in most cases the medical directives and the parameters contained within them are clear.

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

SWORBHP MEDList - Phosphodiesterase 5 (PDE5) Inhibitors

Phosphodiesterase inhibitors are a class of drugs that block one or more subtype of the enzyme phosphodiesterase. The most common out of hospital use of this class of medication are those drugs that are PDE5 selective inhibitors. These medications are used to treat erectile dysfunction and are occasionally used in the treatment of pulmonary hypertension.

Phosphodiesterase inhibitor use within 48 hours is a contraindication for nitroglycerin administration as it can significantly enhance nitroglycerin's vasodilatory effect and cause profound hypotension.

Matthew Davis, M.D., M.Sc., FRCP(C)
(A) Medical Director of Education

Link: www.lhsc.on.ca/About_Us/Base_Hospital_Program/Education/medlist.htm

Brand Name	Generic/Chemical Name
Viagra, Revatio	Sildenafil
Cialis, Adcirca	Tadalafil
Levitra, Staxyn	Vardenafil
Stendra, Spedra (not approved for use in Canada)	Avanafil

Paramedic Recognition Awards

Prehospital Newborn Delivery

The following paramedics were recipients of the Prehospital Newborn Delivery Award:

Essex-Windsor EMS
Crystal Folliot, Jennifer Titus, Holly Beck, Karen O'Brien - December 7, 2012
Jamie Hamlin, Nisreene Karkanawi - March 10, 2013
Gisele Bacon, Sarah White, Dan Jacobs, Deanna Owen - March 30, 2013
Jamie Hamlin, Holly Beck, Andrew Peters, Jeremi Taylor - July 20, 2013
Gerry Hedges - July 30, 2013.
To read the full story on Gerry's prehospital delivery, click on the link below.

Gerry Hedges holds newborn baby Milano George. Milano was delivered by Gerry with lots of help from her daddy Lucas.

Link: http://blogs.windsorstar.com/2013/07/31/mother-gives-birth-in-car-along-walker-road-father-helps-deliver/

Prehospital Save

The following paramedics were recognized for obtaining a field ROSC and were recipients of the Prehospital Save Award. All patients survived to hospital discharge.

Oxford County EMS
Russell Chase, Bryan Vyse - June 20, 2013

Elgin St. Thomas EMS
Sareen Tucker, Julie Gunn - August 7, 2013

Middlesex-London EMS
Matt Hall, Colin Evans, Hazel Graves, Lindy Neilson, Robert Hopper - July 27, 2013
Chris Mortier, Scott MacDonald, Lindsay Adams, Sandra Gregus - July 27, 2013
Chris Mortier, Scott MacDonald - August 6, 2013
Meagan Slack, Ryan Rayner - August 11, 2013
Devin Cresswell, Derek Raine - September 6, 2013

Essex-Windsor EMS
Jeff Culver, John Dollar - January 21, 2013
Robert Injic, Don Theriault, Teresa Coulter, Giselle Bacon - January 28, 2013
Teresa Coulter, Lori Poole - February 9, 2013
Shannon Ingall, Shannon Johnston, Ryan Lemay, Victoria Laframboise - February 13, 2013
Amanda Rizzo, Kevin DeMarco, Victoria Laframboise, Sean Rivard - February 23, 2013
Victoria Laframboise, Kevin DeMarco - March 8, 2013
Thomas Lynk, Mike Gobet, Nicole Lecoq, Sarah Bezaire - March 28, 2013
Victoria Laframboise, Kevin DeMarco - April 7, 2013
Doug Litster, Mona Hansen, Dawn Newman - April 13, 2013
Jason Renaud, Corey Nelson, Dawn Hodges - May 12, 2013
Lance Huver, Kevin DeMarco, Heather Ryall, Prentice Scott, Laura Clement - May 22, 2013
Don Theriault, Richard St-Pierre, Angela Volpatti - May 28, 2013
Dawn Hodges, Slav Pulcer - July 7, 2013
Michelle Mollicone, Brian Fuerth - August 8, 2013
Stephanie Simetic, Kim Myers, Gerry Hedges - August 17, 2013
Bradley Humber, Amy Vancowenberg, Ziad Fatallah, Bradley Hart - August 22, 2013
Nick Montaleon - August 31, 2013 (off-duty paramedic used a PAD)

Congratulations everyone!

Cathy Prowd, CQIA
Operations & Logistics Specialist

Click here to access Recognition Awards forms online.

CE – Taking Ownership of Your Education

Continuing Education, or CE for short, is often a requirement of those who work in the health care field. PCPs are required to fulfill 8 hours of CE, which is achieved at the yearly recertification day, while ACPs are required to complete 24 hours of CE. You are not alone in having to obtain mandatory CE. For instance, physicians who belong to the Royal College of Physicians and Surgeons must complete 400 hours of CE over a 5 year period, with a minimum of 40 hours per year during the 5 year cycle. While graduating from a training program, be it a Paramedic Program or a Medical Residency training program provides the knowledge and skills to work independently, it is by no means the end of knowledge acquisition. Medicine and health care are always evolving, and at times, can seem very daunting to keep up with! In order to provide the best care to patients, it is necessary to remain current on advances and delivery of health care. Not only is there value in learning about the latest advances, but there is value in revisiting topics or skills that aren't encountered or practiced often. CE can be used as a "refresher" and not only as a means to acquire new knowledge.

At SWORBHP we have recently revisited the CE topic and are in the midst of making some small changes. In the upcoming months, the CE categories and requirements to achieve these credits, as well as the point system, will be more transparent and posted on our website. Please take the time to review this. The updated system will be in effect starting January 2014. It is our hope that you continue to engage in activities that will add to your knowledge or skill base and help improve your ability to provide optimal care in the prehospital environment.

Matthew Davis, M.D., M.Sc., FRCP(C)
(A) Medical Director of Education

Upcoming CE Opportunities

- ECG Series Part III - October 25
- Anaphylaxis - November
- Key Words in EMS - December

NOTE: Parkinson's in EMS has been postponed to January 2014

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.

Trivia of the Day

- You would have to drink 100 cups of coffee in four hours to get the lethal dose of caffeine—ten grams
- The average human eats 8 spiders in their lifetime at night
- Chewing gum while peeling onions will keep you from crying
- Bats always turn left when exiting a cave

Source: http://triviaoftheday.wordpress.com/2013/09/

Coding VSAs

This year, paramedics will have an opportunity to review and discuss the directives relating to adult, pediatric and neonate arrests during their 2013-2014 recerts. Over a 13 month period (April 2012-March 2013), paramedics working within SWORBHP responded to 1,924 VSA patients. Of those 1,924 cases, approximately:

15 were pediatric patients
17 were on scene ROSC
22 were confirmed DNRs
96 were trauma patients
546 were obviously dead

The majority of the VSA patients were medical arrests which resulted in a Base Hospital patch for a Medical TOR, or transportation to the closest hospital and later pronounced. Although the number of patients is not high (given overall call volumes), the directives relating to medical arrests can be one of the most confusing. Approximately 228 of the 1,924 calls involving a VSA patient required an audit response for clarification.

The Education Subcommittee of the Ontario Base Hospital Group (OBHG) has released the Advanced Life Support Patient Care Standards (ALS PCS) Companion Document which will hopefully clarify the application of the medical directives and standardize practice province wide.

The ALS PCS Companion Document can be found on the OBHG website:
http://www.ontariobasehospitalgroup.ca/Educational-Resources/default.aspx

Please take the time to review the Companion Document and remember to contact us if you have any questions.

Tracy Gaunt, M.Sc., NCEE, CPSO
Professional Standards Specialist

Comments?

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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