



SWORBHP LINKS

VOLUME 18

SEPTEMBER 2014

Inside this issue:

- Prehospital Care Specialist Team...cont'd. 2
- Introducing our Coordinator of Professional Standards and Business Functions 2
- Attending Paramedic 3
- New FTT and AAUS 3
- Introducing Dr. Natalie Cram EMS Resident 4
- LHSC Eds - Easier, Faster, Better 4
- Public Access Naloxone and Paramedics 5
- SWORBHP MEDList - Puffers 6
- Recert Precourse - Tired of 'Driving' the Ambulance? 7
- Upcoming CE 7

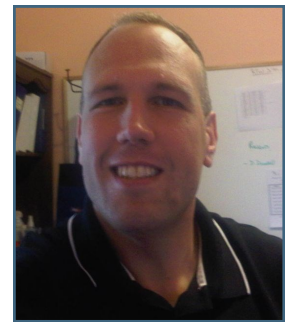
Introducing our Prehospital Care Specialist Team

As a follow up to my article on the Prehospital Care Specialist (PCS) role in our last edition of the Newsletter, I am very pleased to introduce our team.

Dwayne Cottel joined SWORBHP in November 2008 as a full time Regional Paramedic Educator. He holds a diploma in Ambulance and Emergency Care from St. Clair College and Advanced Care Paramedicine from Fanshawe College. Dwayne is a Nationally Certified EMS Educator through the National EMS Educators Certification Board and holds a Nationally Certified Investigator and Inspector certificate through the Council on Licensure, Enforcement & Regulation. He has a Professional Certificate in Adult Education from The University of Western Ontario and is working towards the completion of an Honours Bachelor of Science from Athabasca University. He works part time as an Advanced Care Paramedic with Lambton County EMS. Dwayne was a member of the EMS team that won the 2010 Israel Paramedic Championship. As a PCS, Dwayne directly supports Bruce County, Lambton County, Oneida First Nations, Huron County (ACP) and Elgin County EMS. He can be reached at: 519-685-8500, ext. 75580 or dwayne.cottel@lhsc.on.ca.



Peter Morassutti joined SWORBHP in November 2008 as a part time Regional Paramedic Educator. He holds a Bachelor of Science from the University of Windsor, a diploma in Advanced Care Paramedicine from The Michener Institute as well as Advanced Emergency Medical Care Assistant Diploma from St. Clair College. Pete has recently attained Nationally Certified EMS Educator status with the National EMS Educators Certification and holds an Advanced Nationally Certified Investigator and Inspector certificate through the Council on Licensure, Enforcement & Regulation. He works full time as an Advanced Care Paramedic with Essex-Windsor EMS. As a PCS, Pete directly supports Essex-Windsor, Chatham-Kent and Lambton County EMS. He can be reached at: 519-796-4602 or peter.morassutti@lhsc.on.ca.



Christine Hardie joined SWORBHP in September 2012 as a full time Regional Paramedic Educator. She holds a diploma in Advanced Care Paramedicine from The Michener Institute for Applied Health Sciences. Christine joined the program following seven years of teaching as a full time Professor with the Paramedic Program at Lambton College. She is currently working towards a Bachelor of General Studies-Science Designation. Christine has recently joined the National Association of EMS Educators, where she is working towards becoming a National Certified EMS Educator and holds a Nationally Certified Investigator and Inspector certificate through the Council on Licensure, Enforcement & Regulation. She works part time as an Advanced Care Paramedic with Lambton County EMS. As a PCS, Christine directly supports Oxford County and Middlesex-London EMS. She can be reached at: 519-685-8500 ext. 75847 or christine.hardie@lhsc.on.ca.



Fall's Bountiful Harvest!

...Continued on page 2

Mike Kennedy joined the SWORBHP team as a part time Prehospital Care Specialist in May 2014. He completed the Primary Care Paramedic Program at Fanshawe College and began his EMS career in Elgin and Oxford Counties. Mike works as a Critical Care Paramedic in London and spent several years working as an ACP in the Region of Waterloo. Mike has previously been involved in teaching the ACP program at Fanshawe College and is currently completing a Bachelor's degree in Political Science at Western. He has recently joined the National Association of EMS Educators, where he is working towards becoming a National Certified EMS Educator. As a PCS, Mike directly supports Middlesex-London EMS. He can be reached at: 519-685-8500 ext. 77620 or michael.kennedy@lhsc.on.ca.



Jennifer Robson joined the SWORBHP team as a full time Prehospital Care Specialist in June 2014. She holds a Paramedic diploma from Cambrian College, an Associate Bachelors Degree in Clinical Practice from Charles Sturt University, and is working towards an Honours Bachelor Degree in Clinical Practice (Paramedic) from Charles Sturt University. Jennifer has recently joined the National Association of EMS Educators, where she is working towards becoming a National Certified EMS Educator. She has past experience working as a Paramedic Educator with Lambton College. She works part time as a Primary Care Paramedic and Acting Shift Supervisor with The County of Bruce EMS. As a PCS, Jenn directly supports Grey County, Huron County (PCP) and Perth County EMS services. She can be reached at: 519-685-8500 ext. 77621 or jennifer.robson@lhsc.on.ca.



In addition, Patty Sinn, Tracy Gaunt and Paul Robinson support our team as Prehospital Care Specialists in a casual role.

Susan Kriening, RN, BScN, MHS, ENC(C)
Regional Program Manager

Introducing our Coordinator of Professional Standards and Business Functions



I am very pleased to introduce Greg Graham, SWORBHP's new Coordinator of Professional Standards and Business Functions.

Greg comes to us with a wealth of education and experience holding a Masters of Engineering in Electrical Engineering from the University of Toronto, a Bachelor of Science (Honours) in Applied Mathematics and Physics from Western University, and a Bachelor of Education from Western University.

Greg is a versatile resource with global perspective and has twelve years experience with TD Bank in enterprise workforce management and finance roles. He takes pride in solving complex problems, fostering innovation and enhancing the performance of individuals, teams and organizations. Prior to joining TD Bank, he worked as an educator with the Waterloo District Regional School Board and with Bronte College of Canada.

In his role, Greg will be accountable to ensure accurate and effective analysis and reporting to support decision-making for the Southwest Ontario Regional Base Hospital Program. Professional Standards responsibilities will include working with regional Paramedic Services, provincial counterparts and partners to ensure medical direction provided by the Regional Medical Director is followed and implemented from a legal, educational, and medically appropriate view to support prehospital emergency health care services and maximize delivery of high quality, safe, and efficient prehospital care. In addition, Greg will have specific accountability to develop and implement principles, standards, processes, and systems to advance decision support operations to ensure the delivery of high quality information products and services that support and drive understanding and improvement. He will also provide business process re-design expertise to aid in the selection of processes that ensure maximal efficiency in operations and implement these across the Base Hospital. Greg can be reached at 519-685-8500 ext. 77058 or gregory.graham@lhsc.on.ca.

Please join me in welcoming Greg to our team.

Susan Kriening, RN, BScN, MHS, ENC(C)
Regional Program Manager

Attending Paramedic

Do you remember when you applied to school and someone asked you why you wanted to be a paramedic? Many of the responses to that question I am sure were similar to the answers I hear from aspiring medical students during their interviews. In fact, I know I provided the same answer during my application interview all those years ago. Everyone who chooses a career in health care (especially emergency health services) at some level *wants to help people in need* with the medical knowledge and procedural skills that form our scope of practice.

This basic drive to render assistance is what motivates us all in our daily work. Unfortunately, increasingly more often, the Base Hospital Medical Directors are being asked to review a call where one paramedic with a more enhanced scope of practice (IV certified vs non IV certified or ACP vs PCP) did not assume the responsibility of attending to the patient when an intervention from that more broad scope of practice could have been indicated. I understand there are many other factors that determine when one paramedic attends the patient vs their partner. Work load, unanticipated deterioration, short transport times, are a few that come to mind.

I can bore you with our policy and procedure manual where we state that: "It is the expectation of SWORBHP that all paramedics will use their complete skill set when indicated and appropriate for the greatest benefit of the patient."

http://www.lhsc.on.ca/About_Us/Base_Hospital_Program/OpsLogistics/

"...all paramedics will use their complete skill set when indicated and appropriate..."

Or, what to do in an ACP/PCP crew configuration.

http://www.lhsc.on.ca/About_Us/Base_Hospital_Program/OpsLogistics/PCPandACPCrewConfigurationDivisionofResp.pdf

If what truly drives us in our career in emergency health services, is the care of the patients we serve, then I ask you to consider each time you respond to a call: is there an intervention that you are able to provide given your scope of practice that may be of benefit to this patient? In other words, can you help this person in need to relieve their pain / ischemic discomfort / dehydration / hypotension, given your enhanced scope of practice that your partner may not be able to provide? If that answer is yes, I hope you are willing to intervene and be the attending paramedic for this patient contact.

Let's all do our very best to help people whenever we can.

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

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

NEW Field Trauma Triage and Air Ambulance Utilization Standards

You may have noticed that on June 23, 2014, the Ministry of Health released the new Field Trauma Triage and Air Ambulance Utilization Standards (FTT AAUS). There aren't many changes to the standards themselves, but they're standards that haven't necessarily been well understood or applied. So here is our chance to make a difference!

We've partnered with Ornge and each of the eleven Paramedic Services within SWORBHP to develop and deliver an educational package that you'll find interactive, easy to follow and applicable to your practice. This package will include two Webinar presentations, two interactive online training modules, and a Frequently Asked Questions document.

As we develop these materials, we want to hear from you. You're the ones using the standards, so let us know what you'd like to learn. Share your what-if questions, your concerns, any inconsistencies you've heard, your local nuances, etc. We need this information in order to provide you with education that you will actually benefit from. Please send your inquiries to stephanie.romano@lhsc.on.ca.

Also, if you're reading this online, here's a link to the FTT and AAUS: www.lhsc.on.ca/About_Us/Base_Hospital_Program/Education/FieldTraumaTriageandAirAmbulanceUtilizationStandardsTrainingBulletin_June2014.pdf

Stephanie Romano, MSc.Ed., HBSoc., AEMCA
Education Coordinator

Dr. Natalie Cram - EMS Resident

I am pleased and honored to introduce Dr. Natalie Cram and welcome her to the SWORBHP team. Nat is currently a fourth year resident in the Emergency Medicine program at Western University and is completing a year of specialization in EMS and prehospital care. Throughout the year, she will be working closely with the Medical Directors and SWORBHP team in addition to completing various courses, conferences and projects during her time with us.

Natalie has conducted EMS research which examined the utility of the Ambulance Call Record to change Emergency Department care of patients. She has presented her findings at both National and International conferences. She is currently completing a research project evaluating the implementation of TOR in out of hospital cardiac arrest and will be presenting her findings at the NAEMSP conference in New Orleans in January 2015.



Born and raised in London, Ontario, Nat completed her medical school training at the Schulich School of Medicine at Western University. She is famous for her spontaneous singing outbursts, combined with the occasional dance move. Nat is an avid runner, who isn't afraid of taking on a half marathon here and there and despite being vertically challenged, is a fierce volleyball player both on the court and on the beach. Nat and her husband Kyle are the proud parents of a very active Golden Retriever named Finn and a cat named Sploshy.

Natalie will be on the frontline doing rideouts, teaching at recert days, as well as helping teach at courses throughout the year. Please join me in welcoming Dr. Cram to the world of prehospital care.

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

LHSC EDs - Easier, Faster, Better

By now some of the paramedics in the SWORBHP region may have heard that there is a grass roots movement taking place in the London Health Sciences Centre (LHSC) Emergency Departments (ED) to improve the timeliness and quality of patient care. A team of 55 ED MDs and staff have pulled together to learn the Toyota Production System (TPS) and apply it to the care they provide. The Toyota Way includes establishing a long-term vision, working on challenges, continual innovation and going to the source of the issue or problem. Work processes are redesigned to eliminate waste (or "muda") through the process of continuous improvement (or "Kaizen"). Most importantly the Toyota Way is "Respect for People".

Al Hunt and Jay Loosley of Middlesex London EMS (MLEMS) have been extremely supportive in the planning and coordination of the improved system and modelling the new system in real time over the past few months. Multiple MLEMS paramedics have experienced what the new system will be like: no notification patches for CTAS 3, 4 and 5s, no offload delay, verbal handover to ED MDs for every patient and seamless transition of care. A huge thank you to the entire MLEMS management team and paramedics for their ongoing interest and support of this initiative. You are an integral part of creating the new system.

The TPS journey is by no means complete. In fact it will never be complete, as this is a road of continuous improvement. However, the Emergency Department System Transformation Team (EDST), entire ED staff of LHSC and all the other health professionals we work with, are well on their way to creating an Emergency Care System that is Easier, Faster and Better.

Adam Dukelow, M.D., FRCP(C), MHSC, CHE
Medical Director of Innovation & Research



Public Access Naloxone and Paramedics

There has been a roll out of Narcan (Naloxone) to substance abusers through a partnership of local health units, HIV and AIDS clinics, and other community advocate groups. Patients at risk for opioid overdose are provided brief education, and given kits with Naloxone. This program has been initiated with a lack of coordination and minimal communication with prehospital care in the province, and it is important paramedics are aware of this program.

This could represent a major challenge to paramedics who provide supportive care for these patients, as only ACPs can be provincially certified to administer these drugs. These patients are often unconscious and managed conservatively with airway and breathing support enroute to the ER. Paramedics may run the added risk of responding to combative patients, or patients who refuse care, who may then go on to suffer a respiratory arrest when the antagonistic effect of Naloxone wears off. This can be seen with some patients requiring repeated dosing or Naloxone drips in the ER. The effects of Naloxone given intramuscularly start to work within 1 to 3 minutes and often lasts for only 30 to 90 minutes, and is a temporary effect. The antagonist can cause a complete reversal of the respiratory depression effect, but can also cause acute withdrawal, including agitation and vomiting.

Please check out our recent in-depth Naloxone webinar presented by Dr. Peddle and Dr. Lewell where we discuss the decision making behind this release in the province, and the prehospital provincial politics involved in working towards PCPs being able to add it to their scope of practice. We discuss the patch point issue for ACPs, and details on the new substance abuser public health training package. Click the link below to watch this webinar.

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

http://www.lhsc.on.ca/About_Us/Base_Hospital_Program/Education/naloxone.htm

Overdose Management Kit

- 2 ampoules of Naloxone
- 2 ampoule snappers
- 3 retractable syringes: 1cc - 25G x 1"
- Non-latex gloves
- Rescue breathing barrier
- Client Identification Card
- "Five Steps to Save a Life" Instructions



SWORBHP MEDList - Puffers

Puffers, or inhalers, represent a route of administration rather than a class of medication in itself. Several classes of medications may be delivered in this manner and include bronchodilators (short and long-acting β_2 adrenergic agonists and anticholinergics), corticosteroids, and newer products that combine the two. These medications are used to treat a variety of respiratory illnesses, predominantly asthma and COPD.

BRONCHODILATORS

Brand Name	Generic/Chemical Name
Oxeze	Formoterol
Onbrez	Indacaterol
Atrovent	Ipratropium
Salvent, Ventolin, Albuterol	Salbutamol
Serevent	Salmeterol
Bricanyl	Terbutaline
Spiriva	Tiotropium

STEROIDS

Brand Name	Generic/Chemical Name
QVAR	Beclomethasone
Pulmicort, Rhinocort	Budesonide
Alvesco	Ciclesonide
Flovent	Fluticasone
Asmanex	Mometasone

COMBINATION INHALERS

Brand Name	Generic/Chemical Name
Duovent	Fenoterol / Ipratropium
Advair	Fluticasone / Salmeterol
Combivent	Salbutamol / Ipratropium

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

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

Recert Precourse - Tired of 'Driving' the Ambulance?

Early feedback on the recert day has been extremely positive; with just a little constructive criticism. One area of feedback that I thought might warrant addressing is the fact that the modules require you to move an ambulance to a call location after having typed in the address. For those of you who have done it; ok, so you thought it was cute at first, but by the time you accessed the fifth module, you were starting to find it a little annoying. Believe it or not, there is rhyme to our reason, and method to our madness.

When completing online education things often start to blur, become repetitive, or even boring. Our thoughts begin to wander, eyes quickly skim material, and fingers rush to click the complete button. We seem to love the idea of online education, but is it really effective?

Online educational principles state that if you increase the interactivity of online education, the learner is more likely to retain the information they are intending to 'learn'. What a concept – participate in the experience, and you remember it! Well, that is exactly what moving the ambulance is all about. This interaction forces you to use visual cues (see the address), auditory cues (hear the call details from dispatch), and kinesthetic (practical) cues (typing in the address and physically moving the ambulance) in order to complete the task. What does this do for you long term? It keeps you awake! Actually it forces you to remain active in your learning, just long enough to get to the next interaction.

We truly hope you appreciate the efforts that have gone into this precourse. Please don't hesitate to share your thoughts with us, we welcome and appreciate your feedback, both positive and constructive.

Stephanie Romano, MSc.Ed., HBSc., AEMCA
Education Coordinator

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

Upcoming CE Opportunities

- FTT / AAUS Webinar - October 9
- PD & EMS Roles on a Crime Scene - TBD
- Capnography - TBD

[Click here](#) to visit our website and view the page dedicated to Continuing Education.

Editor-in-Chief

Susan Kriening

Editor

Cathy Prowd

Associate Editor

Dr. Michael Lewell

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:

C. Prowd, Operations & Logistics Specialist
Southwest Ontario Regional Base Hospital Program
c/o Grey Bruce Health Services
1800 8th Street East, Box 1800, Owen Sound, ON N4K 6M9
Phone: 519-372-3920, ext. 2449
Email: Catherine.Prowd@lhsc.on.ca

