

# The Pulse

Paramedics: Trusted – Professional

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Melfort EMS help students of Maude Burke School with helmet fittings during a bike safety event

## New process for dealing with anonymous complaints

SCoP receives some complaints about its members every year that come in anonymously. While SCoP doesn't want to discourage the lodging of legitimate complaints by members, dealing with anonymous complaints can be challenging.

"The Professional Conduct Committee was receiving a number of anonymous complaints, and what they found very quickly was that they were very difficult to investigate – primarily because there was no actual complainant to clarify, complain, provide names of witnesses to be interviewed or even provide documents," said Ken Luciak, former chair of SCoP's Professional Conduct Committee.

As a result, Luciak said, over the past year the committee has worked on a new process for dealing with anonymous complaints.

"We were investing a significant amount of time into finding out what happened in all allegations – often in allegations that were quite minor or frivolous – it was making our job very, very difficult."

As a result, the committee has created a test criteria, against which it first checks the complaint.

If the anonymous complaint is found to be frivolous or vexatious, it is dismissed without being investigated, and the individual reported is advised of the complaint. If the anonymous complaint is found not to be frivolous or vexatious, but is of "minor or intermediate" in nature, and has no potential or actual effect on patient care or condition, and no risk to public safety or trust, it is also dismissed. Again, the individual identified in the complaint is advised of the complaint made against him/her.

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## Interested in becoming more involved with SCoP?

We are looking for a public representative to sit on our Nominations Committee. If you know of someone who would be interested in this position, please direct them to our website or the office to obtain a committee application form.

Also, the position of vice-president will come open in 2012. If you'd like to consider taking on this position, watch for nomination forms to be posted on the website shortly.

## Mark your calendar for the 2012 SCoP AGM!

Come and join us for our **Annual General Meeting (AGM) on April 20, 2012**. SCoP's AGM will take place at the P.A. Exhibition in Prince Albert. We encourage all members to come out for the meeting and take part in setting the College's direction for 2012-13.

## Photo member cards required by 2013

All SCoP membership cards will soon be required to include a photo of the SCoP member. No membership cards will be issued after January 1, 2013, without a member photo.

To ensure you don't experience delays when you renew in 2012, SCoP is encouraging you to provide a photo of yourself to the College as soon as possible. The photo needs to be provided to the College electronically in jpeg format. It should be a head and shoulders shot in a wallet/passport size. The photo needs to be certified as an image of the member/licensee by a facilitator, manager or notary public. All photos will need to be updated every five years.



**SASKATCHEWAN  
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PARAMEDICS**

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## Anonymous complaints process

However, if the complaint is found to be a major competency or conduct concern, then it is investigated to the best of the committee's ability, with the limited information provided.

"We leave no stone unturned – and that's where it gets messy because if we think there really is the potential here that this is true and is of a major concern to do with competency or conduct, we will get very aggressive, and look for answers. We can't treat something like that lightly if we do believe there might be something to it."

Luciak said it is often very difficult for the member who is being investigated. He said the College advises the member of the investigation in a letter.

"When a complaint is laid against a member, they are often times very upset that we would even consider the complaint. They often take this personally and believe that the College is questioning their good record. This is in no way intended to be a personal attack on the member."



Our problem is that we don't always know the individuals identified, and even if we did, we still have a responsibility to investigate everything that is brought forward to us to ensure patient safety."

According to Luciak, all complaints that are brought forward with the complainants' names attached are investigated. He encourages members who are reporting complaints to consider identifying themselves as the complainant.

"It makes the investigation more effective. As soon as the complainant becomes anonymous, the complaints become much harder to investigate – and if there is truth to the charge, it is harder to prove."

Luciak says the number of complaints increases every year as the public and members become more comfortable with the process.

The new process for dealing with anonymous complaints came into effect in June 2011, and is in the Saskatchewan College of Paramedics Policy Manual as Policy 2.10.1.

## Saskatchewan to implement new EMR exam

Saskatchewan is in the process of introducing an exam to ensure EMR's have the training required to perform on the job. Manitoba and Alberta have had similar exams for a number of years. The introduction of the exam will bring Saskatchewan in line with the two other prairie provinces.

"It will keep us equivalent with everyone else. We wanted to ensure we didn't have people registering through Saskatchewan without taking the exam, and then practicing in one of the other provinces," said Connie Wilson, Chair, EMR Exam sub-committee.

Development of the exam began in mid 2009, when a request was sent out to coordinators practicing with the College, as well as to stakeholders and EMRs, asking for assistance in designing the exam.

A group was created from those who responded, which developed a blueprint for the exam. All questions were formulated based on the National Occupancy Competency Profiles (NOCP) standards. According to

Wilson, there was a good mix of EMRs and stakeholders involved. She said while there was representation from urban centres, a larger percentage of rural members participated in the exam development process.

"They looked at the number of questions required on the exam, health and safety issues, the actual assessment, and more. They borrowed exams from other provinces and used them as backgrounders, they looked at the Red Cross exam, as well as the St. John's exam, and then they created questions that people in the group thought should be asked," said Wilson.

She said there was a group that worked on developing the exam questions, another group that worked on editing the questions, and then a couple of pilot groups which wrote the exam to identify whether the questions were a good fit and were clearly worded.

Anyone who is already a licensed EMR with SCoP will not be required to write the exam; however, all new

graduates, and individuals coming in to SCoP, will have to write the exam before they can be licensed.

Wilson said the introduction of the EMR exam will level the playing field across the sector.

"Right now, when you come into the province, you write an exam to become a PCP or an ACP. It will ensure EMRs are on equal footing with all the rest," she said.

She argues that the exam will also enhance the professionalism of the EMR role within the paramedic sector and will further enhance patient confidence in Saskatchewan paramedics.

New EMRs will be required to write the new exam beginning April 1. The exams will take place in Regina, Saskatoon and Prince Albert/SIAST. The EMR exam will be held at the same time as the PCP and the ACP exam – the cost of writing the exam will be \$300, which is the same amount as the PCP and ACP exams.

# Member Feature – Terry Huber

Terry Huber has had a long career as a paramedic working in various regions across Canada – the role even took him to Riyadh, Saudi Arabia, in the mid 1990s. In 2011, his commitment to the sector was rewarded when he was presented with the 30-year EMS Exemplary Service Medal by Alberta Lt. Governor, the Honourable Donald S. Ethell. Terry holds licenses in Saskatchewan, Alberta, and BC, and is currently living in Whitewood, Saskatchewan.

Huber first became interested in the world of paramedics and EMTs as a teenager, while living on the same block as a private ambulance operator.

“I’d see them leaving town or heading out on highway #2 towards Edmonton – it really piqued my interest,” said Huber.

He began his career as an EMT at the age of 18 in Leduc, Alberta, when he took a job with a private ambulance service. It wasn’t long before he went back to school to become an advanced care paramedic. He eventually became the director of the ambulance service in Grande Prairie, Alberta, where he helped with the implementation of the Alberta Ambulance Services Act. In 2001, he was asked by Alberta’s then Minister of Health, Gary Marr, to sit on the Ambulance Advisory Appeals Board.

His real interest, however, was in air ambulance, largely because of the role air ambulance could play in northern communities like Grande Prairie.

In the early 1990s, Huber began lobbying government for a dedicated aircraft that could be relied upon for air ambulance alone. At the time, there were no dedicated fixed wing aircraft contracts for air ambulance in the province. As a result of his efforts, Grande Prairie became the first location in Alberta to have a dedicated air ambulance. It wasn’t long before the Grande Prairie air ambulance began using medical air transport for patients from many other northern communities to Edmonton. These efforts eventually laid the groundwork for other fixed wing air ambulance contracts throughout the province.

In the late 1990s, Huber was selected by another health minister to sit on an expert panel which worked on identifying the equipment and staff needed in the province’s air ambulances.

“It was quite an experience. I think I was selected as a result of the work we did in getting the first dedicated contract,” said Huber.

Because, during the same period, Huber was the vice-president of the Alberta Ambulance Operators Association, and the province was introducing a standardization of ambulance services, he was offered a wonderful opportunity to gather a broad cross section of feedback from operators within the province.

In 1995, Huber accepted the job of department head and paramedic for the ambulance/EMS service of the 650-bed King Faisal Specialist Hospital and Research Center in Riyadh, Saudi Arabia. He says work in Riyadh was significantly different from his work in Canada. Shortly after his arrival with his family, he witnessed a car bombing of the US military base in the city, and then had to address the aftermath of the crisis. He and his family lived in Riyadh for four years. His twin sons were born in the country.

In 1999, Huber and his family moved back to Canada and settled in Brooks, where he took on the role of executive director for the Brooks and District Ambulance Association.

In 2004, Huber moved into the private sector, forming his own company, through which he subcontracted paramedic services to oil and gas companies in the province. He has



Alberta Lt. Governor, the Hon. Donald Ethell, and Terry Huber

also since worked at the PotashCorp’s Rocanville mine.

In 2006, he did a Master of Arts in Leadership at Royal Roads University. His thesis, entitled *Strengthening the Role of Alberta Volunteer First Responders in the Chain of Survival*, focused on how STARS could play a role in that process.

In November 2010, he received the Alberta Emergency Services Medal; he also received the Bronze Pin from the Alberta government for executing over 100 medevac missions. On April 29, 2011, at the Annual General Meeting of the Alberta College of Paramedics, Huber was presented with the 30-year EMS Exemplary Service Medal by Alberta Lt. Governor, the Honourable Donald S. Ethell, on behalf of the Governor General of Canada.

“It was quite an honour to be selected – I hadn’t expected that. It was a surprise to me,” he said.

While Huber has moved out of the public role of a paramedic, he still remains focused on enhancing the delivery of health services. His current focus is on looking at standards improvements that could be made for ambulances in the industrial area.

“I always try to keep active – always learning, growing – there’s no real end point for me,” said Huber.

## Collaboration creates new province-wide on-line training module for advanced care paramedics

A unique on-line project developed jointly by Saskatoon MD Ambulance and Regina EMS will soon be rolled out to agencies across the province. The new on-line module will be used to train advanced care paramedics on a new patient procedure.

This is the first time two regions have worked together on the development of an on-line training initiative that will eventually be shared with agencies across the rest of the province.

“It is really exciting to be involved in the development of a module that could provide such important training to so many advanced care paramedics across the province,” said Brenda Fry, Program Development Educator, Regina EMS.

The project has been led by Tim Hillier, who is with Saskatoon MD Ambulance, and Brenda Fry, with Regina EMS, and their teams. According to Fry, in addition to providing content expertise, Hillier also provided all the technical expertise for the development of on-line module.

The module will train advanced care paramedics on the new Medicated Facilitated Intubation (MFI) procedure, which is part of the GP 15 airway control protocol. The new on-line training module will roll out across the province this fall.

MFI is a new training protocol recently introduced by the Ministry of Health. It is a unique protocol, which requires a higher level of learning, is intended only for advanced care paramedics, and includes strict rules about what members can and can't do in relation to airway control protocol. It ensures advanced care paramedics can address airway control issues using a continuum of services.

The on-line training module offers the first phase in MFI training and testing. Agencies will supplement this on-line training with lectures and lab components delivered by qualified medical staff. The two agencies began work on developing the on-line training module in June 2011.

“While Saskatoon MD Ambulance and Regina EMS often share programs across the province, this was much more of a formal joint project. It was very exciting to be a part of – both organizations are really pleased to have been involved in the development of a program that will benefit advanced care paramedics province-wide,” said Fry.

## Reporting misconduct – new guidelines help identify when to report a complaint



SCoP has developed guidelines to help agencies and members identify when they should or should not report a breach of protocol to SCoP. The legislation suggests that all breaches of protocol are professional misconduct and should be reported to the College – however, many breaches are small mistakes or deviations made by members.

Often agencies deal with these issues, and provide the member in question with the training required to ensure they get him/her back on track. However, agencies are then often unsure whether they still need to report the member's breach of protocol.

SCoP's new reporting guidelines suggest that agencies look at whether the conduct error was minor or major and whether it caused or had the potential to cause harm to the public. If it was minor, did not risk harm to the public and could be dealt with by the agency, the guidelines suggest that it would not be required to be reported to SCoP.

“Can you imagine how many things would come into us and how really unfair that would be to the member if every little mistake or deviation was to be reported as misconduct?” said Sheri Hupp, Executive Director, SCoP.

However, the guidelines are clear that if the issue is significant and could result in harm to the public it must be reported.

“Really, the guidelines suggest that you need to use common sense, which is a similar approach taken by all regulatory bodies. Someone needs to take a lens to the issue to see if it is material or significant enough to report,” said Hupp.

Hupp encourages all organizations with questions about the guidelines, or about breach of protocol reporting, to call the office.

The new reporting guidelines are available on the SCoP website at [www.collegeofparamedics.sk.ca/conduct/Protocol%20Reporting%20Guidance\\_July%202011.pdf](http://www.collegeofparamedics.sk.ca/conduct/Protocol%20Reporting%20Guidance_July%202011.pdf), which is on the main page under Important Resources, and is titled *Professional Misconduct – When to Report a Complaint*.

## Annual Fee Changes

The Annual Practicing License fee will rise slightly in 2013 from a fee of \$435 in 2012 to \$450 in 2013.

The annual licensing fee is based on the Administrative Bylaws and College Policy 2.5 and is determined using the Consumer Price Index (CPI) for September and rounded up to the nearest \$5. The CPI for September 2011 was 3.2%, which, when applied to the 2012 fee of \$435, raises the 2013 fee to \$450. The fee increase was voted on and approved at the Annual General Meeting of the membership in the spring; it was confirmed by Council on October 28, 2011.

# SCoP renewal registration goes on-line!

SCoP members will use a much simpler registration process for the 2012 renewal period. The College has moved away from paper renewal forms and now has a totally on-line renewal process.

This means members will be able to input their information into an on-line form and attach scanned, electronic copies of all of the mandatory certifications and CMEs to the form. All payments can also be done electronically through the new system.

The new system will populate the member's form with existing member information, such as the member's name, address, license level, as well as other existing member information, reducing the amount of time spent filling out the forms or packaging up the paper materials and sending them into SCoP.

## New faces at SCoP

We've had great response to our call for committee member nominations – as a result, we've got some impressive new members on our committees for the 2011-12 year.

A total of 37 people sit on our eight SCoP committees. These individuals do everything from providing oversight on SCoP's finances, addressing member discipline issues, developing legislation and bylaws for SCoP, providing direction on members' educational needs, managing professional conduct of members, providing direction on member registration and encouraging member participation in SCoP.

To see who's now sitting on SCoP's committees, click on the attached link, [www.collegeofparamedics.sk.ca/about-us/committees.php](http://www.collegeofparamedics.sk.ca/about-us/committees.php), or visit our website at [www.collegeofparamedics.sk.ca](http://www.collegeofparamedics.sk.ca).

"It really is going to be a lot simpler for members to fill out. With an on-line form, our members have to give us a lot less information, because we have a good deal of that information in our database, and we're populating it back to them," said Sheri Hupp, Executive Director, SCoP.

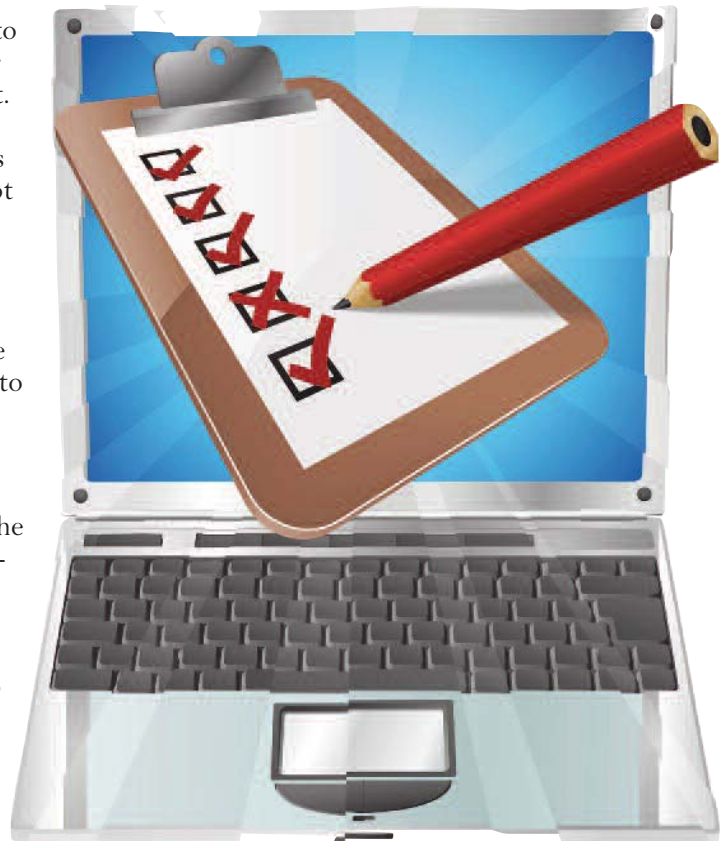
Hupp says this is the first step in the on-line process. She said the reporting of CMEs will also eventually move to an on-line process.

Also, as part of the revised registration process, all members' registration numbers will change slightly. Instead of having a two digit training number and a four digit number, members will keep the same two digit training number, but the four digit number will move to a five digit number. For most current members, the number will change only with the addition of a "1" in front of their current four digit number.

As part of the 2012 renewal/registration process, the College is

## Our office hours are changing!

As of March 1, 2012, the SCoP office will be open from 8:30 – 4:30. To ensure we're available when you need to talk to us, we will also remain open over the lunch hour. To reach us, call: 1-306-585-0145; toll free in Saskatchewan at 1-877-725-4202; fax us at 1-306-543-6161; or e-mail us at [office@collegeofparamedics.sk.ca](mailto:office@collegeofparamedics.sk.ca).



encouraging members who are taking a leave, or working in another province, to consider moving to non-practicing status rather than letting their license lapse. By taking a non-practicing license, members can avoid the reinstatement process and the reinstatement fee of \$275 should they wish to return to practicing in Saskatchewan.

Hupp believes that the new system will significantly reduce the administrative work associated with registration and reporting to SCoP. However, she asks members for their patience as the new system is implemented.

"As with any move to a new technology, there will be a learning curve for our members, as well as our staff. I trust that if we all work together during this renewal period, we will continue to move towards a renewal process that is straightforward for both our members and the College," said Hupp.

# SCoP works on preparation of single flight medic protocol



Paramedics working under the interim air ambulance protocols may see some changes to those protocols with the arrival of STARS in Saskatchewan in early 2012.

STARS, which will bring a rotary wing component to the province's air ambulance sector, currently operates under specific protocols in Alberta. The organization would like to operate under the same protocols in Saskatchewan. The Alberta protocols enable paramedics to use 38 additional medications not currently available to Saskatchewan air ambulance paramedics. The Alberta protocols also ensure air ambulance paramedics have some additional skills not required under Saskatchewan protocols.

Before protocols can be changed, the Provincial Emergency Services Practice Committee must be convinced the changes are required. STARS is expected to be bringing an evidence-based request for protocol changes to the committee before the end of 2011.

"Our role is to make sure there is a need, and that the evidence that is presented is well researched, uses evidence-based medicine, and any new protocols introduced are done so in the best interest of Saskatchewan patients," said Dale Backlin, Investigations and Research Coordinator, SCoP.

## Saskatchewan emergency treatment protocol changes

Three new protocols have recently been developed and introduced. Learning objectives for each are outlined on the SCoP website. Affected members must complete the required approved training to use these protocols in their practice.

1. **MP12 protocol** – allows intermediate care paramedics to use Midazolam as a chemical restraint during psychiatric emergencies.
2. **TP18 protocol** – allows practicing members to use a specific algorithm to safely determine which trauma patients would not require cervical spine immobilization.
3. **MFI (Medicated Facilitated Intubation) protocol** – allows advanced care paramedics to administer additional pharmacological agents to help manage a difficult airway when traditional methods are not effective.

A series of smaller amendments have also been made to the protocols – these changes require no additional member training. These amendments mean:

- SCoP protocols CP5, CP3, TP18 and MP4 have been changed to

reflect the Heart and Stroke Foundation of Canada 2010 Resuscitation Guidelines.

- Subglottic airways – now to follow manufacture guidelines for sizing of airways.
- Crystalloid solutions have now been added to IV therapy – this was simply an oversight and now means transporting of crystalloid solutions is included in the protocol and reflects current practice.

## SCoP protocols under development

The Ministry of Health has advised SCoP of new protocols that were recently approved by the College of Physicians and Surgeons of Saskatchewan. SCoP is currently working on the learning objectives for the new protocols. Once completed, the learning objectives will be posted to the SCoP website for reference for training purposes.

- **STEMI protocol** – currently 12-Lead ECGs cannot be transmitted to hospital by paramedics. The new STEMI protocol will allow paramedics to transmit 12-Lead ECGs directly to a physician. This will enable the cardiologist to identify where best to transport the patient.
- **Sepsis protocol** – will enable paramedics to administer IV antibiotic and vasopressors to treat patients with severe sepsis/septic shock.
- **Oxytocin protocol** – will allow paramedics to administer Oxytocin for postpartum hemorrhage.
- **Addition of radio contrasting agents** – this is an addition to the list of approved medications that will give paramedics, who are working in facility-based clinics, the ability to administer Telebrix and Optiray to patients requiring CT scans.