



Photo credit: Moose Jaw & District EMS

# The Pulse

## by SCoP

The Saskatchewan College  
of Paramedics newsletter  
April 21, 2017

## eHR Viewer Pilot Project for Paramedics Underway

Chris Fay, an Advanced Care Paramedic with Regina Qu'Appelle Health Region EMS, can see the potential of the electronic Health Record (eHR) Viewer to help paramedics on the job.

"There are some patients where it's nice to know this information but it doesn't change anything," says Chris. "But there have been some key ones where it's really helped to make decisions, and you can see where it could get better."

The electronic Health Record (eHR) Viewer is a secure website for Saskatchewan healthcare providers to access patient information, no matter where a patient presents for care. The types of information available in the eHR Viewer include laboratory results, medication and immunization information, discharge summaries and medical imaging reports, clinical encounters, structured medical records, and chronic disease information.

About 3,300 health care providers have access to the eHR Viewer,

including physicians, pharmacists, and nurse practitioners.

Currently, the Saskatchewan College of Paramedics, along with the Regina Qu'Appelle Health Region and eHealth Saskatchewan, are midway through a pilot project. The goal is to be able to eventually roll out the eHR Viewer to all paramedics in the province, as well as to contribute evidence to paramedic practice.

"We're working with a research expert to help us with developing the research protocol, because we have to go through research ethics board approval in order to link data," says Jacquie Messer-Lepage, Executive Director of the Saskatchewan College of Paramedics.

"We want to be able to demonstrate that the eHR information does not hurt patient outcomes. That's the first thing," she says.

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“Secondly, if we can demonstrate that it improves the ability to provide care, that’s a real coup. The third thing is that the College would be contributing to evidence in paramedic practice.”

The eHR Viewer allows healthcare professionals to login with either the patient’s health card number, or their name and birthdate, helping to confirm their identity.

“There’s different tabs, so under Clinical Encounters, I can see the last couple years of when they’ve interacted with the healthcare system,” says Chris. “There’s still some data points missing. I can see you’ve been at Emergency, but I don’t get a discharge summary because RQHR hasn’t digitized that yet. If you’re in Saskatoon, you get a discharge report and you could access that. So you can see the potential and where it would be awesome.”

Chris goes on to give an example of a recent patient who wasn’t feeling very well. The patient had slight dementia, was living at home, and couldn’t really tell the Chris and his partner any history at all. Through the eHR

Viewer, Chris could see the patient had been at the hospital recently, but the patient couldn’t explain why. The patient didn’t know if any of the medications they were taking were new.

Chris was able to look up their bloodwork and determine that yes, they should go to Emergency. “The patient had bloodwork done the day before and their INR was through the roof, but they hadn’t gotten the call back yet from the doctor,” says Chris. “The family wasn’t sure if they should just go back to their doctor again or go to Emergency. They knew they had to go see somebody, but we said no you have to go to Emergency. It was the only option.”

“There’s still a lot of work to do on this project. It’s a monumental task,” says Jacquie. “At the end of it we’ll get



research ethics approval, hopefully, and then we will get the data together, write the report at the end of six months, and the research for this pilot is going to go on for quite a while and become longitudinal.”

In the meantime, Chris uses the eHR Viewer every day. “It can open a whole new picture of what is going on, as compared to just ‘I don’t feel good.’ It gives me a lot of insight,” he says.

The College hopes this pilot project will lead to all Saskatchewan paramedics having access to the eHR viewer.

### Sample of the Medications Tab

TRAINING, PATIENT 1975-Jul-05 (41 years) M

Demographics Clinical Encounters Clinical Documents Medications Immunizations Chronic Disease Management

Prescription Summary

You are here: Rx Summary

4 Months 25 Months

Active Prescriptions Recently Active Prescriptions Prescription History

Search  \*\* Indicates the dose form information is not available.

Alerts	Category	Prescribe Date	Drug	Dose	Days	Status	Prescriber
▼	Continuous	2017-Jan-04	Diclofenac Sodium 25 mg Oral Tablet, Delayed Release (Enteric Coated)	1 DRTAB 3 times a day		Hold	Physician, Conform
▼	Continuous	2017-Jan-02	Lisinopril 10 mg Oral Tablet	1 TAB twice a day		Pending	Physician, Conform
☑	Continuous	2016-Dec-18	Fluticasone Propionate 125 mcg/Actuation Inhalation Hfa Aerosol With Adapter (Gm)	1 AER twice a day	-19	Filled	Physician, Conform
▼ ☑	Continuous	2016-Nov-13	Warfarin Sodium 1 mg Oral Tablet	1 TAB once a day	-24	Filled	Physician, Conform
	Continuous	2016-Nov-13	BASE DE PRÉ-MAQUILLAGE EMUL	1 ORSUSP once a day	-26	Filled	Physician, Conform
	Continuous	2016-Nov-12	Atenolol 100 mg Oral Tablet	1 TAB once a day	5	Filled	Physician, Conform
▼	Continuous	2016-Oct-14	Levothyroxine Sodium 100 mcg Oral Tablet	1 TAB once a day	-14	Revoked	Physician, Conform
▼	Short term	2017-Jan-12	Amoxicillin Trihydrate 250 mg Oral Capsule (Hard, Soft, Etc.)	1 CAP 3 times a day		Pending	Physician, Conform
▼	Short term	2017-Jan-08	Acetaminophen/Codeine Phosphate/Caffeine 300 mg-30 mg-15 mg Oral Tablet	1 to 2 TAB 4 times For sleep		Refused	Physician, Conform
☑	External	2017-Jan-12	SUDAFED PE EXTRA STR TABLET	2-8 tabs per day			Physician, Conform

SAMPLE ONLY No real patient information shown



# Medical Assistance in Dying

On May 30, 2016 Bill C14 was passed in Canada allowing patients to receive medical support in dying. Bill C14 is an Act that amended the Criminal Code and made related amendments to other Acts thereby permitting physicians and Nurse Practitioners to provide medical assistance in dying ("MAID"). These changes also authorized Pharmacists and other persons to assist in the process.

Bill C14 and its implementation did not contemplate the potential for paramedics to become participants in the process. As such, the role of paramedic professionals in "MAID", or their rights with respect to freedom of conscience and religion (conscientious objection) were not articulated.

There are 2 types of medical assistance in dying available to Canadians. They include where a physician or nurse practitioner:

- Directly administers a substance that causes death, such as an injection of a drug: this is commonly called **voluntary euthanasia**; or
- Gives or prescribes a drug that is self-administered to cause death **this is commonly known as medically-assisted suicide.**

## It's not easy for a patient to be deemed eligible for MAID...

In order to be eligible for medical assistance in dying, the patient must meet **all** of a number of conditions. Patients must:

- Be eligible (or would be after a waiting period) for government funded health services in Canada;

- Be at least 18 years old and capable of making independent healthcare decisions;
- Have a grievous and irremediable medical condition;
- Have made a voluntary request for MAID, without pressure;
- Have provided informed consent after being informed of their options. This includes information about medical diagnosis, available forms of treatment, and available options to relieve suffering including palliative care

**If you believe that you may become involved in MAID or have been involved in the past, we invite you to contact us.**

People with a mental illness are eligible for medical assistance in dying as long as they meet all of the listed conditions. However, they are not eligible for

this service if they are suffering from a mental illness alone and death is not reasonably foreseeable, or a mental illness reduces his/her ability to make medical decisions.

It is important to note that there is a legal obligation for health practitioners participating in MAID to verify patient eligibility. Verification includes actually seeing supporting documentation.

Given the complexity of MAID, it is important that paramedics understand if they can or should, become involved. In an effort to appropriately support our members, the Saskatchewan College of Paramedics will be introducing guidelines that attempt to address the following questions:

### Question 1:

If the patient is struggling to die and EMS is called, what role (if any) can the paramedic play in providing treatment? What about starting IV lines?

### Question 2:

Does the paramedic have the legal authority to further assist the death through medication administration (or other)?

### Question 3:

Does the paramedic have the right to refuse to administer treatment (for any reason)?

### Question 4:

If the medical power of attorney decides that they wish to discontinue the patient's death process, and the patient is not able to communicate their wishes, what is the paramedic's legal obligation to provide treatment?

**The College will be providing an overview of MAID at the upcoming 2017 Annual General Meeting on May 2<sup>nd</sup> in Regina.**

We encourage everyone to attend and to bring questions and concerns to our attention. Following the AGM, guidelines will be posted to the SCoP website.

If you have any questions regarding MAID, or you believe that you may become involved or have been involved in the past, we would invite you to contact the College. Your comments will help to inform MAID guidelines, and ensure that they are appropriate to meet the needs of both the patient and practitioner.

# The Paramedics Act: S. 23 Update

Section 23 of *The Paramedics Act* states:

“A practicing member who provides emergency treatment or administers a medication must do so in accordance with any protocols respecting the provision of emergency treatment or administration of medication by a paramedic, an emergency medical technician or an emergency medical responder that are approved by the College of Physicians and Surgeons of Saskatchewan.”

An important provision within Section 23 is the requirement that the College of Physicians and Surgeons of Saskatchewan (CPSS) approve all protocol changes for paramedic practice.

One of SCoP's key priorities is to demonstrate (to the Ministry of Health) our readiness to assume full responsibility for defining clinical practice. To support our Ministry submission, the College has worked on a reaching number of key benchmarks including:

- Implementation of a strategic plan (3-year cycle);

- Development of an annual budget (3-year cycle);
- Strengthened financial position by establishing reserve funds to address potential risk;
- Established a full slate of governance and operational policies;
- Development of a risk management framework;
- Regulatory and administrative bylaws that support patient centric practice;
- Entry to practice examinations (national and provincial);
- Upgraded technology to support regulatory requirements; and
- Demonstrated regulatory effectiveness through appropriate decision-making including: Council and committee activity; licencing decisions; quality assurance efforts; member wellness initiatives; and ongoing research activity.



In the Fall of 2016, we provided the Ministry of Health with a legislative change request that included supporting materials (as above), along with a proposed language change to Section 23 of the Act, that would see the Saskatchewan College of Paramedics assuming full responsibility for practice.

Unfortunately, the Ministry was unable to accommodate our request during the upcoming legislative cycle. This was not entirely unexpected, given the significant changes underway within the health system. That said, we intend to resubmit our proposal for consideration at the next call for legislation, and continue to build our capacity in the interim. If you have questions regarding this change, please do not hesitate to contact the College.

## Changes to CME Course Approvals

Effective October 1, 2017, CME Course Approval requests will not be accepted during the renewal season, from October 1 until December 1.

This is due to the large volume of renewals, new applications, reinstatements and PCP upgrades.

Anyone who has non-employer CME questions relating to their renewal during this time can contact Jennifer Williams, Director of Professional Practice and Research at [jen.williams@collegeofparamedics.sk.ca](mailto:jen.williams@collegeofparamedics.sk.ca)

## Professional Conduct Committee Update

The College is responsible for the protection of the public, and management of this responsibility is one of the most important roles that the College has. It is our job to assure the public of the knowledge, skill, proficiency and competency of members in the practice of emergency medical services.

For 2017, the professional conduct committee has begun investigation into four complaints. Of these, three relate to professional misconduct, and one is related to professional incompetence.

# 2017 AGM Registration Form



Paramedicine: An Evolving Profession

**RSVP DEADLINE: Monday, April 24**

**AGM Date:**

Tuesday, May 2, 2017

**Location:**

Travelodge Hotel and Conference Centre Regina  
4177 Albert Street South, Regina SK S4S 3R6  
306-586-3443

**Registration:**

8:00 – 8:45 a.m. (continental breakfast, refreshments & lunch provided)

**AGM:**

9:00 a.m. – 4:00 p.m. (full agenda to follow)

Members are eligible for **10 CME** credits, but must attend the full day.  
A certificate will be awarded for those attending these sessions.

**Keynote Speakers:**

Scotty Bolleter: *Scotty is a respected clinician, well-known lecturer, author, inventor and published researcher – best known for his clinical candor*

Sherri Julé: Success of Community Paramedicine in Saskatoon

Jacquie Messer-Lepage: Medical Assistance in Dying

Jennifer Williams: Pilot Research Projects

- Registration deadline: **April 24, 2017**
- Bring your membership card to the AGM

**RSVP Required by April 24, 2017**

Fax, email or mail your response to:

Fax: 1(306) 543-6161

Email: [office@collegeofparamedics.sk.ca](mailto:office@collegeofparamedics.sk.ca)  
202-1900 Albert Street, Regina, SK S4P 4K8

Name: \_\_\_\_\_ Registry ID # \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Dietary restrictions (allergies, vegetarian, etc.): \_\_\_\_\_