

The Pulse

Paramedics: Trusted – Professional

Saskatchewan College of Paramedics • Newsletter #11, June 2013

Report released on advanced care paramedic MFI

A report on the number of advanced care paramedic (ACP) initiated medication facilitated intubation (MFI) cases in Saskatchewan in 2012-13 has been released by the Saskatchewan College of Paramedics. Some of the findings in the report are being examined more closely.

The protocol, which was implemented in 2012, authorizes ACPs to use the procedure as “an immediate need to correct a severely compromised airway or when respiratory arrest is imminent.”

Each time the procedure is used, the ACP is required to report the use to the Saskatchewan College of Paramedics and the Ministry of Health. The data is intended to provide information to the College to educate services and ACPs on the appropriate use of the procedure. It is also intended to help SCoP monitor and evaluate the effectiveness of the protocol. The College has a mandate to protect the public, and reminds members who may use the procedure

for purposes other than what is indicated in the protocol that they could be subject to the matter being investigated by the Professional Conduct Committee.

The report released in March 2013 is the first review ever done on ACPs performing MFI in Saskatchewan since the protocol was approved. It identified 40 reports of MFI attempts over the year. It also identified that 80% of the reported instances came from one service.

The data has led the College to ask why the majority of the cases have come from one service.

Dale Backlin, Investigations and Research Coordinator with SCoP, says the College is trying to sort out whether some services are not reporting because they're not clear on the reporting requirements, which could skew the numbers, or whether some services and/or providers are using the MFI more often than the protocol might allow.

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Executive director says fond farewell



Sheri Hupp to leave SCoP

Sheri Hupp, who's headed up SCoP in the role of the executive director since November 2010, is saying good bye. She will leave the organization on June 21 to take a position as Senior Crown Counsel with the Office of the Public Registry Administration in the Saskatchewan Ministry of Justice. The Office is a new six-person organization formed as a result of the pending privatization of ISC. Hupp said she wasn't in anyway looking to leave her role at SCoP, but she was asked to consider the new position by the Ministry.

“It was an unexpected opportunity. Who knew

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Looking for a public representative

Do you know someone from the “public” who'd be interested in getting involved with SCoP?

We are looking for a public volunteer to serve on our Professional Conduct Committee. If you know someone who might fit the role, please ask them to complete this blank application form, [http://www.collegeofparamedics.sk.ca/docs/resources/documents/SCoP Committee Application Form for Public Member_June 2013.pdf](http://www.collegeofparamedics.sk.ca/docs/resources/documents/SCoP%20Committee%20Application%20Form%20for%20Public%20Member_June%202013.pdf) on the SCoP website or call our office at (306) 585-0145.

A description of Professional Conduct Committee functions and meeting requirements is provided on the application form. Deadline for applications is July 31, 2013.



**SASKATCHEWAN
COLLEGE OF
PARAMEDICS**

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Report released on advanced care paramedic MFI

“We want to ensure paramedics clearly understand the protocol and the indications they need to look for before using it. As well, it is important that the College makes it very clear what the reporting requirements are so that everyone understands. There are some services that have not implemented MFI at this point either, which would also be a factor in why some areas have reported higher numbers than others. Regardless, the College needs to have a clearer picture of this to better understand the data we’ve gathered,” says Backlin.

In examining all of the MFI cases for the indications identified prior to the initiation of the procedure, the report found that the required indications were present only in a few of the cases.

immediate need to correct a severely compromised airway.

In addition, it identified a trend showing that paramedics were in many cases choosing to immediately go to the endotracheal intubation instead of following a continuum of interventions for airway management. For example, Backlin said, “It’s not wrong in certain circumstances to turn a patient on their side to manage an airway.”

“You don’t need to go immediately to endotracheal intubation if a less invasive procedure can effectively control that airway,” he said.

Backlin also points out that there is significant risk to performing the procedure when not absolutely necessary.

intubation is not successful.”

The report findings showed that, in a number of cases, repeated intubation attempts were required. Backlin suggests paramedics and service agencies need to have both a better understanding of the reporting requirements and the protocol indicators (see Reporting Requirements table below).

Backlin is quick to point out that the College has been working with the services to make sure any issues are being addressed, and will continue to monitor the data to ensure ACPs are complying. SCoP wants to emphasize that MFI education needs to clearly outline the indications in the protocol and ensure paramedics are aware of the protocols intended use. As well,

Indications for MFI	Target	Number reported outside target range
Inadequate ventilation (Capnography measurement)	ETCO ₂ – 35mmHg to 45mmHg	Of the 40 reported cases, just 11 (5 lower than 35mmHg; 6 higher than 45mmHg)
Inadequate oxygenation (Pulse Oximetry measurement)	92% and above	Of the 40 reported cases, just 6 were reported to be below 92%
Respiration rate	12-24/minute	Of the 40 reported cases, just 4 cases were reported to have a respiration rate of less than 12/minute and only 6 were reported to have respiration rates of greater than 24/minute
Number of intubation attempts	1	<ul style="list-style-type: none">• 15 successful on first attempt• 8 reported 2 attempts• 4 reported 3 attempts• 3 reports of procedure not successful

“This suggests that the MFI procedure may have been used in instances where the protocol didn’t intend it to be used,” said Backlin.

Backlin is urging paramedics using MFI to ensure they are aware of the indications which need to be present before the procedure should be considered. He also urges both paramedics and services to ensure they understand and adhere to all reporting requirements associated with the procedure.

The report also suggested that MFI may have been being used to proactively secure an airway in patients who may have been at risk, but who did not meet the definition of

“The protocol clearly states the procedure is intended to be used as an immediate need to correct a severely compromised airway or when respiratory arrest is imminent. There is a risk to this procedure when used outside of those regulations, if the

the College is encouraging services to work internally with their medical advisors to provide paramedics, using the procedure, with immediate feedback to ensure it is within the parameters outlined in the protocol.

Reporting Requirements	
MFI use needs to be reported	Anytime a paramedic initiates or is taking responsibility for the MFI procedure, regardless of whether or not a physician is present or where the procedure takes place (i.e., ambulance, hospital, industrial site, etc.)
MFI use needs to be reported	Whenever medication is used to help facilitate an intubation, regardless of whether it is used for an initial intubation or to maintain an existing intubation where medication wasn’t required initially

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Hupp leaves SCoP

the government was going to privatize ISC and set up a brand new office at the Ministry of Justice that fit my experience perfectly,” she said.

Hupp said she is sad to be leaving SCoP, because she has really enjoyed her time with the College.

“I’ve been very privileged to have worked with a great group of people at SCoP. This is a wonderful organization. Because of my experience here, I will always be an advocate of SCoP and of the role paramedics play in the health care system,” she said.

Hupp says she is very proud of what SCoP has accomplished and of what she knows the organization will continue to accomplish into the future. She believes that because the College is so strong, the transition to the newly hired executive director will be very smooth.

Hupp gave SCoP nine weeks notice of the change, so the organization was able to post ads for a new executive director on SaskJobs and on the SCoP website. Nearly 40 individuals applied for the position and many applicants were of very high calibre. SCoP’s president and vice-president, Derek Dagenais and Dan Lewis, Tom Janisch, SCoP’s public representative, and Hupp spent a day interviewing candidates. The panel identified the strongest candidate for the role and made an offer which has now been accepted. Information on the new executive director will be shared in the near future. Hupp has also put together a transition plan to help make the transfer smooth for the organization and for the newly hired executive director.

“I will miss working with all the great people here at SCoP, but I know that the new executive director will do a wonderful job of continuing to move the organization forward. I want to thank all of the SCoP members who have made my time in this position so memorable,” said Hupp.

New member on Council and new voting regulation – SCoP AGM

More than 85 members took in SCoP’s Annual General Meeting in April, the strongest turnout for a SCoP AGM to date!

At the AGM, SCoP’s two newly elected Council members were announced. Cari Evenson-Carleton, who has been a Member-at-Large on SCoP’s Council for three years, was re-elected for another two-year term. New to the Council is Jason Trask, who joins Council for a two-year term as a Member-at-Large.

Jason is an ACP with critical care training and a Bachelors of Applied Business: Emergency Services degree. He has been employed with MD Ambulance for the past 14 years. Prior to working with MD Ambulance, he worked for Cudworth

Ambulance and Spiritwood Ambulance. He is currently an elected director with the Saskatoon Adult Soccer Board (SAS), is on the SAS Discipline (chair) and HR Committees, and is the acting employee co-chair of the MD Ambulance OH&S Committee. Jason is also employed at STARS and SIAST.

Those in attendance at the AGM also voted on a new resolution to ensure only members who are registered with the College 30 days prior to polling day are eligible to vote. The resolution was introduced to address the time challenge of continually registering new members and updating the mailing list in order to send out ballots to new members right up to polling day.

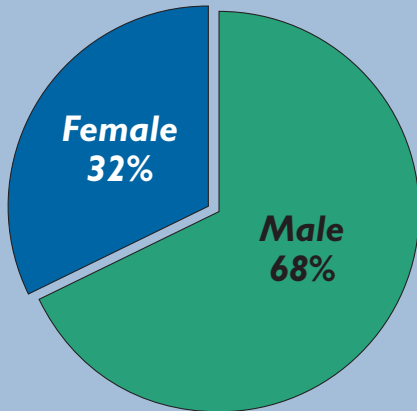


SCoP 2013-14 Council

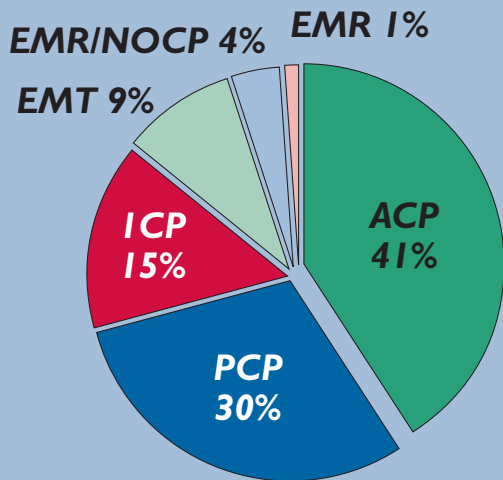
Back row: Derek Dagenais (President), Tom Janisch (Public Representative), James Struthers, Q.C. (Public Representative); Middle row: Dan Lewis (Vice-President), Jason Trask (Member-at-Large), Lindsay Holm (Member-at-Large); Front row: Karen Bullock (Member-at-Large), Cari Evenson-Carleton (Member-at-Large)
Missing: Betty Hoffart (Public Representative)

Who attended the Annual General Meeting?

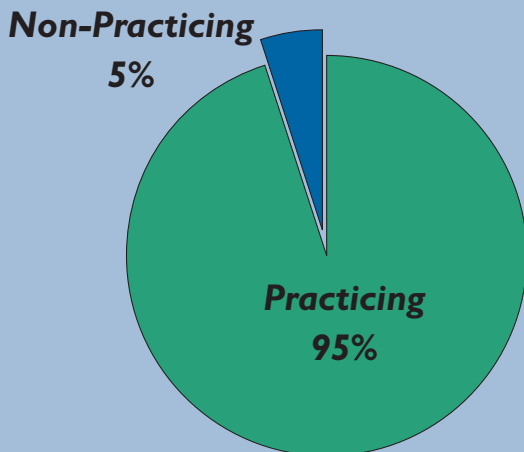
By gender



By license level



By status



Outgoing SCoP executive director, Sheri Hupp, with Dave Bykowsky, Saskatoon Fire and Protective Services, at this year's AGM

Heartfelt thanks to executive director

On behalf of my fellow members on Council and on behalf of the College members, I want to say a very special thank you to Sheri Hupp for all she has done to support the growth and development of the College.

In the two and a half years Sheri has been the College's executive director, she has been involved with a number of major projects. She was instrumental in the implementation of the electronic registry, played a major part in the development of the national PCP and ACP licensing exams, and worked diligently with stakeholders on the development of a manageable process around the PCP scope change plan.

Sheri's skills and expertise were exactly the ones needed by the College in this stage of its growth and development. Her leadership has helped us to take SCoP to its next phase as an evolving professional organization. We have been very fortunate to have hired executive leaders who each bring different, but necessary skills to the College at the time they are required.

I want to thank Sheri for all her very hard work, her insight and her commitment to making the College a success. We all wish her well in her new role at the Office of the Public Registry Administration in the Saskatchewan Ministry of Justice.

Sincerely,

Derek Dagenais
President
SCoP Council

Health care from the air

Terry Erickson has an unusual job. He's just one of 12 paramedics working with Saskatchewan Air Ambulance (LIFEGUARD) in the province. LIFEGUARD is the oldest non-military air medical transport program in the world, launched in 1946 under Saskatchewan's Tommy Douglas government. Terry is contracted to Saskatchewan Air Ambulance through MD Ambulance out of Saskatoon.

Terry grew up in Moose Jaw, and he said the close proximity to the air base may have affected his career choice.

"I grew up with Tudors flying over my head at 1,000 feet so I loved aviation even as a kid, and I loved paramedicine, so this was just a perfect fit for me."

Terry started work as an EMT in 1980 with Royal Ambulance in Moose Jaw, but he'd always had a love of flying. When he moved to Saskatoon in 1983, he heard about the Air Ambulance service. He became friends with some of the pilots and spent much time visiting at the hangar. In 1985, he studied for and received his commercial pilot's license. Between 1989 and 1992, he moved into a part-time role within EMS and began flying commercially.

But by 1992, he realized that the life and salary of a junior commercial pilot didn't fit with his young family, so he moved back into EMS full time.

In the same year, the province decided to add paramedics to their Air Ambulance teams, and Terry saw his two greatest passions coming together.

"So it was just a natural fit for me to go there, with my flying past and my love of flying and my love of EMS," said Erickson.

Terry was required to take a significant amount of additional training before taking on the role. Initially, he took the Canadian Aerospace Medicine and Aeromedical



Terry Erickson and Lifeguard 2

Transport Association (CAMATA) course, as well as Air Ambulance's eight-month ERTTC (Extended Role Transport Training Course). He said the additional training has really broadened his scope of practice.

"For me – being an older paramedic, it's given me options other than moving into management or teaching. It's less physically draining than working on the streets, but probably more mentally demanding at times," he said.

For Terry, no two days are the same, but they often start out in the same

way. The team arrives at the hangar and runs through a series of checks on the plane and its supplies. They meet with the crew from the previous shift to find out what had gone on in the previous shift, check for any deficits in equipment or any issues with communities or weather.

There are daily duties to be done, including ordering linen and oxygen and picking up supplies such as medical supplies and equipment. Terry's team consists of a paramedic, a registered nurse (RN), a captain and

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Saskatchewan Health photo

PCP scope of practice change moving through approval process

The proposed changes to the PCP scope of practice were presented to SCoP members at its Annual General Meeting on April 19 and were approved by the Provincial Emergency Services Practice Committee in May. The proposed changes are currently before the College of Physicians and Surgeons.

The changes are being made to ensure the skills of Saskatchewan PCPs and EMTs meet the requirements of the 2011 NOCP (National Occupational Competency Profile) standards. These standards are national guidelines that outline the skills required by paramedics at all levels.

All Saskatchewan PCPs and EMTs will need to upgrade their skills by June 30, 2019, to meet the NOCP standards. Those who've not completed the training on time will be licensed at the EMR level.

Moving to the 2011 NOCP guidelines will ensure Saskatchewan paramedics are at the same level as their counterparts in other provinces.

SCoP's Education Committee has recommended that as part of the PCP scope of practice change, core training requirements be developed for PCP training in seven critical categories, including:

- 4.5(n) – Obtain 12 lead electrocardiogram and interpret findings
- 5.1(f) – Utilize airway devices not requiring visualization of vocal cords and not introduced endotracheally
- 5.5(d) – Conduct peripheral intravenous cannulation
- 5.8(b) – Follow safe processes for responsible medication administration
- 5.8(i) – Administer medication via the buccal route
- 5.8(n) – Administer medication via intranasal route
- 5.8(o) – Provide patient assist according to provincial list of medications

Training modules will be created so that they can be taken while on the job at the regular workplace or through a SIAST delivery format.

SCoP will provide more information on the PCP scope of practice change through the website, newsletter and e-mails, as information becomes available.

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Health care from the air

a first officer. They are called out for an average of between 140 and 150 flights per month. To ensure the service is available at all times, there are two aircrafts which are crewed and available 24 hours per day.

“We provide care to the people of Saskatchewan, so any significant health transport issue that is required by anybody within Saskatchewan is our responsibility. We see a lot of cardiac and maternal cases in general. We transfer transplant recipients to Edmonton, children down to Sick Children's Hospital in Toronto, and help to address traumas and other major health issues in northern communities,” he said.

We often work closely with specialty teams such as the pediatric transport team and the neonatal transport team.

Air Ambulance shifts are 7 a.m. to 7 p.m. and 9 a.m. to 9 p.m., so team members may be called in early if there is a trip scheduled to northern Saskatchewan shortly before the other team is scheduled to finish a shift. If the same team happens to be covering the 9 a.m. to 9 p.m. shift, they could potentially work 6 a.m. to 9 p.m. on a shift, which Terry said can make for a long day.

While some have compared the Air Ambulance service to the newly available STARS service, Terry said they are very different. While STARS uses helicopters to deal largely with scene responses in a smaller radius around

the major centres, Air Ambulance deals with health issues which require travel from a significant distance. Terry points out that the Air Ambulance aircraft fly at 2.5 times the speed of a helicopter and have three times the range.

“Air Ambulance, road ambulance and STARS all play very important roles in providing health services to Saskatchewan residents, but each of our roles is very different and helps to ensure residents have access to health care when and where they need it,” said Erickson.

LIFEGUARD plays a critical role in northern health care. Terry said there are many communities that wouldn't have access to timely critical care without their services.

While many northern communities have a nursing station, most don't have a physician or EMS support, so having EMS services available via Air Ambulance is critical.

Despite the long hours and regular travel, Terry said he really enjoys the job. He said he enjoys the travel, the people, the unpredictability and the versatility of the job, because it offers work in a wide range of situations and conditions.

“It is the best job that I've ever had,” he said.

Telling their story – the importance of good documentation



Documentation is a key part of the paramedic's role, but, according to SCoP's chair of the Professional Conduct Committee (PCC), many paramedics are not documenting their work appropriately. Kathy Christmann says there doesn't seem to be enough focus on the importance of documentation in EMT training programs. Although documentation is taught often, there is not enough time to practice this skill. She believes that preceptors need to play a larger role in helping new EMT graduates understand how to document appropriately and correctly.

"People have to remember – if it isn't documented, it didn't happen. Good documentation makes a huge difference in defending your actions or your standpoint in an investigation," said Kathy Christmann, chair of SCoP's PCC.

Christmann says that even for those who never have to deal with an investigation process, good documentation is critical.

"Our role is really as an advocate for the patient. Good documentation tells their story. It's this story that gets passed along to other care providers with the patient. So if you have documented the incident correctly, a doctor coming on to deal with the case two days after an incident can look back and find the beginning of a story."

She says, for example, if an

individual is in a car accident and becomes unconscious, it is what the paramedic saw on the scene that can be critically important in the care of the patient. The paramedic might be able to identify from the scene that the patient's

head made contact with the window or that the individual was thrown from the vehicle. It's the words the paramedic puts down in his/her report that creates the story and speaks for patients who may not otherwise be able to speak for themselves.

According to Christmann, in the electronic version of a patient care report, where many of the entries are done in check boxes with limited space for written words, it becomes even more critical to document key points that clearly define the patient's condition.

For documentation to be useful, Christmann says the writer needs to choose his/her words carefully so that the report is not overly wordy, but that every word used is important to the story, and that the information provided is information the doctor and health care providers need to know.

For paramedics looking to hone their documentation skills, Christmann urges them to practice.

"Practice will help you get better. I don't care how long you've been in the field, we can all improve. Sometimes we need to be self-critical. We need to go back and look at our documents and see if it could have been done better."

She urges more experienced paramedics to share their skills and to take time to show the younger,

less experienced members coming out of school how to document appropriately. She also urges members to be open to feedback from others.

She says there are a number of things to think about when documenting an incident.

- What words best tell the story? What is the critical information that will best help the patient?
- Document times! When did you take vitals? When did you reassess?
- Record pertinent information that the patient provides. If a patient states they are taking medications but don't have them with them – document it. If you don't recognize the name of the medication, don't guess – write down the name as the patient has explained it. Ask the patient why they are taking the medication.
- Accuracy is really important. Make sure the vitals you record and the care you have provided are correct.
- Record pertinent medical history that will provide the information the doctor will need to know to help with a definitive diagnosis and treatment of the patient.
- Ensure your penmanship is legible.

Christmann says she knows legible documentation can often be difficult as the writing is often being done en route to the hospital while traveling over bumpy roads. However, she says if people can't read what you have written, it is of no benefit to the patient.

"As paramedics, we not only play a huge role in pre-hospital care, we also play a major role as the patient's advocate. We have the ability to speak for them on a professional level when they may not be able to do so for themselves," said Christmann.

New flexibility around meds means paramedics need to know their limits

SCoP is working towards making protocols less prescriptive and to give local services more flexibility around patient medication choices. The College is doing this by referring only to drug classifications in protocols and moving away from listing specific drug names.

“While this move offers paramedics much more flexibility, it also means they need to be keenly aware on what medications they are legally authorized to handle,” said Dale Backlin, Investigations and Research Coordinator, SCoP.

The *Controlled Drugs and Substances Act* lists specific controlled substances and identifies which care providers have the authority to handle these controlled substances.

A number of years ago, it was discovered that paramedics didn’t have the legal authority to handle controlled substances which were within their scope of practice. To address this issue, in March 2010, the federal, provincial and territorial Ministers of Health held a conference call to discuss handling and administration of controlled substances in relation to paramedics.

As a result of that meeting, Health Canada issued a class exception under section 56 of the *Controlled Drugs and Substances Act* which authorized intermediate and advanced care paramedics to administer very specific controlled substances within their scope of practice. The exemption provides the authority for paramedics to possess, transport and administer diazepam, fentanyl, ketamine, lorazepam, midazolam, morphine, and pethidine, when caring for patients.

While the College is moving away from listing drug names and toward drug classifications, the regulations under the *Controlled Drugs and Substances Act* remain unchanged.

“The College’s protocols and procedures don’t supercede the federal legislation, which means that to ensure they are complying with the

legal requirements under the legislation, paramedics must have a very clear understanding of which medications they are legally allowed to handle,” said Backlin.

Backlin said this requirement applies to all paramedics in Saskatchewan regardless of where they work or whether or not they are authorized to practice with an expanded scope of practice.

“It’s possible that someone could pick a drug within a classification, which is not exempt under the Act, and they would have no legal authority to use that drug. People need to be really clear on what they are authorized to administer. We want to give members flexibility, but it must be within the

limits of the Act,” he said.

SCoP will soon be implementing a pain protocol that was approved recently which has raised the profile of this issue. As a result, officials from SCoP, the Ministry of Health, and the College of Physicians and Surgeons are working together to monitor whether or not this affects current service delivery, and what changes, if any, need to be implemented to ensure service delivery is not affected in the future.

In the meantime, Backlin urges those paramedics unsure of which controlled substances they are legally allowed to handle, to review the *Controlled Drugs and Substances Act*.



Renowned international EMS educator and communicator Chris Le Baudour hosted an exciting CME session during the April SCoP AGM