



CANADIAN HEALTH CARE AGENCY
EXPERIENCE THE NORTH

Team Communication, Medevac/ Schedevac
Procedures and Reports

2019 Revision by Valerie Rzepka, NP, BScN, MSc.



Artist: Roy Thomas

Module 3 - AB

© CHCA 2021 - AB
1 of 35

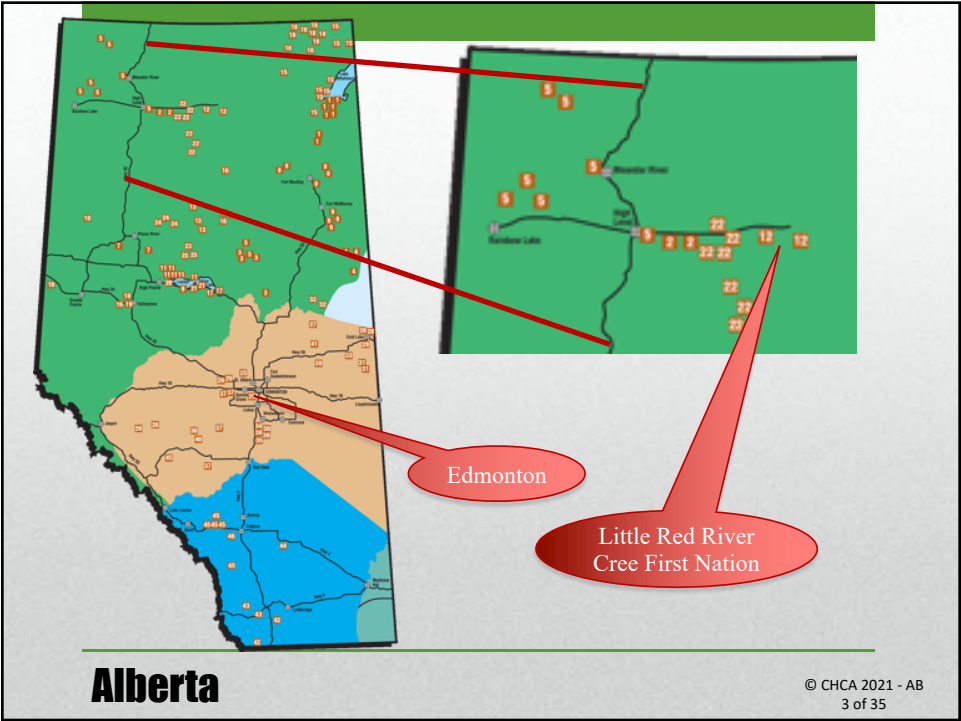
1

1. Location of Communities
2. Work place introduction - Nursing Station 101
3. Communication
4. Criteria for MD/ NP Consultation, Telemedicine
5. Patient Transfer Procedures
6. RAAPID Medevac Protocol
7. Nursing Activity Reporting System (NARS)
8. Occurrence Reporting
9. Recognizing and managing workplace harassment and bullying

**Team Communications and
Medevac/ Schedevac Procedures**

© CHCA 2021 - AB
2 of 35

2



3

- Located about 125 kilometers east of High Level in Northern Alberta.
- LRRCN is composed of three Woodland Cree communities: Fox Lake (where the majority of the population resides, but has no year-round road access), John D'Or Prairie (Administrative Center), and Garden River, which is within Wood Buffalo National Park.
- Total Population across the 3 communities: approximately 5,500+ members.
- LRRCN has several existing businesses, which include two on-reserve stores, a forest fire fighting company, and a forestry holding company.
- Historical sites include Little Red River, a traditional meeting place which became a Hudson Bay outpost site and is now a pilgrimage site. Fifth Meridian was also a trading outpost and traditional meeting and camping place.

Little Red River Cree Nation

© CHCA 2021 - AB
4 of 35

4

Arrival: Flights via charter (AirCo) from Edmonton every Monday.


Outgoing staff meet plane at the airport, hand off vehicle keys to incoming staff.

Keys: Upon arrival meet with Nurse in Charge (NIC), sign out keys and get apartment assigned. Drop off your bags.

Phones: Front Desk Staff answers phones during clinic hours. Most communities have security overnight which answers phones, then transfers calls to Nurse On Call.

Your personal cell phone may or may not work.

Internet: Wi-Fi is avail in nursing stations, and nursing residence. Service can be temperamental



Nursing Station 101

© CHCA 2021 - AB
5 of 35


5

Practice Setting: Nurse-led model of care, the only point of entry into the health care system for most communities.

Work load: Patients are booked q 45 to 60 mins (Longer for initial prenatal and in depth assessments)

Charts: Pulled by reception staff, placed in a central area – generally patients not booked with specific nurses – next available nurse sees next patient.

On Call: 2 Shifts a week (Typically one week day shift 18:00-08:00/ one week end shift 08:00-08:00)



Nursing Station 101

© CHCA 2021 - AB
6 of 35

6



Practice Context: complex patient population with increased burden of illness, chronic diseases and mental health issues.

Remote and Isolated: Transportation and access issues

Community Expectations: quality health care, increased use of social media to express dissatisfaction with care received

Multiple levels of Government:

- Federal responsible for health care delivery in Nsg. Station
- Province - responsible for emergency medical transportation and in-patients, diagnostics and physician services
- FN Band - responsible for community based programs

Nursing Station 101

© CHCA 2021 - AB
7 of 35

7




Typical Emergency Room

© CHCA 2021 - AB
8 of 35

8

- Most Exam rooms have a window, phone, computer and medical supplies.
- Admin day is used to restock rooms, do inventory and ordering, and organize the nursing station
- Other days of the week are scheduled for various clinics, such as Prenatal, well child, chronic or general sick clinic.



Exam Rooms

© CHCA 2021 - AB
9 of 35


9

SCENARIO!

A 20 year old mother with a 1 year old baby calls you at 01:00, just when you returned to your residence. She tells you that her baby has been crying and felt hot for the last several hours.

The caller sounds anxious and wants you to see the child right away. When you start asking more probing questions to get a detailed history to complete your telephone triage, she gets more upset and starts swearing at you.

- What would you do?



Scenario


© CHCA 2021 - AB
10 of 35

10

Video: Words Matter – YouTube

- Ensure the client and community are at the centre of your actions
- Be a strong advocate and voice for the community.
- There is a fine line between cultural practice and professional practice. You need to adapt to the culture of the community.
- Power imbalance as a “gatekeeper”: use your power to help, but maintain professional boundaries. (Social Media)

•<https://youtu.be/SyluAMzao6M>



Communication

© CHCA 2021 - AB
11 of 35

11

S	B	A	R
Situation	Background	Assessment	Recommendation

A structured mode of communication, known as **SBAR** has been shown to improve communication between care providers, ensuring that important information is not missed, the message is clear, it is put into a relevant context and it is presented succinctly.

- **Situation** - what is going on (for example, client and care provider names, location, problem (what, when, how severe) briefly in 5-10 seconds
- **Background** - data to support conclusion (for example, relevant information on past medical history, context, vital signs, assessment data, medications, lab results)
- **Assessment** - conclusion (for example, from your perspective how severe is the problem and what is the diagnosis that is suspected)
- **Recommendation** - the plan (for example, what you think should be done and/or what you want)

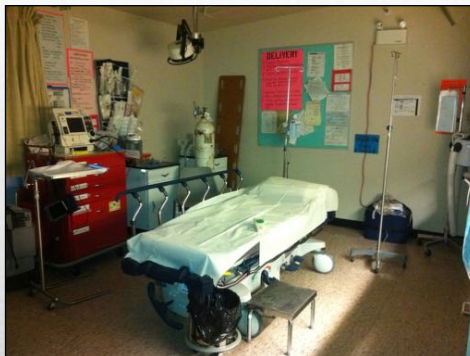
Effective Team Communication - SBAR

© CHCA 2021 - AB
12 of 35

12

All Consults require:

- 3 Patient Identifiers (Name, DOB, Band or HC#)
- History of presenting illness
- Review of Systems
- Treatment offered to date
- Recent Vital Signs
- Physical Assessment findings
- Working Diagnosis
- Collaborate and agree on plan of care.



Phone consult – In-person consult
Criteria for MD/ NP Consult

© CHCA 2021 - AB
13 of 35

13

NP or MD Contact Info

- Check daily NP consulting schedule – 24/7 coverage
- Check MD after-hours on-call schedule if MD consult is required (as per patient acuity).


Be prepared with chart open (See Mock Chart)


- Use Patient's DOB and Band/HC number
- Review all consult criteria and agree on a plan of care.
- Write out prescription with consultant's name on prescription form, and fax to pharmacy.

Urgent MD/ NP Consults: Telephone

© CHCA 2021 - AB
14 of 35

14






*"Hi, Dr Frank, Mr. Cheechoo is here with abdo pain. I have just assessed Mr. Cheechoo and I think his abdominal pain is secondary to muscle strain playing hockey a couple days ago.
Can I get an order of Toradol for him?"*


Why is this request a problem for the patient, the RN and the MD?

Scenario

© CHCA 2021 - AB
15 of 35

15





*"Hi, Dr Frank, Mr. Cheechoo is here with abdo pain. I have just assessed Mr. Cheechoo and I think his abdominal pain is secondary to muscle strain playing hockey a couple days ago.
Can I get an order of Toradol for him?"*

Why is this request a problem for the patient, the RN and the MD?

On further investigation: Mr. Cheechoo has not been ambulatory for the past 24 hours. The onset of his pain preceded the hockey game by 2 months, and he disclosed drinking at least a mickey (375ml) of vodka or whiskey daily for over 2 years.

Scenario

© CHCA 2021 - AB
16 of 35

16

Helps to increase access to specialists via KO

- Dermatology
- Psychiatry
- EENT
- Orthopedics
- Wound Care

Consulting Specialists via Telemedicine

© CHCA 2021 - AB
17 of 35

17

Is Transport to hospital likely to be required?

NO

1. Refer to NP on-call schedule
2. Contact number listed on left side of schedule (08:30-17:00) and after hours (17:00 – 08:30)
3. Give verbal report using SOAP format

NP – Rx meds and/or treatment

YES
Stable or Unstable?

STABLE
MD/NP Consult

Taxi available for stable patients needing further workup to Ft. Vermillion or High Level

UNSTABLE
Refer to RAAPID

RAAPID will connect you with receiving facility/ MD

Remote Calling MD/NP

© CHCA 2021 - AB
18 of 35


18

- **Non-Urgent**
 - Does not require prompt attention
- **Urgent**
 - Requires prompt attention, but non life-threatening
- **Emergent** (must meet at least one of the following criteria):
 - Abnormal or deteriorating neurological status
 - Life-threatening emergencies
 - Significant or life-threatening traumatic injuries
 - Threat to maternal or fetal life
 - Airway compromise or severe respiratory distress
 - Acute paediatric illness requiring specialized care

© CHCA 2021 - AB
19 of 35

Patient Priority for Transfer

19



MEDEVAC = Emergent

- Specialized care by qualified health care personnel in a remote environment
- To ensure the safe transfer from one treatment facility to another. Medevac costs start around \$10K+
- Often by fixed-wing aircraft, or by road if time allows.

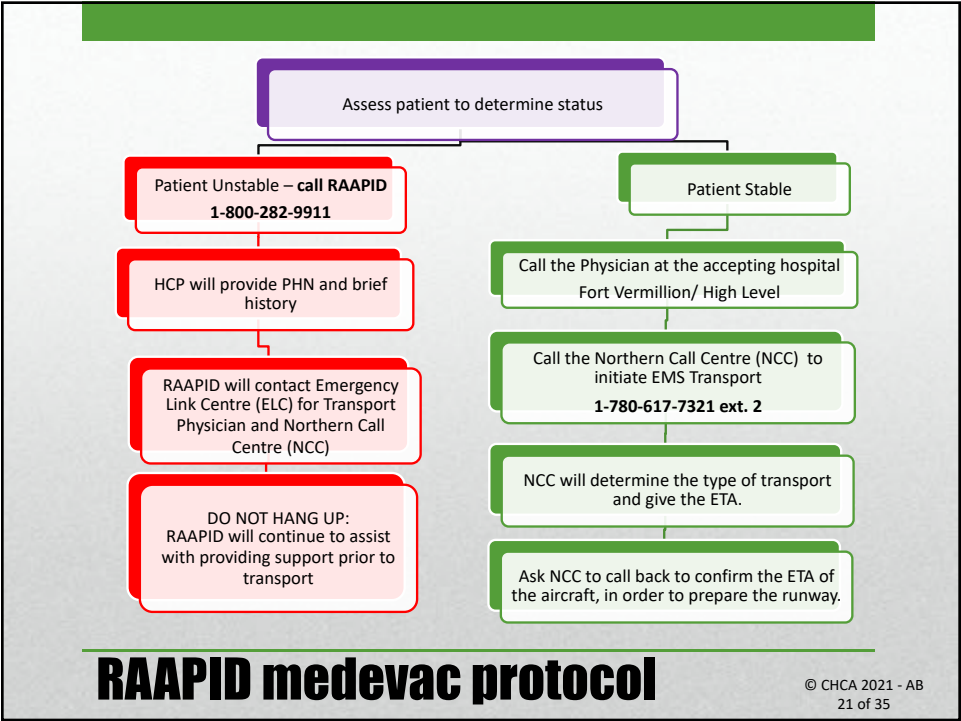
SCHEDDEVAC = non-emergent, but may be semi-urgent

- Unaccompanied transfer of patient to nearest center for a higher level of care.
- Schedevac costs significantly less – paid by NIHB.
- Taxi can take patients to hospital in Fort Vermillion or High Level

© CHCA 2021 - AB
20 of 35

Patient Transfers


20



21

What patient information will I need when talking to RAAPID?

1. Patient demographics
2. Incident history
3. Pertinent physical assessment findings
4. Recent vital signs (within 30 mins) including approx. weight.
5. Past medical history
6. Medications
7. Allergies
8. Treatment to date, and response to treatments
9. Equipment being sent
10. Ongoing infusions and therapies
11. ECG and recent lab values (if pertinent)
12. Resuscitation Status (DNR or advanced directives)
13. Escort name and weight (if applicable)



Alberta Health Services

Emergency Strategic Clinical Network™

Information for RAAPID

© CHCA 2021 - AB
22 of 35

22

Patient preparation (As needed):

- IV access
- Foley
- Airway supported (GCS ≤ 8)
- Spinal immobilization
- Extremity fractures splinted
- Pregnant patient in active labour – recent pelvic exam if appropriate
- Medications (prn or regular) administered prior to transport
- Proper clothing/wrap for cold weather
- **Photocopy all chart notes pertaining to presenting issue, prepare Patient Transfer Note to include with chart being sent with patient.**
- **Manage any changes in patient status and update RAAPID**

Preparation for Transport

© CHCA 2021 - AB
23 of 35

23

To finish it all off...

- On arrival, Medevac crew may:
 - Get history
 - Do a brief physical assessment
 - Prepare the patient for transport (continuous monitoring, establishing/securing lines, performing interventions, calling transport medicine physician for direction, transferring and securing stretcher, etc.)



© CHCA 2021 - AB
24 of 35

24

There are occasions when resources must be redirected due to a higher transport priority. Final triage or redirect decisions are made by Transport Medicine Physicians.

There are a number of factors that are taken into consideration when triage or redirect decisions are made. Some of these factors include:

- Condition of your patient, and triage levels of patients in other communities
- Weather conditions
- Other resources that are responding
- Location
- Availability of Medevac resources



If redirected, every effort is made to advise the sending facility of the change and the estimated time of arrival.

Medevac Delays

© CHCA 2021 - AB
25 of 35

25

- NARS is to be completed after **each** professional interaction between a client and health care provider (this may be a scheduled event or an unscheduled/emergency event)

General Completion Guidelines and Tips:

- Location – Community Initials
- Chart Number or PHN – 3 digit chart number, or 8 digit PHN
- Date – Today's date
- Time – 1: Regular; 2: After Hours (specify time of day in 24 hr clock)
- Age Category - according to legend
- Gender – 1: Male 2: Female 3: Other
- Status – 1: Yes 2: No
- Resident – 1: Yes 2: No
- RFE: Reason for Encounter – according to legend
- Diagnosis: System according to legend
- Treatment: according to legend
- Consults: according to legend
- Disposition: according to legend
- Provider Designation: your initials, and professional designation

Nursing Activity Reporting System (NARS)

© CHCA 2021 - AB
26 of 35

26

Nursing Activity Reporting System

© CHCA 2021 - AB
27 of 35

27

Location	Chart Number or PHN	Date	Time	Age Category	Gender	Status	Resident	RFE	Diagnosis	Treatment	Consults	Disposition	Provider and Designation
GR	137	20 th	1	7	1	1	1	10	130	4.1	-	2	AB/1
GR	725	20 th	1	4	2	1	1	2	164	2.2 2.3 3.5	-	1	CD/1
GR	920	20 th	2 (17:00-18:15)	3	2	1	1	2	246	2.2 3.5	-	1	CD/1


Nursing Activity Reporting System

© CHCA 2021 - AB
28 of 35

28

29

30



Workplace Harassment:

- engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome.

Bill 168 provision of the Ontario Occupational Health and Safety Act


Workplace Harassment and Bullying

© CHCA 2021 - AB
31 of 35

31

Examples include:

- Spreading malicious rumours, gossip, or innuendo that is not true.
- Excluding or isolating someone socially.
- Intimidating a person.
- Undermining or deliberately impeding a person's work.
- Physically abusing or threatening abuse.
- Removing areas of responsibilities without cause.
- Constantly changing work guidelines.
- Assigning different levels of accountability to others in the same position.
- Establishing impossible deadlines that will set up the individual to fail.
- Withholding necessary information or purposefully giving the wrong information.
- Making jokes that are 'obviously offensive' by spoken word or e-mail.
- Intruding on a person's privacy by pestering, spying or stalking.
- Assigning unreasonable duties or workload which are unfavourable to one person (in a way that creates unnecessary pressure).
- Underwork - creating a feeling of uselessness.
- Yelling or using profanity.
- Criticizing a person persistently or constantly.
- Belittling a person's opinions.
- Unwarranted (or undeserved) punishment.
- Blocking applications for training, leave or promotion.
- Tampering with a person's personal belongings or work equipment.



Workplace Harassment and Bullying

© CHCA 2021 - AB
32 of 35

32

Personal Harassment:

- not based on any of the prohibited grounds under the human rights legislation.
- It is a form of behaviour that for a variety of reasons demeans or embarrasses a person.
- Personal harassment can occur between individuals and groups of employees.

Examples include:

- ostracizing
- shunning
- uncivil conduct
- gossip and lies

Workplace Harassment and Bullying

© CHCA 2021 - AB
33 of 35

33



Harassment Complaint Procedure:

- A harassment complaint may only be initiated by someone who has experienced harassment, or witnessed harassment.
- The CEO may initiate a harassment complaint as a witness.
- Every effort should be made to ensure that the procedures are complainant-driven. (i.e., The complainant should agree to if and when s/he wishes to engage in a formal vs. informal procedure.)
- However, once a formal procedure is initiated, it must be continued according to the process outlined below.

Workplace Harassment and Bullying

© CHCA 2021 - AB
34 of 35

34



- Please make sure to read the Northern Tips handout
- Packing food and airline baggage restrictions
- Clothing and essential items
- Warnings and cautions for staying safe!

© CHCA 2021 - AB
35 of 35