CANADIAN HEALTH CARE AGENCY
EXPERIENCE THE NORTH

Team Communication, Medevac/ Schedevac Procedures and Reports

Valerie Rzepka, NP, BScN, MSc.

Artist: Roy Thomas

Module 3

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1. Location of Nursing Stations
2. Work place introduction
3. MD Consult Procedure (Fax, Phone, In person)
4. Referrals
5. Schedevac/ Medevac Procedures
6. Preparing Patient for Transfer
7. Service Administration Log
8. Occurrence Reporting
9. Recognizing and managing workplace harassment and bullying

Team Communications and Medevac/ Schedevac Procedures

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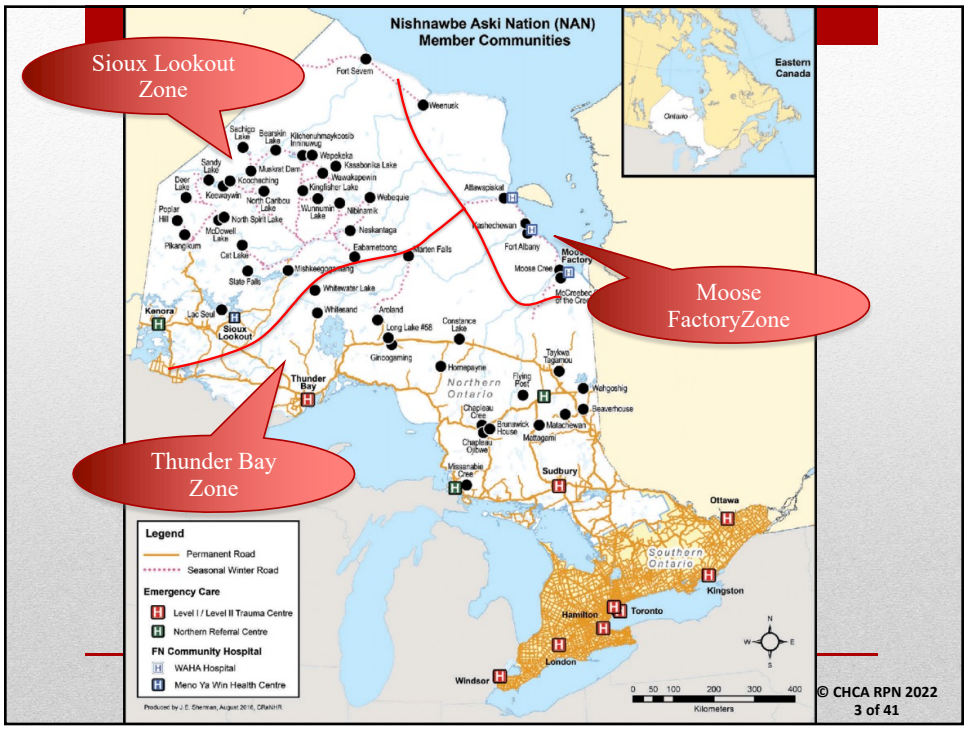

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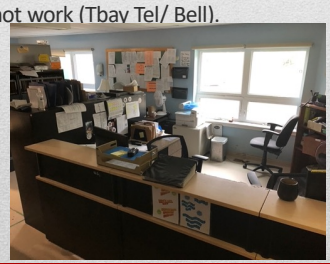
Arrival: Patient Driver picks up nurses from air port.

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

Narcotic Count in.

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 (Tbay Tel/ Bell).



Nursing Station 101

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Nursing Station 101

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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

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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

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Typical Emergency Room

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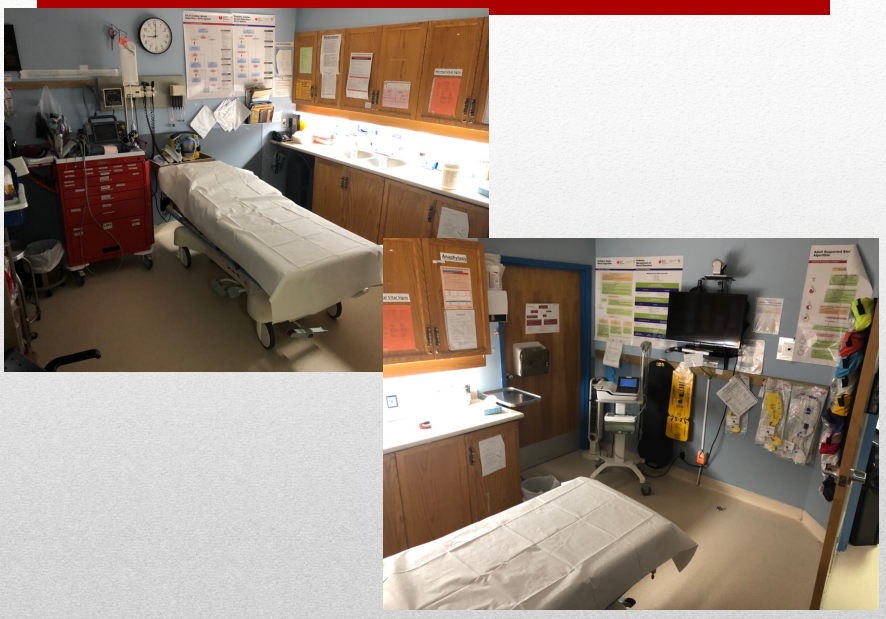

Typical Emergency Room

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- 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

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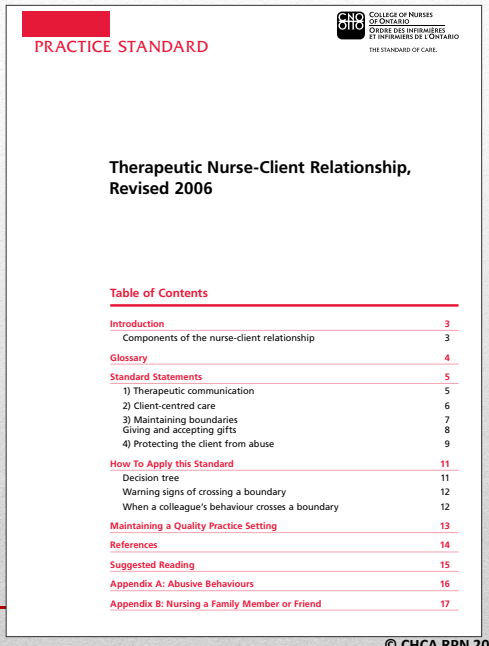
Video: Words Matter – YouTube

- 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/SyIuAMzao6M



PRACTICE STANDARD

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario
THE STANDARD OF CARE.

Therapeutic Nurse-Client Relationship, Revised 2006

Table of Contents

Communication

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SCENARIO!

A 20 year old mother is pacing in the waiting room, with her 12 month old baby. She brought the baby for their routine well baby exam, and the child is quite irritable. Mom tells you that her baby has been crying and has had a fever for the last several hours.

The mother is very anxious and wants you to see the child right away, even though there are several other patients ahead of them. When you inform her of this, she gets more upset and starts swearing at you.

- What would you do?

Scenario

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S Situation
B Background
A Assessment
R 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

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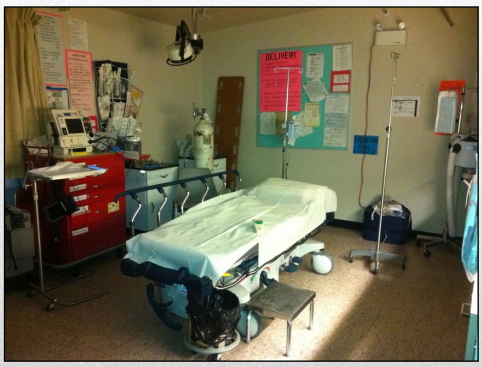
All Consults require:

- 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
- Collaborate and agree on plan of care.



Phone consult – Fax consult – In-person consult

Criteria for MD Consult

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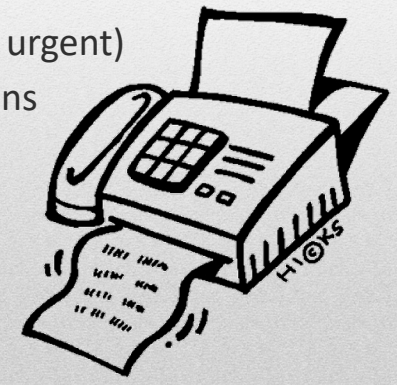
Fax Consult Examples

- Prescription Refills
- Medication Titrations (non urgent)
- Non-urgent clinical questions
- Some Referrals



Fax Consult Form (24 hours to reply)

Non Urgent MD Consult

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NORTHERN PRACTICE - FAX RECORD (File with MD Notes)

MD:	Patient Name: F( ) M( )	
Nurse:	D.O.B:	File #:
Nursing Station:	Band Name & #:	
Temp:	HR: BP: RR:	O2 Sat: Weight:
HPI: PE:	PMHx:	Meds: Allergies:
Nursing Question: Date (DD/MM/YY):		Signature:
MD Response: Date (DD/MM/YY):		Signature:
Follow-up: Date(DD/MM/YY):		Signature:

Fax Consult Record

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MD Contact Info

- Check daytime attending schedule – leave msg with medical secretary (CTAS score)
- Check after-hours on-call schedule

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.
- MD should fax their consult note to include in chart.

Urgent MD Consults: Telephone

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SCENARIO!

"Hi, Dr Frank, Mr. Cheechoo is here for his routine dressing change. I have just assessed the wound and I think he's got an infection.
Can I get an order of antibiotics for him?"

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

Scenario

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SCENARIO!

"Hi, Dr Frank, Mr. Cheechoo is here for his routine dressing change. I have just assessed the wound and I think he's got an infection.
Can I get an order of antibiotics for him?"

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

On further investigation: Mr. Cheechoo has a non fasting POC glucose of 22. The wound on his great toe has some black necrotic tissue, and redness surrounding the open area.

Scenario

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Helps to increase access to specialists via KO

- Dermatology
- Psychiatry
- EENT
- Orthopedics
- Wound Care

For specialist appointment (≥24 hours away):

Onsite: KO Telemedicine Referral

Off Site: Specialist Referral Form and submit to NIHB

Consulting Specialists via Telemedicine

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- **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

Patient Priority for Transfer

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MEDEVAC = Emergent

- Specialized care by qualified health care personnel in a mobile environment
- To ensure the safe transfer from one treatment facility to another. Medevac costs start around $35K+
- In Sioux Lookout and Moose Factory Zones, it may be by fixed wing aircraft or helicopter

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

- Unaccompanied transfer of patient by commercial flight to nearest center for a higher level of care.
- Schedevac costs significantly less – paid by NIHB.

Patient Transfers

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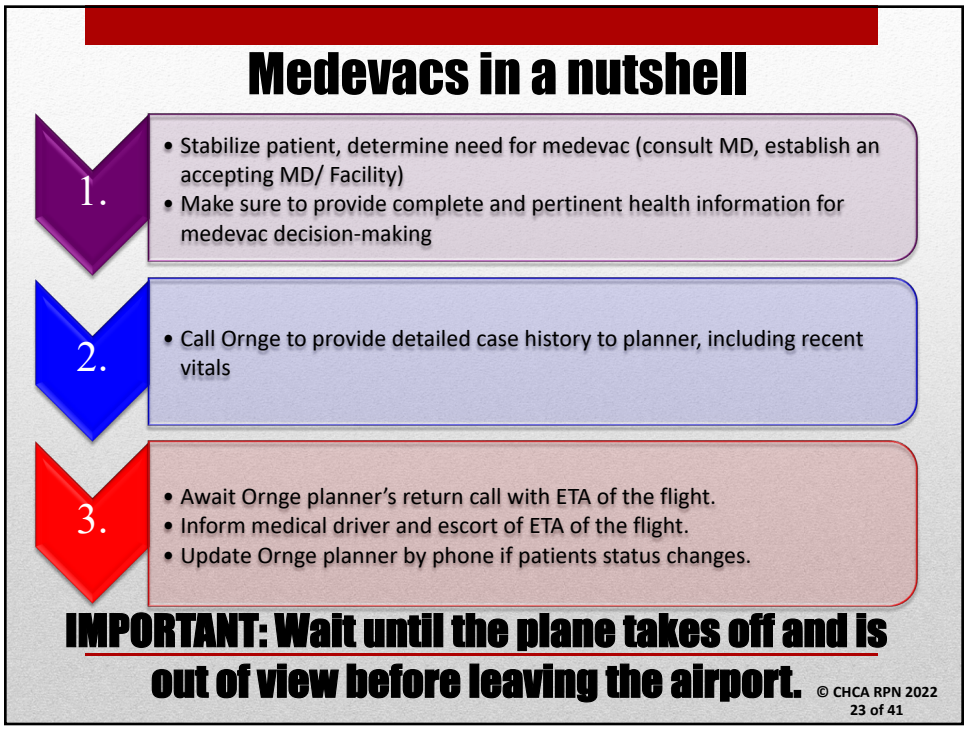
Medevacs in a nutshell
1.
• Stabilize patient, determine need for medevac (consult MD, establish an accepting MD/ Facility)
• Make sure to provide complete and pertinent health information for medevac decision-making
2.
• Call Ornge to provide detailed case history to planner, including recent vitals
3.
• Await Ornge planner's return call with ETA of the flight.
• Inform medical driver and escort of ETA of the flight.
• Update Ornge planner by phone if patients status changes.
IMPORTANT: Wait until the plane takes off and is out of view before leaving the airport.
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What patient information will I need when talking to Ornge?
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. Recent lab values (if pertinent)
12. Resuscitation Status (DNR or advanced directives)
13. Escort name and weight (if applicable)
ornge
Step #2: Call in a Report to planner at Orgne Communications Centre (OCC)
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Patient preparation (As needed):

- IV access
- Foley if needed
- Airway supported (GCS ≤8)
- Spinal immobilization
- Extremity fractures splinted
- Pregnant patient in active labour (depending on stage) – 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 OCC

Step # 3: Patient Preparation

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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.)
- Once the patient departs, fax the 'Medical Evacuation Information Form' to NIHB

Step #4: Emergency Transfers

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Medevac/ Schedevac Information Form for NIHB

Sioux Lookout Zone Office, Health Canada - First Nations Inuit Health

☐ ORNGE Resp
☐ NIHB Resp

MEDICAL EVACUATION INFORMATION FORM

Transfer Date:	Appointment Date:
First Name:	Last Name:
Origin of Patient:	Referring Physician:
Destination of Patient:	Receiving Physician or Facility:
Diagnosis:	
Birthdate:	10 digit Band Number:
Escort/s Medically Required: YES 9 NO 9 Name of Escort:	
What is Flight ID Number?	
What is/are the Patient/Patients ID Number/Numbers?	
Time MD Called: Time MD Authorized Medevac: Time MATC Called: Time MATC Confirmed Transfer: ETA of Aircraft to your location:	Time delay comments:

Notes:

FAX to SLZ NIHB at 807-737-8057
AND
AFTER HOURS FAX to appropriate receiving comm
SLKT 807-737-1173
Thunder Bay 807-623-8155
Winnipeg 204-778-4187

Revised: April 2, 2013

Ornge Resp = Emergent/ Urgent

NIHB = Non Urgent

Must Fax to destination, otherwise escort accommodations will not be booked

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- Arranged for patients who need to seek additional care, beyond what is available in the community. (Eg. X-Ray, Ultrasound, MD consults)
- Needs to be authorized by a physician after RN consultation
- Complete and fax 'Medical Evacuation Information form' to Non-insured Health Benefits and checkmark "NIHB Resp).
- Some communities may alternatively scan and email this form to the NIHB office.
- Call NIHB to confirm receipt. NIHB has weekend on-call hours.
- Client either picks up Schedevac warrant from Reception during clinic hours, or is otherwise informed of the consult.

Non-Urgent Transfer – "Schedevac"

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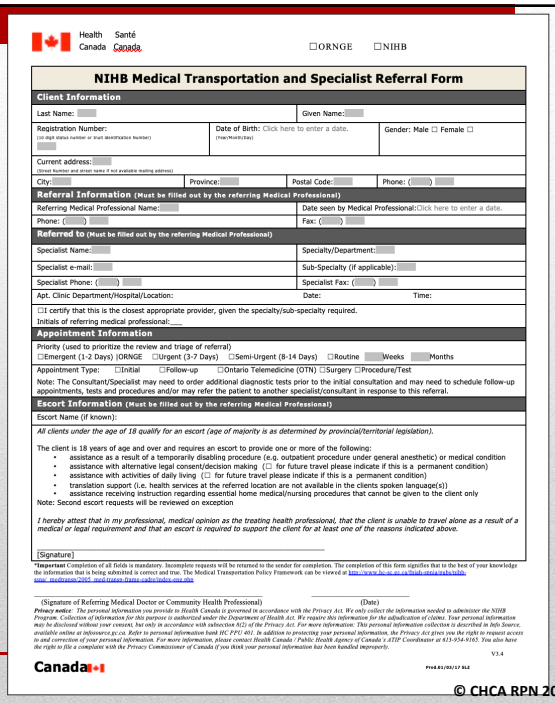
NIHB Medical Transport and Specialist Referral Form



Health Canada / Santé Canada

☐ORNGE ☐NIHB

NIHB Medical Transportation and Specialist Referral Form

Client Information

Last Name: | Given Name:

Registration Number: (10 digit status number or Inuit identification Number) | Date of Birth: Click here to enter a date. (Year/Month/Day) | Gender: Male ☐ Female ☐

Current address: (Street number and street name if not available mailing address)

City: | Province: | Postal Code: | Phone: ( )

Referral Information (Must be filled out by the referring Medical Professional)

Referring Medical Professional Name: | Date seen by Medical Professional: Click here to enter a date.

Phone: ( ) | Fax: ( )

Referred to (Must be filled out by the referring Medical Professional)

Specialist Name: | Specialty/Department:

Specialist e-mail: | Sub-Specialty (if applicable):

Specialist Phone: ( ) | Specialist Fax: ( )

Apt. Clinic Department/Hospital/Location: | Date: | Time:

☐I certify that this is the closest appropriate provider, given the specialty/sub-specialty required.

Initials of referring medical professional:___

Appointment Information

Priority (used to prioritize the review and triage of referral)

☐Emergent (1-2 Days) |ORNGE ☐Urgent (3-7 Days) ☐Semi-Urgent (8-14 Days) ☐Routine Weeks Months

Appointment Type: ☐Initial ☐Follow-up ☐Ontario Telemedicine (OTN) ☐Surgery ☐Procedure/Test

Note: The Consultant/Specialist may need to order additional diagnostic tests prior to the initial consultation and may need to schedule follow-up appointments, tests and procedures and/or may refer the patient to another specialist/consultant in response to this referral.

Escort Information (Must be filled out by the referring Medical Professional)

Escort Name (if known):

All clients under the age of 18 qualify for an escort (age of majority is as determined by provincial/territorial legislation).

The client is 18 years of age and over and requires an escort to provide one or more of the following:

- assistance as a result of a temporarily disabling procedure (e.g. outpatient procedure under general anesthetic) or medical condition
- assistance with alternative legal consent/decision making (☐ for future travel please indicate if this is a permanent condition)
- assistance with activities of daily living (☐ for future travel please indicate if this is a permanent condition)
- translation support (i.e. health services at the referred location are not available in the clients spoken language(s))
- assistance receiving instruction regarding essential home medical/nursing procedures that cannot be given to the client only

Note: Second escort requests will be reviewed on exception

I hereby attest that in my professional, medical opinion as the treating health professional, that the client is unable to travel alone as a result of a medical or legal requirement and that an escort is required to support the client for at least one of the reasons indicated above.

[Signature]

*Important Completion of all fields is mandatory. Incomplete requests will be returned to the sender for completion. The completion of this form signifies that to the best of your knowledge the information that is being submitted is correct and true. The Medical Transportation Policy Framework can be viewed at http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssss_medtrans-2007_med-trans-trans-sanit/index-eng.php

(Signature of Referring Medical Doctor or Community Health Professional) (Date)

Privacy notice: The personal information you provide to Health Canada is governed in accordance with the Privacy Act. We only collect the information needed to administer the NIHB Program. Collection of information for this purpose is authorized under the Department of Health Act. We require this information for the adjudication of claims. Your personal information may be disclosed without your consent, but only in accordance with subsection 8(2) of the Privacy Act. For more information: This personal information collection is described in Info Source, available online at infosource.gc.ca. Refer to personal information bank HC PPU 401. In addition to protecting your personal information, the Privacy Act gives you the right to request access to and correction of your personal information. For more information, please contact Health Canada / Public Health Agency of Canada's ATIP Coordinator at 613-954-9165. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

V3.4

Canada

FNHB-01/03/17 SLZ

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

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- The user detail form 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), after performing administrative duties, or other professional duties.

General Completion Guidelines and Tips:

- Time – The input of time should always be based on the 24-Hour Clock
- Selecting – Click once on one or more check boxes applicable in each field
  - When entering data, use either the TAB button or the mouse to take you from field to field

- Care Provider Name – Person who provided the service to the client
  - Please document full name
  - If multiple care providers were involved during the encounter please provide their names and designations in the comments section.

Service Administration Log

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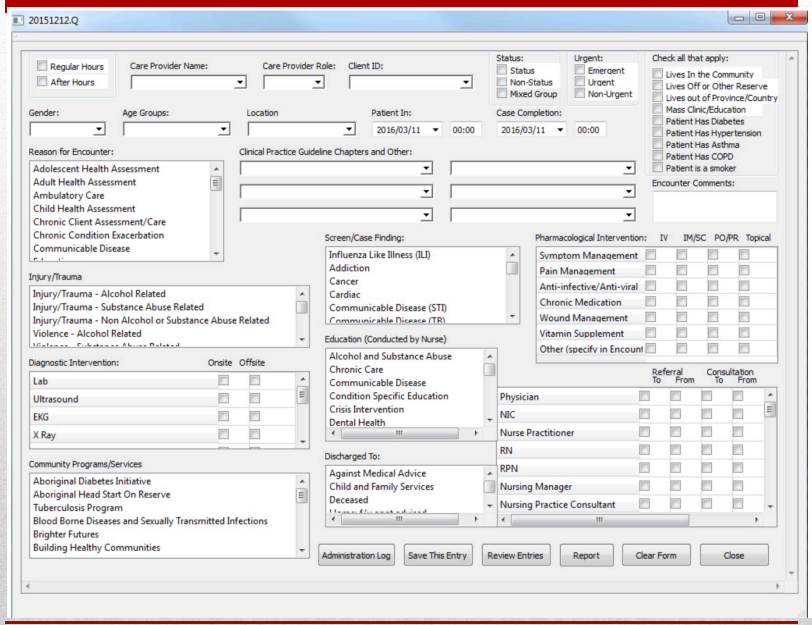

Service Administration Log

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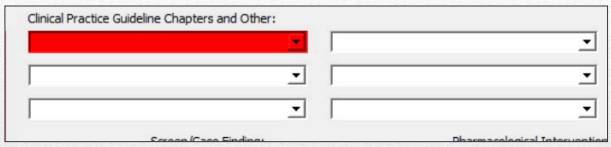

Clinical Practice Guideline Chapters

- Once choosing a Clinical Practice Guideline Chapters, a specific set of options for Sub Category will appear
- Enter in and select **at least one** or more Clinical Practice Guideline Chapter and Sub Category that apply

SAL – Mandatory Sections – CPG Chapters

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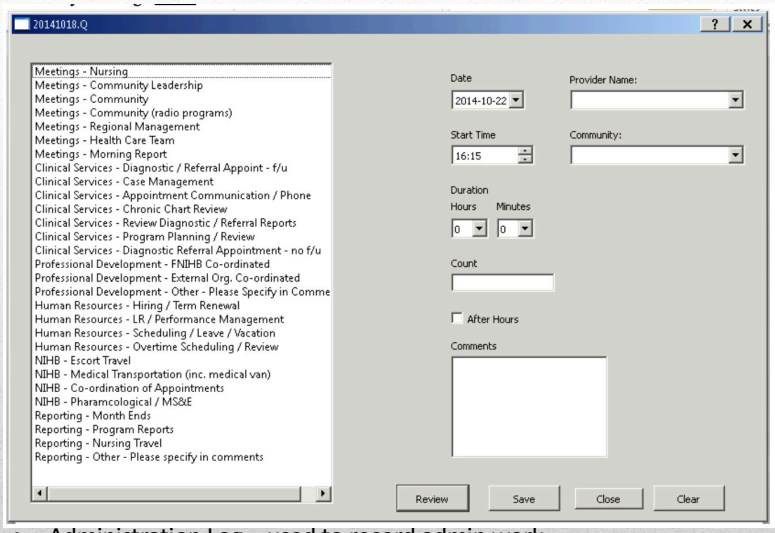

- Administration Log – used to record admin work
- eg. Program planning, MD clinic, Chart reviews, etc.

SAL – Administration Log

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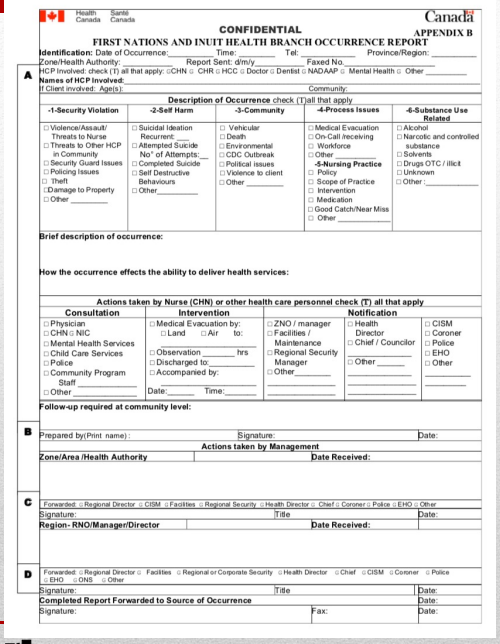
- Security Violations
- Self Harm
- Community
- Process Issues
- Substance Related Issues



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APPENDIX B

FIRST NATIONS AND INUIT HEALTH BRANCH OCCURRENCE REPORT

Identification: Date of Occurrence:_____ Time:_____ Tel: _____ Province/Region: _____

Zone/Health Authority: _____ Report Sent: d/m/y_____ Faxed No._____

HCP Involved: check (T) all that apply: ☐CHN ☐ CHR ☐ HCC ☐ Doctor ☐ Dentist ☐ NADAAP ☐ Mental Health ☐ Other _____

Names of HCP Involved:

If Client involved: Age(s): Community:

Description of Occurrence check (T)all that apply

-1-Security Violation	-2-Self Harm	-3-Community	-4-Process Issues	-6-Substance Use Related
☐ Violence/Assault/ Threats to Nurse ☐ Threats to Other HCP in Community ☐ Security Guard Issues ☐ Policing Issues ☐ Theft ☐ Damage to Property ☐ Other _____	☐ Suicidal Ideation Recurrent: ___ ☐ Attempted Suicide No° of Attempts:__ ☐ Completed Suicide ☐ Self Destructive Behaviours ☐ Other_____	☐ Vehicular ☐ Death ☐ Environmental ☐ CDC Outbreak ☐ Political issues ☐ Violence to client ☐ Other _____	☐ Medical Evacuation ☐ On-Call /receiving ☐ Workforce ☐ Other _____ **-5-Nursing Practice** ☐ Policy ☐ Scope of Practice ☐ Intervention ☐ Medication ☐ Good Catch/Near Miss ☐ Other _____	☐ Alcohol ☐ Narcotic and controlled substance ☐ Solvents ☐ Drugs OTC / illicit ☐ Unknown ☐ Other :_____

Brief description of occurrence:

How the occurrence effects the ability to deliver health services:

Actions taken by Nurse (CHN) or other health care personnel check (T) all that apply

Consultation	Intervention		Notification	
☐ Physician ☐ CHN ☐ NIC ☐ Mental Health Services ☐ Child Care Services ☐ Police ☐ Community Program Staff _____ ☐ Other _____	☐ Medical Evacuation by: ☐ Land ☐ Air to: _____ ☐ Observation _____ hrs ☐ Discharged to:_____ ☐ Accompanied by: _____ Date:_____ Time:_____	☐ ZNO / manager ☐ Facilities / Maintenance ☐ Regional Security Manager ☐ Other_____	☐ Health Director ☐ Chief / Councilor _____ ☐ Other _____	☐ CISM ☐ Coroner ☐ Police ☐ EHO ☐ Other _____

Follow-up required at community level:

B Prepared by(Print name) : Signature: Date:

Actions taken by Management

Zone/Area /Health Authority **Date Received:**

C ☐Forwarded: ☐ Regional Director ☐ CISM ☐ Facilities ☐ Regional Security ☐ Health Director ☐ Chief ☐ Coroner ☐ Police ☐ EHO ☐ Other

Signature: Title Date:

Region- RNO/Manager/Director **Date Received:**

D ☐Forwarded: ☐ Regional Director ☐ Facilities ☐ Regional or Corporate Security ☐ Health Director ☐ Chief ☐ CISM ☐ Coroner ☐ Police ☐ EHO ☐ ONS ☐ Other

Signature: Title Date:

Completed Report Forwarded to Source of Occurrence Date:

Signature: Fax: Date:

Occurrence Report

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CANADIAN HEALTH CARE AGENCY LTD

EXPERIENCE THE NORTH

Canadian Health Care Agency: Cambridge	**Prepared by: S. Umana** **Revised by: K. Himmelman**	**Date Prepared: May 2008**
	Approved by: CHCA	**Date Revised: March 2015**
Policy: Workplace Harassment		

POLICY STATEMENT

Canadian Health Care Agency (CHCA) is committed to:

- The guiding principles of respecting others, relationships and caring for people;
- Providing a workplace that is free from all forms of sexual and personal harassment in accordance with the applicable human rights legislation; and
- Promoting good management practices that are directed at creating a welcoming work environment.

POLICY OBJECTIVES

Policy objectives include the:

- Prevention of any conduct in the workplace that violates the fundamental rights, personal dignity and integrity of any person subjected to such conduct;
- Provision of information regarding harassment; and
- Provision of direction for handling complaints of harassment.

Workplace Harassment and Bullying

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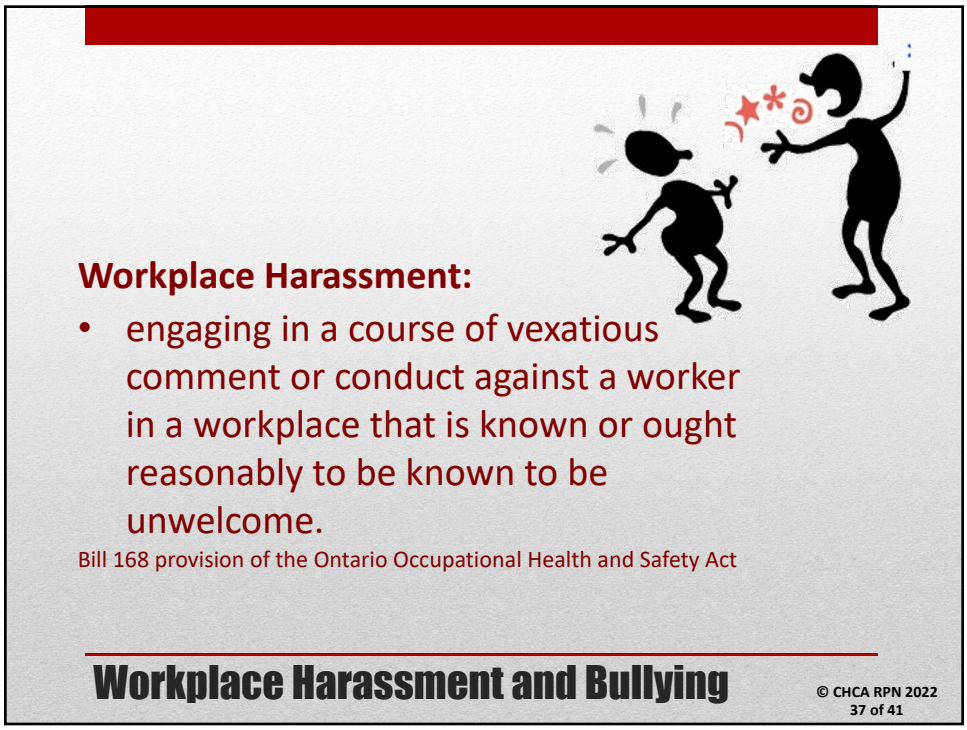
Workplace Harassment:
• engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome.
Bill 168 provision of the Ontario Occupational Health and Safety Act
Workplace Harassment and Bullying
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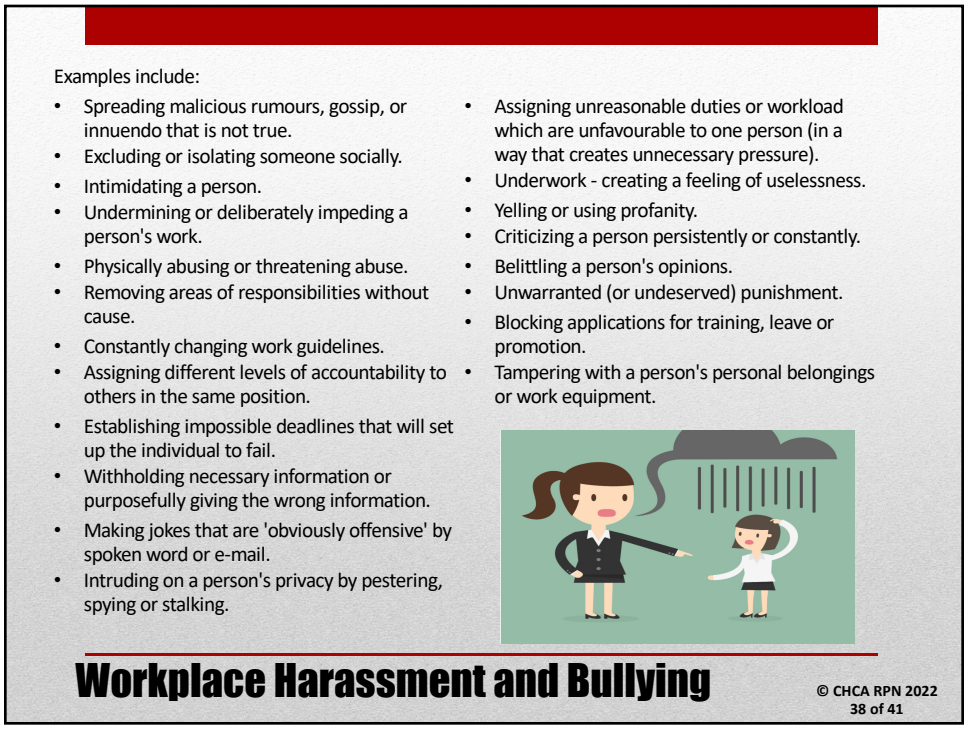
Examples include:
• Spreading malicious rumours, gossip, or innuendo that is not true.
• Excluding or isolating someone socially.
• Intimidating a person.
• Undermining or deliberately impeding a person's work.
• Physically abusing or threatening abuse.
• Removing areas of responsibilities without cause.
• 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.
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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

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Harassment Complaint Procedure:

- A harassment complaint may only be initiated by someone who has experienced harassment, or witnessed harassment.
- 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.)
- Complaint should be submitted in writing (email) to Kathy. She will review and discuss by telephone, and complainant can decide whether to file a formal complaint.
- Whether or not the complainant wishes to file a formal complaint, it is crucial that all allegations of harassment be documented. ***What happened? When did it happen? Where did it happen? Who was present?***

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- 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!

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