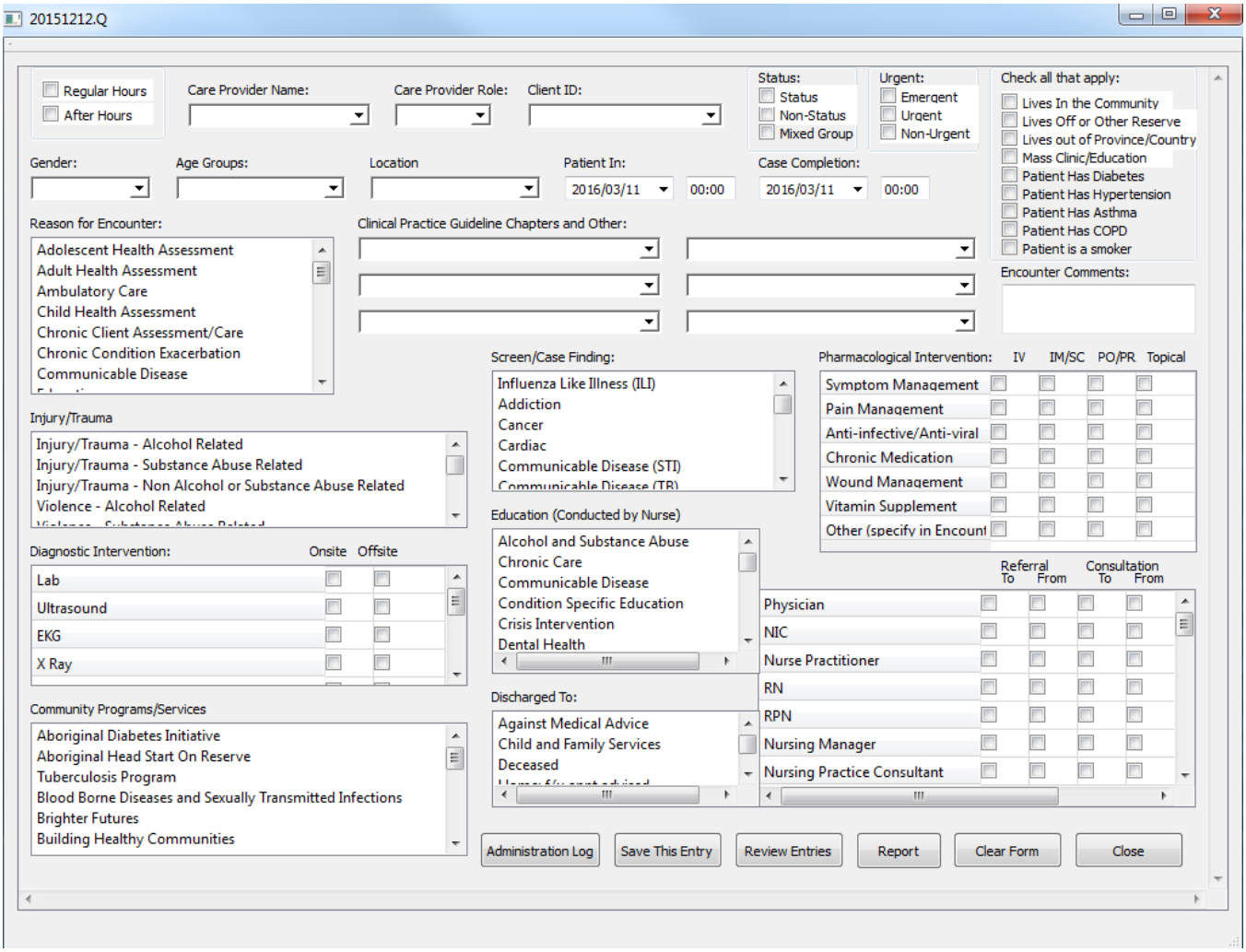
Welcome to the Ontario Region
First Nations and Inuit Health Branch
Service Administration Log (or SAL)

The Service Administration Log (SAL) has been developed for the collection of information related to primary health care delivery by nursing staff in nursing stations and health centers with treatment. SAL will help to provide a good understanding of what nurses deal with on a daily basis. It will help guide program planning & evaluation and offer better support for the needs of the community. Furthermore, the data collected will assist in completing the annual Nursing Station Reporting Template (NSRT) and other mandatory reports.

SAL is to be used by all nursing staff to capture both client encounters and administrative duties. Ideally, SAL will be available on every computer in the facility and have a network connection, allowing the information to be fed into a primary computer. Each community may differ slightly where SAL is located. The program does not need connectivity to work. Once per month a designated individual will send SAL to the regional office.

SAL Data Entry Instructions

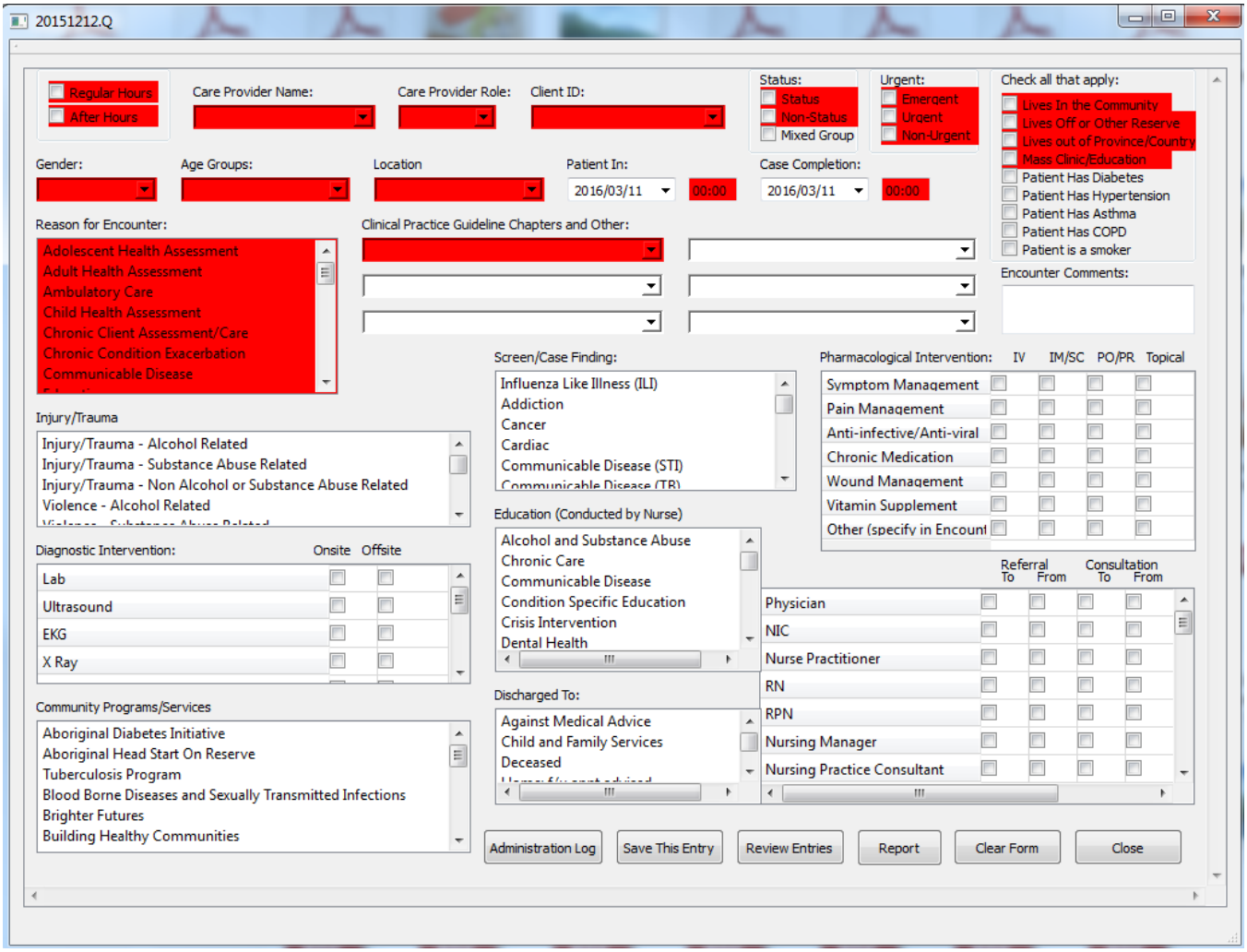
The user detail form is to be completed after **each** professional interaction between a client and health care provider (this may be a scheduled event or an unscheduled/emergency event), after performing administrative duties, or other professional duties.



General Completion Guidelines & 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

Mandatory Fields



- The red field boxes above are mandatory fields that need to be completed or the entry will not be saved.

- Regular and After Hours –If the encounter started or ended outside nursing station hours then indicate "after hours" otherwise indicate "regular hours".

- 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.

- Care Provider Role – of the person who provided the service to the client

- Client ID – Please ensure you indicate the client ID number used on the client's profile sheet.

  - Client ID for **Sioux Lookout Zone only**:
    - Client ID* – Will include the following:
      - always include the first three digit band number of where the client was served (see Appendix A for community band numbers)
      - followed by the personal band number
      - If the client is from a different community, add the three digit band number of where the client was served, the three digit band number of where the client is from and then their personal band number.
      - If the client's personal band number is unavailable, use the following process:
        - the first 3 numbers of the band code where the client is being served
        - then either the Health Card number, the client's chart number or the file number
      - Child without a personal band number – Use the mother's Band number and add a 1at the end. If more than one child add the birth order

  - Client ID for **Moose Factory Zone only**:
    - Client ID* – Will include the following:
      - always include the first three digit band number of where the client was served
      - followed by the client's chart number.

  - Client ID for **Thunder Bay Zone only**:
    - Client ID* – Will include the following:
      - always include the first three digit band number of where the client was served
      - followed by the name of the client. Do not leave spaces before the first and last name.
      - The Zone will need to convert the Client ID into codes before sending it to Ontario Region to protect client privacy

- Check all that apply – options include:
  - Lives in Community
  - Lives Off or Other Reserve
  - Lives Out of Province/Country
  - Mass clinics/Education
  - Patient Has Diabetes
  - Patient Has Hypertension
  - Patient Has Asthma
  - Patient Has COPD
  - Patient is a smoker

- Status – options include: status, non-status or mixed group

- Urgency – Emergent vs. Urgent vs. Non Urgent
  - ***Emergent* – Canadian Triage and Acuity Scale Level 1 & 2 or see Appendix B**
  - ***Urgent* - Canadian Triage and Acuity Scale Level 3 or see Appendix B**
  - ***Non Urgent* - Canadian Triage and Acuity Scale Level 4 & 5 or see Appendix B**

- Gender – options include: male, female, mixed group and transgender

- Age Group – options include: <1mnth, 1mnth to 1 year, 1- 4, 5-14, 15-19, 20-44, 45-64, >=65, unknown or all ages

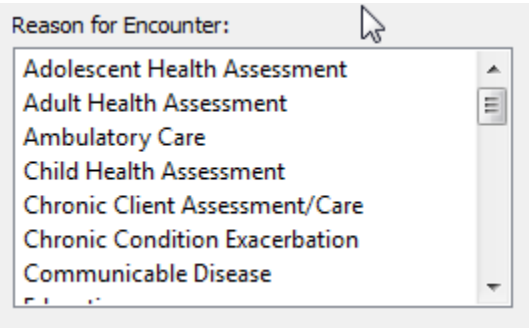
- Location - Location where interaction with patient takes place.

- Date – Date encounter occurred (will be automatically filled in to tomorrow's date, change the date to reflect the date patient was seen)

- Time – Time of date the encounter with the client occurred.
  ****Time should include prep, charting, arranging follow-ups and clean up time****

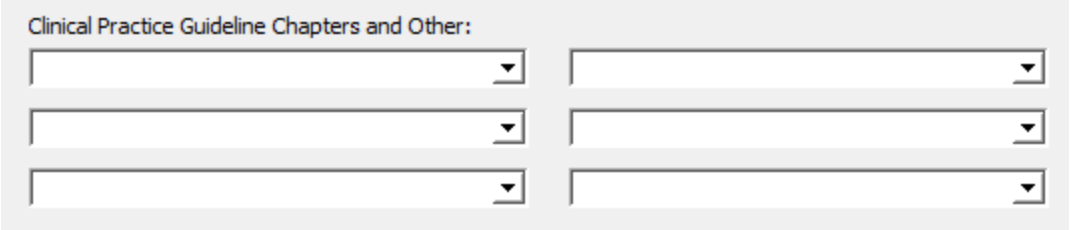
Reason for Encounter

- Encounters - an encounter is a professional interchange between the patient and health care provider and is characterized by three elements:
  1. Patient reason for encounter (why have they come?)
  2. Diagnosis (what is the patient's problem)
  3. Process (what is being done?) an encounter is considered to be one visit to the nursing station. A number of services could be provided in one encounter. One community member may have multiple service encounters in the reporting year.
- Select one or more reasons that are applicable for the encounter



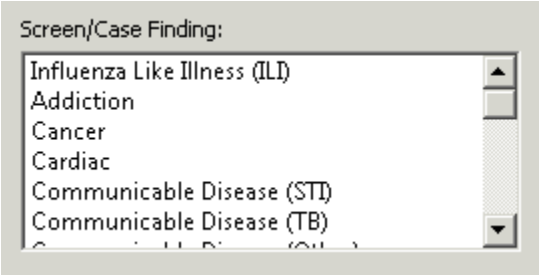
Clinical Practice Guideline Chapters

- 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



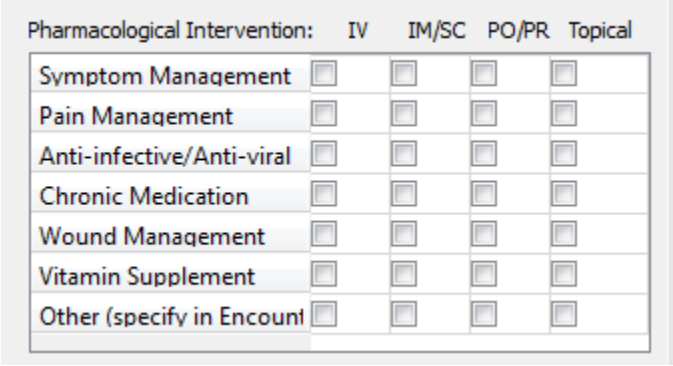
Screen/Case Finding

- This section identifies any preventative screening being performed or investigations for conditions based on client history/family history discovered during the current interaction with the client
- Select any or all Screen/Case Finding applicable for the encounter



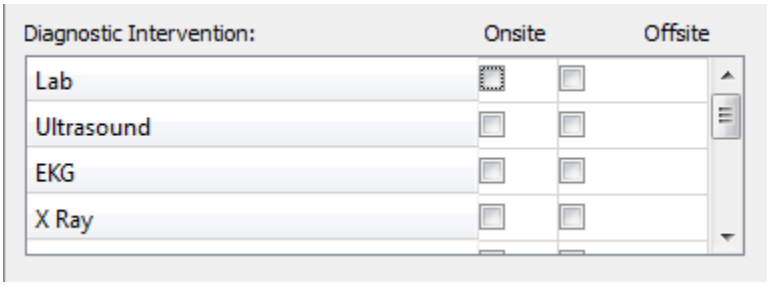
Pharmacological Intervention

- Select any or all pharmacological interventions required for the encounter



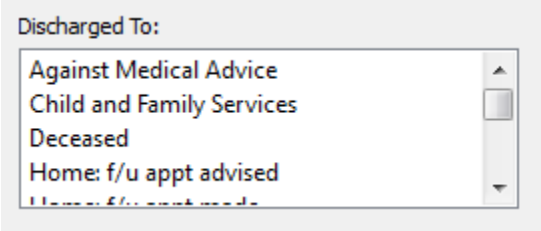
Diagnostic Intervention

- Select any diagnostic interventions required for the encounter



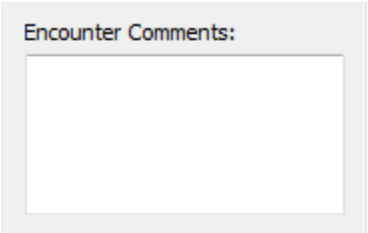
Discharge

- This field identifies the departure path of the client from the nursing station
- Select the applicable discharge option for the encounter



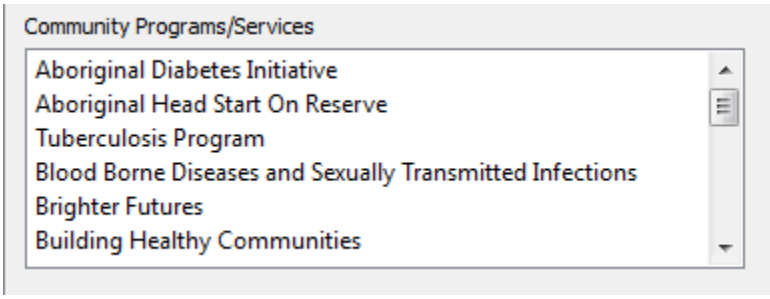
Encounter Comments

- In the event that for a certain field, an option is not there and "Other" was chosen, please enter in additional comments
- Comments will appear in the encounter comments box



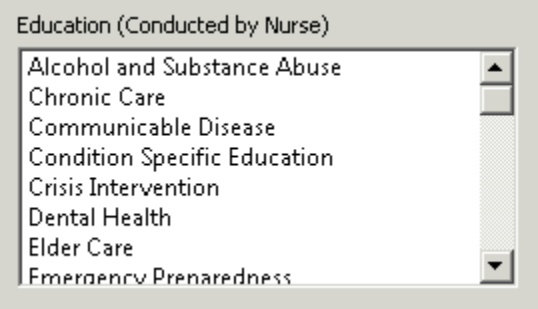
Community Programs/Services

- Select any community programs or services that the client was referred to as a resource:



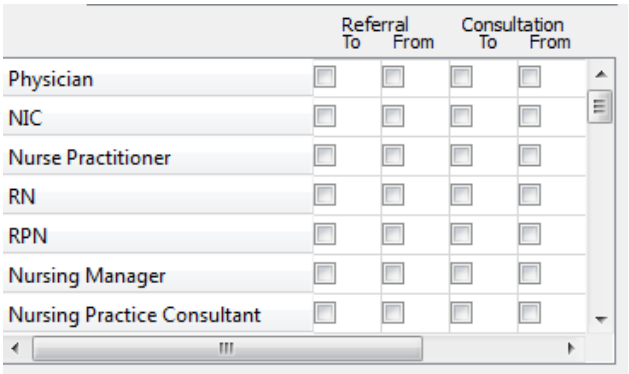
Education (conducted by nurse)

- Select any or all education conducted by the nurse during the encounter



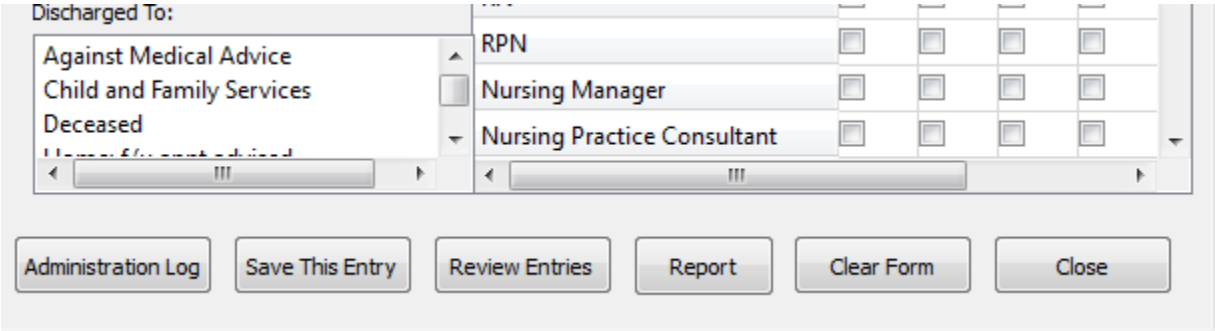
Referral and/or Consultation To and From

- Consultation - Immediate contact for advice/order while client is under care of Nursing Station team
- Referral - Request for other provider to be engaged with care of client; may occur within or following present interaction with staff providing care
- Select referral and/or consultation applicable for the encounter



Saving

- Once a clinical practice guideline is completed and all necessary information filled in, click "Save This Entry" at the bottom of the form
- The information will be captured and a new form will be available for a new client
- If all mandatory fields were not filled in when you try to save, the boxes will highlight red indicating that the required fields need to be completed.



Review Entries

- The Review Entries button allows you to review all entries entered
- If you want to change an encounter, double click the encounter and it will bring you back to the Encounter page. Make your changes and save.

Report

- The "Report" button creates an Excel Spreadsheet (all duplicates and client id removed). Nurses will be able to manipulate the data in the spreadsheet and send the files with their month end.

Clear Form

- If a mistake was made during the entry of an encounter you can click "clear form" to erase everything.

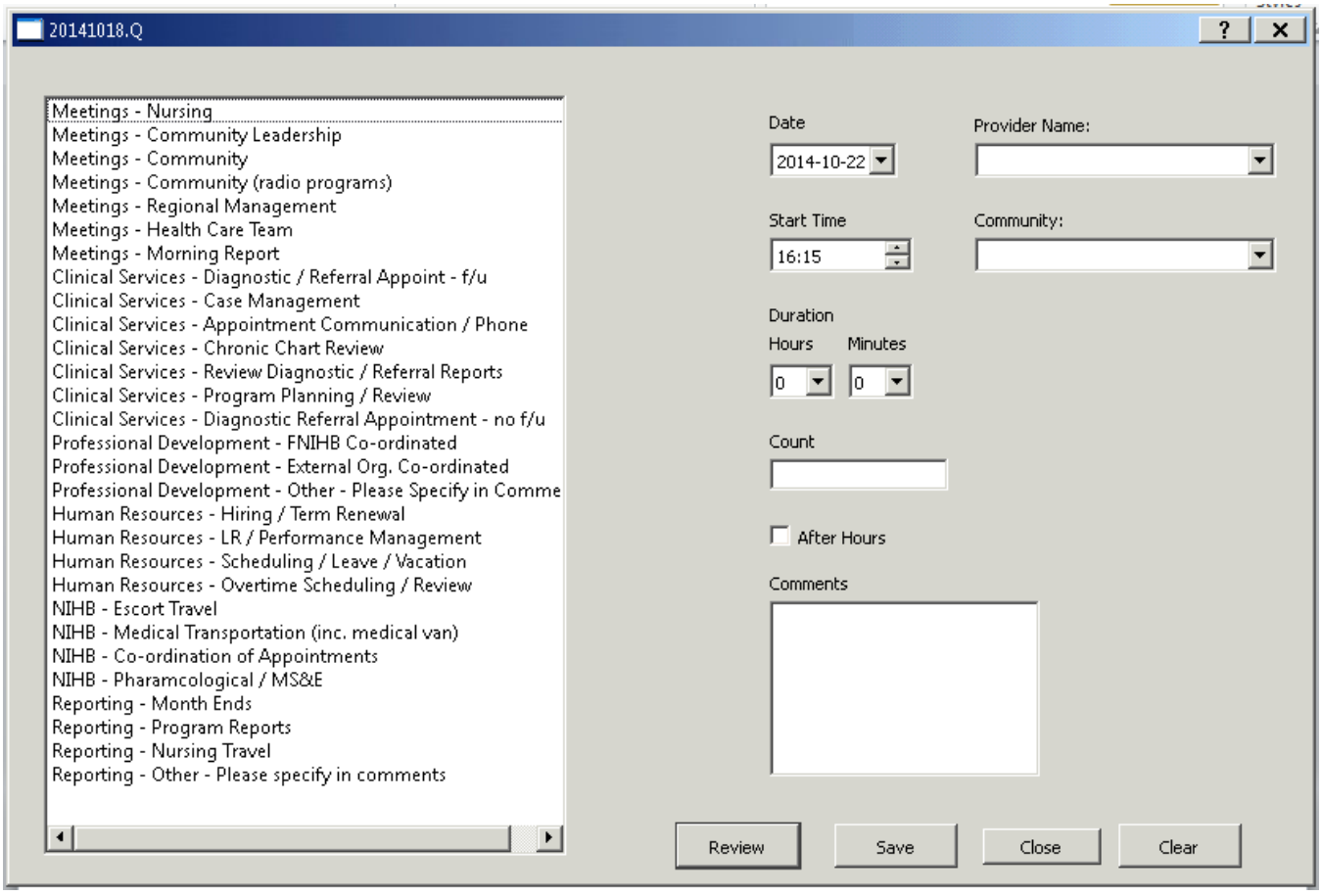
Close

- The "Close" button will close SAL.

At the bottom of the Encounter page there is an Administrative log button to enter the Administrative duties:

Administration Log

- This tab bypasses the required patient information as seen on the encounter details tab but still requires date, time, duration, care provider name designation, and the communities three digit band code where the administrative tasks were completed.
- Select options in all the fields that apply
    - If your administration duties include reviewing or arranging multiple charts, events, etc, please provide the # of count in the count field.
        - For example: If you reviewed 100 charts it would be: Count: 100 > Clinical Services > Chronic Chart Review
- Enter time required for administrative duties in 24h clock format
- Add any additional comments in the "Comments" box
- When you have completed the applicable events, click "Save" and return to encounter details tab by clicking "Close".



Doctor's Clinic

- Nurses must enter an encounter when they provide an assessment, diagnostic, curative and/or rehabilitative service to a client. When helping during a doctor's clinic, a nurse must enter the clients where a nursing intervention was provided such as vitals, blood work etc.
- A nurse who only provides administrative help during a doctor's clinic such as processing orders will include the clinic under the Administration Log > Clinical Services – Case Management.

Distribution of Needle Kits and Condoms

- The distribution of needle kits and condoms does not need to be entered into SAL unless a nurse wants to capture the total at month's end which can be added in the Administration Log.

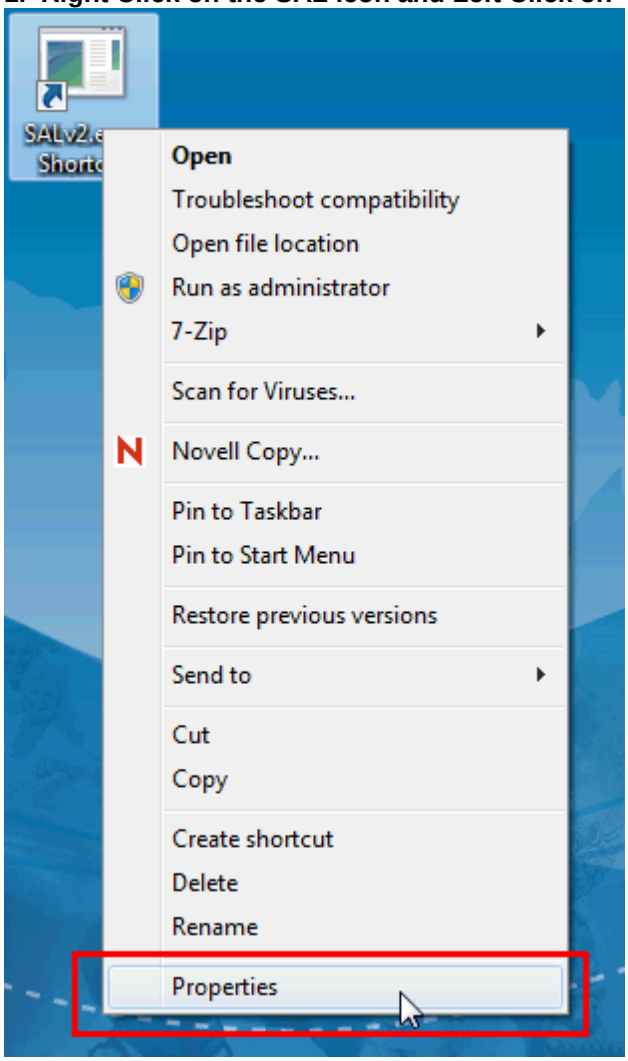
Exiting

- To exit out of the form click "Close" and to exit out of SAL, click the "X" in the top right hand corner

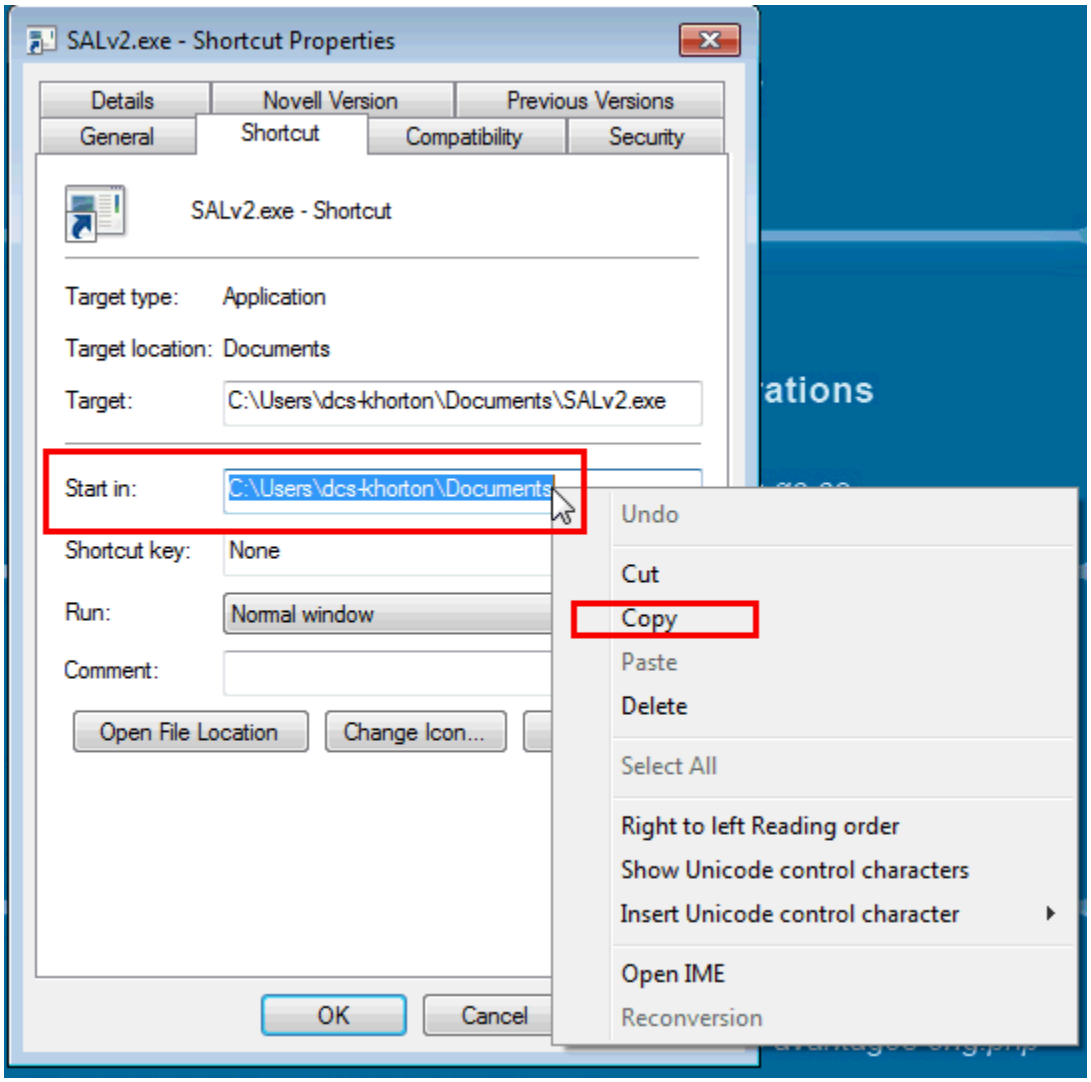
Sending SAL to Ontario Region

1. **Ongoing monthly upload** – Every month, in conjunction with the submission of your month end reports, please upload your SAL file and send it to Michelle Haavaldsrud the Regional Epidemiologist (michelle.haavaldsrud@canada.ca). This will help to ensure that in the event of any computer issues, past SAL data (and all your work) will not be lost. It may be convenient to do this upload at the same time as you complete your month end reports.

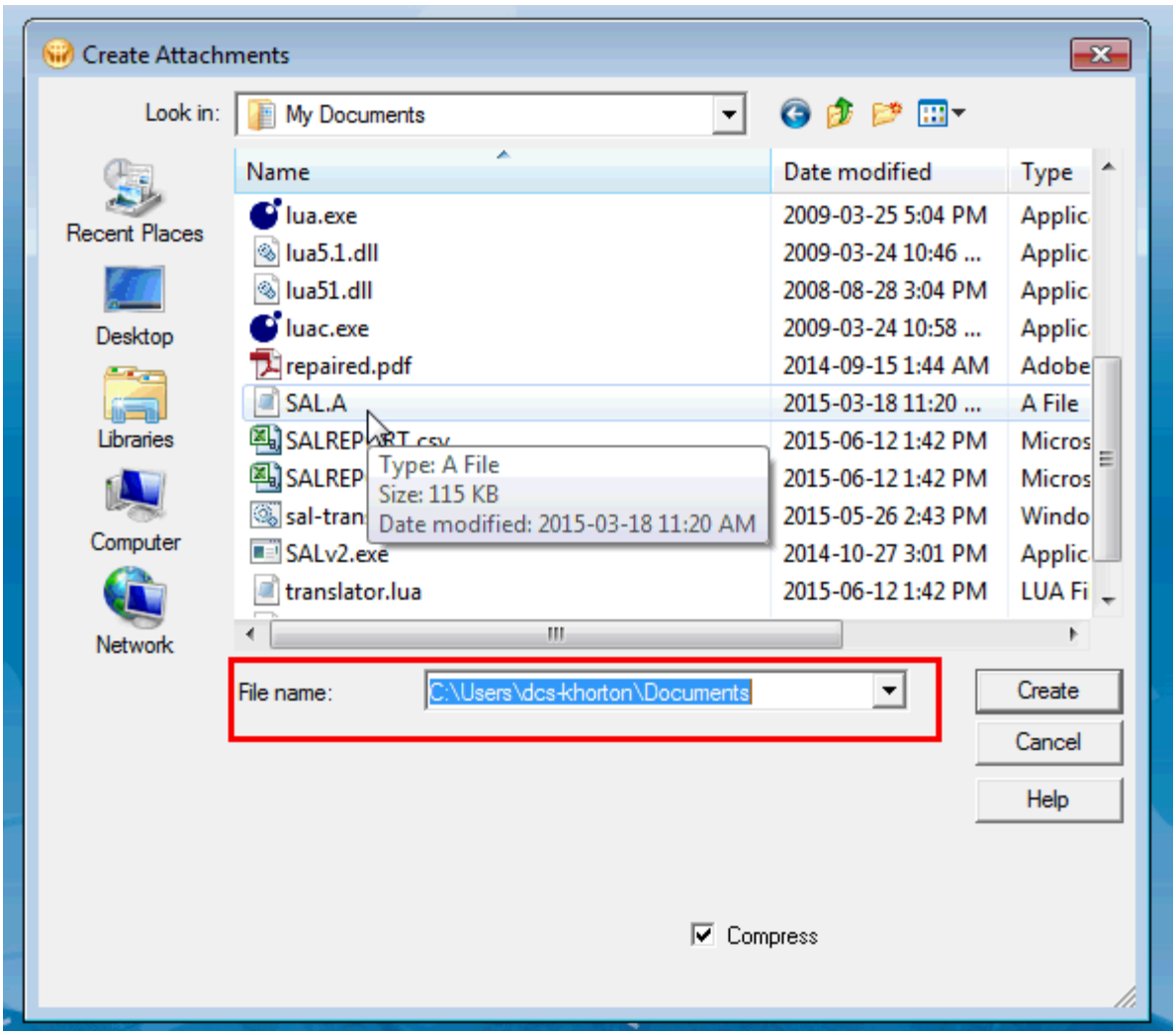
1. Right Click on the SAL icon and Left Click on "Properties"



2. Left Click in "Start in:". Left Click and Drag to highlight the line (or Press CTRL+A). Right Click the highlighted area and Left Click on "Copy"



3. Open Weboffice Lotus Notes or Outlook, and start a new email.
4. Left Click in the body of the email (below the subject line). Left Click "File". Left Click "Attach".
5. Delete what is in the File Name. Right Click there and Left Click on "Paste" (or press CTRL+V). Press Enter. Scroll until you see the SAL.A file. Double Click it and then press send.


Create Attachments
Look in:
My Documents
Recent Places
Desktop
Libraries
Computer
Network
Name
Date modified
Type
lua.exe
2009-03-25 5:04 PM
Applic
lua5.1.dll
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Applic
lua51.dll
2008-08-28 3:04 PM
Applic
luac.exe
2009-03-24 10:58 ...
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repaired.pdf
2014-09-15 1:44 AM
Adobe
SAL.A
2015-03-18 11:20 ...
A File
Type: A File
Size: 115 KB
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SALv2.exe
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translator.lua
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File name:
C:\Users\dcs-khorton\Documents
Create
Cancel
Help
Compress

Appendix A

- Enter Community ID – 3 digit band code (community code) where the administrative duty was completed

Moose Factory Zone

Band Name	Number
Kashechewan (Albany)	142
Peawanuck (Weenusk)	146

Sioux Lookout Zone

Band Name	Number	Band Name	Number
Bearskin Lake	207	Muskrat Dam	213
Big Trout / KI	209	Pikangikum	208
Cat Lake	216	Poplar Hill	236
Deer Lake	237	Round /North Caribou	204
Eagle Lake	148	Sachigo Lake	214
Fort Hope	183	Sandy Lake	211
Fort Severn	215	Saugeen	258
Kasabonika	210	Slate Falls	259
Keewaywin	325	Summer Beaver/Nibinamik	241
Kingfisher	212	Wabauskang	156
Lansdowne House (Neskantaga)	239	Wabigoon	157
		Wapakeka	206
Lac Seul	205	Wawakapewin	234
North Spirit Lake	238	Webequie	240
Mishkeegogamang	203	Wunnimun	217

Thunder Bay Zone

Band Name	Number
Grassy Narrows	149
Gull Bay	188
Ogoki (Marten Falls)	186
Whitedog (Wabaseemong)	150

Appendix B

Is it a Medical Emergency?

EMERGENT	URGENT	NON URGENT
You need immediate medical attention. This situation is potentially life-threatening.	**This situation requires medical attention within a few hours. There is a danger to the patient if unattended.**	**Medical advice can be given over phone or delayed until the next day or may not be needed at all.**
-cardiac arrest breathing difficulties where the patient is wheezing and/or turning blue. -chest pain with difficulty breathing and/or patient is turning blue -seizures -uncontrolled severe bleeding -severe head injury or unconscious patient -open chest or abdominal wounds (stabbing or gunshot) -complicated fractures -multiple injuries -severe burns -poisoning, overdose -temperature over 40.5C -emergency childbirth	-moderate burns -simple fractures -chest pain -difficulty breathing with chest congestion -persistent nausea and vomiting -severe abdominal pain -pregnancy problems (abdominal pain or vaginal bleeding while pregnant) -severe headache -fever between 39.0C and 40.5C -serious mental health problems (suicidal thoughts or severe depression) -severe lacerations	-mild headache -rash -toothache -earache, sore throat/cold -cough, runny nose -mild abdominal pain -mild fever under 39.0C -minor burns -minor lacerations -sprains -sexually transmitted diseases -prescription refills -anxiety -nausea -mild vomiting -mild diarrhea -hangovers -pregnancy tests
Transportation:	**Transportation:**	**Transportation:**
Air Ambulance **Road Ambulance**	**Medical Driver** **Schedivac**	**No off-reserve transportation required**