

Quarterly Newsletter

March 2020

Stettler District Ambulance

5906 47 Avenue, Stettler, AB T0C 2L0

Tel: 403-742-1900 Fax: 403-742-8207

<http://www.stettlerambulance.com/>



Stettler District Ambulance Association



Upcoming Events

March

Junior High Rodeo

Capsule for Life Updates

April

Byemore Rodeo

May

Grad Demo

Paramedic Services Week May 24-30

McHappy Day

Important Announcement

Welcome to the 12th addition of the SDAA newsletter! This newsletter will be distributed Quarterly in an attempt to enhance communication throughout SDAA. Staff are welcome to submit articles for the newsletter. Deadline May 15, 2020.

STAFF REMINDERS

Training to be completed:

Respect in the Workplace online course.
Ensure to upload your certifications on EMS Manager.

MCP's and Skills training

BW Clip Gas Detector training



News from the Manager

In accordance with a recent change by the Public Health Agency of Canada to the geographic boundary for testing of symptomatic patients with COVID-19 to include all of mainland China; the changes below have been amended in the Screening Criteria for EMS practitioners in the EMS COVID-19 AHS Interim Response Plan and are **effective immediately**:

People who develop a fever and/or a cough or shortness of breath are at highest risk of having a Coronavirus infection if they meet any of the below criteria:

- Travel history anywhere in mainland China within the 14 days prior to their onset of symptoms.
- Had contact with a suspected or confirmed case of COVID-19 within 14 days prior to onset of symptoms.
- Within 14 days prior to onset of symptoms, visited a hospital/healthcare facility known to have treated confirmed COVID-19 cases.

Ensure to be familiar and follow the AHS Interim IPC Recommendations that have been included in this newsletter.

As many are aware we were audited by Alberta Occupational Health and Safety due to our high claims with workplace injuries over the last few years. It was obvious we were very successful in many requirements but failed to meet a few requirements in a timely manner based on legislation change in 2019. The orders are:

- To develop and adopt a Dangerous Work Refusal Policy (policy and processes have been developed and seeking board approval March 9, 2020 – implementation March 15, 2020).
- To support the development and implementation of a Joint Worksite Health and Safety Committee (JWHSC) according to the new legislation.

A JWHSC has been elected. The members are:

- Co-Chair Employees – Cameron Miller
- Co-Chair Employer – Linda Borg
- Additional Members – Mark Ratch & Carrie Jordan

The co-chairs were trained in the JWHSC training in February and our first committee meeting will be in March 2020.

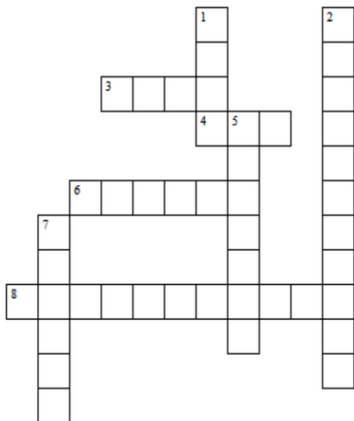
As everyone is aware AHS is faced with tough financial budget constraints and challenges...SDAA is no different. There will be some additional operational changes to address our obligation to being fiscally responsible as well as complying with Occupational Health and Safety Legislation. I appreciate everyone's cooperation in achieving these tasks.

"The process of success is hard work, dedication to the job at hand, and the determination that whether we win or lose, we have applied the best of ourselves to the task at hand".

Linda Borg (Manager/ACP/BAppB-ES)

HAND HYGIENE

STOP! Clean Your Hands Crossword



Clues

Across

3. There are ____ moments of hand hygiene.
4. Stop Clean Your Hands Day is ____5th
6. You should perform Hand hygiene ____contact with the patient of patient environment.
8. ____ is the most effective way to reduce preventable healthcare associated infections.

Down

1. When washing your hands with soap, use ____ water.
2. You should perform hand hygiene after contact with the patient of patient ____.
5. You should perform hand hygiene before an ____ procedure.
7. Healthcare associated infections affect more than 220000 people every year, and cause 8000-12000 ____.



EMS Patient Safety Theme of the Month Accreditation Ready 2020

Did you know?

Accreditation provides SDAA with an independent, third-party assessment of the organization using standards built upon best practices used and validated by organizations around the world. Accreditation is an **ongoing process** that helps ensure we provide the best possible care to client/patient(s).

Who is Accreditation Canada?

Accreditation Canada is a not-for-profit organization dedicated to working with patients, policy makers and the public to improve the quality of health services using recognized standards of excellence.

What does being an “accredited” organization mean?

- The organization delivers safe, high-quality and accessible care.
- Everyone works towards quality and safety.
- Focus is on care for the patient and their families.

What is an On-Site Survey?

A team of peer-surveyors, from other health organizations across Canada, come to Alberta to evaluate SDAA’s organizational clinical and administrative processes. The surveyors will speak with and observe patients, families, staff and leadership.

When is the next SDAA EMS Accreditation onsite survey?

The next AHS EMS Accreditation Canada On-Site Survey is **fall 2020**.

www.handhygiene.ca



Happy Birthday!

Jhon Jimenez March 10th

Mark Anderson March 20th

Rochelle Carpentier March 26th

Eric Bell April 28th







Brad Snodgrass May 5th




Kenn Middlebrough May 13th







Interim IPC Recommendations

In addition to **Routine Practices**

	<p>Recommendations <u>Contact and Droplet Precautions</u> For current case definitions of COVID-19</p> <ul style="list-style-type: none"> • https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-ncov-ed-ucc-triage- algorithm.pdf • Refer to Public Health Agency of Canada for ongoing updates
	<p>Affected Areas</p> <ul style="list-style-type: none"> • Refer to World Health Organization for information on affected areas. https://www.who.int/emergencies/diseases/novel-coronavirus-2019
	<p>Accommodation</p> <ul style="list-style-type: none"> • As quickly as possible – place patient in a single room and implement <u>Contact and Droplet Precautions</u> <ul style="list-style-type: none"> ◦ Single room with hard walls and door– contact Infection Prevention and Control if not available ◦ Move to airborne isolation room/negative air pressure capable room if Aerosol Generating Medical Procedures is required. See the Respiratory (ILI) Algorithm for a list of AGMP • <u>Contact and Droplet Precautions sign</u> visible on entry to room or bedspace. • If Aerosol Generating Medical Procedures are performed additional PPE is also required.
	<p>Medical Officer of Health Notification</p> <ul style="list-style-type: none"> • Contact Medical Officer of Health (MOH). All lab testing must be preapproved by MOH. • Do not obtain specimens prior to approval by MOH • Contact tracing and follow-up will be done through MOH. • AHS Updates
	<p>Laboratory Testing</p> <ul style="list-style-type: none"> • Refer to lab bulletin for testing, specimen handling and notification for laboratory testing • All requests for COVID-19 need to be first approved by MOH and the Virologist On-Call. • Alberta Precision Laboratories will coordinate testing requests.
	<p>Hand Hygiene</p> <ul style="list-style-type: none"> • Perform hand hygiene using alcohol-based hand rub (ABHR) or soap and water as described in <u>Routine Practices</u>. • Educate patients and visitors about how and when to use hand hygiene products.

	<p>Personal Protective Equipment (PPE): Gowns, Gloves and Facial Protection</p> <ul style="list-style-type: none"> • Wear new PPE to enter patient room or bed space. • Do not wear PPE outside a patient room or bed space unless transporting contaminated items. • Remove soiled PPE as soon as possible. • Gloves are single-use. Use only once, then dispose of immediately after use. • Change gloves between care activities for the same patient (e.g., when moving from a contaminated body site to a clean body site). Sterile gloves are for sterile procedures. • For more detailed information on glove use see Glove Use and Selection: IPC Best Practice Guidelines or Proper Glove Use as part of Personal Protective Equipment • Prescription glasses do not meet Workplace Health and Safety regulations for eye protection. • Proper wearing of masks includes: <ul style="list-style-type: none"> ◦ ensuring a snug fit over the nose and under the chin; ◦ changing mask when it becomes moist; • Refer to the AHS Donning and Doffing PPE posters for details on careful
	<p>N95 Respirators & Eye Protection use ONLY when Aerosol Generating Medical Procedures are performed. See the Respiratory (ILI) Algorithm for a list of AGMP</p> <ul style="list-style-type: none"> • All staff and physicians require fit-testing for an N95 respirator. • Perform hand hygiene before putting on and immediately after taking off N95 respirator. • Proper wearing of a N95 respirator includes: <ul style="list-style-type: none"> ◦ putting on the respirator before entering the patient's room; ◦ moulding the metal bar over the nose; ◦ ensuring an airtight seal on the face, over top of the nose and under the chin; ◦ donning eye protection after N95 for AGMP; ◦ leaving the room and changing the respirator when it becomes moist; ◦ removing the respirator after leaving the patient's room by touching elastic only; ◦ not wearing respirator around the neck. • Refer to the AHS Donning and Doffing PPE posters for details on careful removal and disposal of N95 respirators.
	<p>Handling Patient Care Items and Equipment</p> <ul style="list-style-type: none"> • Use disposable patient equipment when possible. • Dedicate re-useable equipment for a single patient use only, until discharge • If reusable equipment cannot be dedicated for a single patient use, clean and disinfect it between patients. • Additional Precaution rooms should contain a dedicated linen bag; double bag only if leaking. • Do not share items that cannot be cleaned and disinfected. • Used meal trays and dishes do not require special handling. Disposable dishes and utensils are not required. • Special handling of linen or waste is not required.

	<p>Patient Ambulation Outside Room, Bed Space or Transfer</p> <ul style="list-style-type: none"> • Patients should leave the room or bed space for essential purposes only, exceptions require IPC consultation. • Use predetermined transport routes to minimize exposure for staff, other patients and visitors • Before patients leave their room, educate or assist them to: <ul style="list-style-type: none"> ◦ perform hand hygiene; ◦ put on clean clothing or hospital gown/housecoat; ◦ ensure dressings and incontinence products contain drainage; ◦ put on a procedure/surgical mask. ◦ for pediatric patients who do not tolerate a mask, cover them with a blanket or have them cuddle with care provider. • Notify the receiving area, before departure, of the need for Contact and Droplet Precautions.
	<p>Environmental Cleaning</p> <ul style="list-style-type: none"> • Room surfaces and equipment cleaning/disinfection is required on a daily basis or more frequently if directed by IPC using AHS approved products and procedures. • After discharge, transfer or discontinuation of contact and droplet precautions, clean room as per existing facility cleaning practices. • Replace privacy curtains. • Additional precaution signs should not be removed until both patient’s personal hygiene and environmental cleaning have been completed.
	<p>Visitors</p> <ul style="list-style-type: none"> • Visitor Alert Poster • Encourage visitors to perform hand hygiene. • Instruct family or visitors to wear masks and eye protection. • Contact and Droplet Isolation Precautions Family/Visitor information is an additional resource for visitors. • Keep the number of visitors to a minimum.
	<p>Signs and Posters</p> <ul style="list-style-type: none"> • Contact and Droplet Precautions • Travel Risk Symptom Alert Poster <ul style="list-style-type: none"> ◦ English ◦ Traditional Chinese (translated) ◦ Simplified Chinese (translated) • Patient Symptoms Alert Poster • Cover Your Cough poster

Emergency Medical Care

Q3 2019-2020

Patient Care Indicators (Nov, Dec, Jan)

Protocol / Clinical Practice Guidelines / Skills and Outcomes

***Guide (number audits compliant / number of calls audited)**

Chest Pain - Cardiac	≥ 90%	5/5 100%	71-89%		≤70 %
Cardiac & Respiratory Arrest	≥ 90%	5/5 100%	71-89%		≤70 %
Shortness of Breath	≥ 90%	21/22 91%	71-89%		≤70 %
Motor Vehicle Collision	≥ 90%	10/10 100%	71-89%		≤70 %
Psychiatric & Behavioural Problem	≥ 90%	8/8 100%	71-89%		≤70 %
Stroke/TIA	≥ 90%	3/3 100%	71-89%		≤70 %
Altered LOC	≥ 90%	6/6 100%	71-89%		≤70 %
Fall/Trips/Lift Assists	≥ 90%	43/43 100%	71-89%		≤70 %
Substance Abuse Poisoning/Overdose	≥ 75%	3/3 100%	67-74.9%		≤70 %

Special Clinical Projects/Training

1. Respect in the Workplace (In house training)
2. Medical Control Protocol Training
3. Tools to Deal with Grief
4. EZ IO Sway Presentation (In House training)
5. Hand Hygiene Training (In house training)

Emergency Medical Care

Q3 2019-2020

Patient Safety Indicators			
Patient Handling/Falls Incidents	0	Total # of patient contacts for the Quarter <u>510</u>	>0
Medication Errors	0		>0
Protocol Deviation	0		>0
Clinical Adverse Events	0		>0
Clinical Near Misses	0		>0
Workplace Violence	0		>0
Ethical Issues	0		>0

Summary

TRENDS:

AHS Patient Remaining on Scene Brochure not left with patient and brochure number not documented in ePCR.

CLIENT SAFETY ISSUES:

1. Individual Reported Outcomes - None
2. Risk – Incomplete documentation and information can lead to misinterpretation of patient care and treatment.
3. Volume – No concern
4. Cost – No Cost

OPPORTUNITIES FOR IMPROVEMENT:

1. Resource allocation required – No
2. Set priorities and expectations - The Refusal of Care and/or Transport, Assess, Treat and Refer form in the electronic patient care record (ePCR) must still be filled out on scene and signed by the patient. Each booklet has a unique "Patient Copy Number" on the front that needs to be entered on the Refusal of Care and/or Transport, Assess, Treat and Refer form in ePCR, to indicate it has been given to the patient.
The purpose of the booklet is to inform patients remaining on scene of potential risks and provide instructions for follow-up care.
This booklet is to be reviewed and left with patients for the following events:
 - Refusal of Care and/or Transport
 - Supraventricular Tachycardia Assessment, Treat and Referral
 - Hypoglycemia Assessment, Treat and Referral
 - Palliative Care Assessment, Treat and Referral
3. Review report with staff and identify trend with compliance issues through the medical audit peer review process.

OBJECTIVE AND TIMELINE FOR IMPROVEMENT THIS QUARTER:

We will reduce this trend by 90% over the next 3 months.

OBJECTIVE AND TIMELINE FOR IMPROVEMENT Q2 2019-2020:

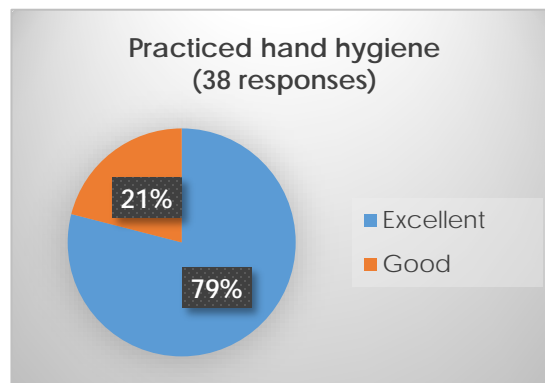
Will reduce the number of ECG's not transmitted to ePCRs by 90% over the next 3 months.

Action Taken: Trend identified and discussed with staff. Provided training to staff on procedures with Lifepak 15 and ePCR to utilize if transmissions are unsuccessful.

Result: Achieved objective to 95% compliance within the 3 months. Will continue to monitor for consistency over the next 6 months.

Patient Experience

As part of the Accreditation process, SDAA conducts Patient Satisfaction Surveys. The information collected will allow us to enhance the patient experience and to engage our patients in the betterment of their treatment and our policies and procedures.



Patient Comments

"May God bless you for your never-ending effort."

"Very professional and caring."

"Kept me informed of what was going on."

"Ambulance very rough...need air bags."