CPER digest

Special Edition 2018

PCP and ACP Patching to a Base Hospital Physician ~ Effective Communication is Key!

i

identification

It's Jane Doe
#12345
ACP with
South EMS

Can you hear me okay?

Effective communication is key when it comes to patient safety. This Dialogue during patient assessment and treatment serves to reduce the risk of a medication or procedure incident.

S

situation

I am calling regarding cardioversion orders for an 81 y.o. female weighing 60 kg who is currently in an unstable VT

We are on scene preparing for transport with an ETA to hospital of 15 minutes

B

background

She has a hx of CAD, HTN & MI one year ago

She has numerous medications including Digoxin and Coumadin

She has NKDA

Onset of symptoms were **acute**, at rest, approximately **20min** ago

A

assessment

ECG shows a rate of **180bpm, regular wide** QRS, confirmed with 12-Lead ECG

GCS is altered
BP 74/30, RR 28
SpO2 99% NRB

The patient is **confused**, lethargic, **pale**, and **diaphoretic**

She denies dyspnea, but is tachypneic

She c/o non-radiating **retrosternal chest pain**

R

response

We have established an IV and initiated a 20cc/kg NS bolus, have infused 250cc with no response.

I believe the patient is in an unstable VT and request an order for cardioversion +/- analgesia-sedation.

…….

To confirm, I have orders to synchronize cardiovert @ 100, 200, 200 joules. Versed 2mg, Morphine 2mg, may repeat post-conversion if SBP >100.

What is your BHP number?

The use of the iSBAR structured report is encouraged for all verbal communication between health care providers. iSBAR is specifically designed for BHP patching, receiving hospital notification and during the hand over report at the ED.

Studies indicate that 70-80% of medical errors are related to interpersonal communication issues. http://www.ahrq.gov/RESEARCH (Agency for Healthcare Research and Quality January 2004)

The Joint Commission on Accreditation of Healthcare Organization (JCAHO) has been noted that in 63% of sentinel event occurrences, communication breakdown is the leading root cause. (Joint Commission Perspectives on Patient Safety, Volume 2, Number 9, September 2002, pp. 4-5(2))

A **Sentinel Event** is defined by The Joint Commission (TJC) as any unanticipated **event** in a healthcare setting resulting in death or serious physical or psychological injury to a patient or patients, not related to the natural course of the patient's illness.

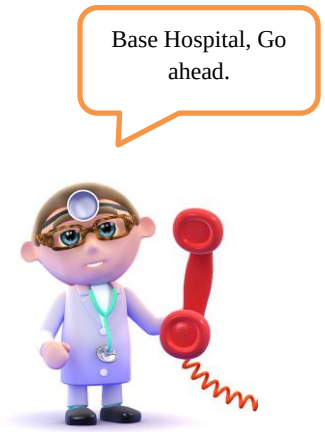
CPER digest Special Edition 2018

PCP and ACP Patching to a Base Hospital Physician ~ When you can't get through!

Case: You have initiated the Medical Cardiac Arrest Medical Directive for an unwitnessed cardiac arrest of suspected cardiac etiology. The patient has remained asystole despite excellent quality CPR after 3 manual interpretations (PCP), and 3 doses of Epinephrine (ACP). As this is a mandatory patch point in your medical directive, you attempt to make contact with the Base Hospital Physician (BHP) for consideration of a Termination of Resuscitation (TOR). The call rings several times and then you receive a recorded message from the Medical Director stating to hang up and call back. You call back but receive a rapid busy signal.

Mandatory Patch Point ***or*** ***BHP Consultation***

Call the BHP



Didn't reach a BHP 1st time?
Hang Up
Wait 30-60 seconds
Try Again

Didn't reach a BHP 2nd time?
Contact CACC/ACS
Ask them to call the red phone @ the Hamilton General Hospital
Speak to the **Back-Up BHP**

What would you do if you could not contact the BHP?

For the cardiac resuscitation discussed, BLS and ALS care should be continued and the back-up procedure to contact a BHP via CACC/ACS should be attempted. If this fails the medical directive specifically indicates that the patient should be transported to the closest medical facility with ongoing resuscitation.

If a Paramedic follows the back-up procedure and cannot contact a BHP, they should document this as a patch failure "Code 402" on the ACR/ePCR in addition to completing an incident report as per individual service policies and notifying CPER at cqi@cper.ca. (CAREreport)

This is a very rare occurrence and we need to be informed so that we can review.