

Working with other healthcare professionals on scene

Objectives of this document

To provide guidance to the medical first response (MFR) practitioner when encountering other healthcare professionals during an MFR event prior to the arrival of the EMS crew.

Background

Working in an emergency setting can be stressful, and not knowing what everyone's roles are can cause tension and confusion for everyone, including the patient. There may be instances where another healthcare professional arrives to a scene or there may be events MFR practitioners respond to where a healthcare professional is already on scene. AHS EMS refers to a document (posted at end of this document) entitled Healthcare Professional On Scene which guides paramedic crews on similar situations.

Modelling a spirit of collaboration

It is important to remember that everyone is on the same team, working for the same common goal – exceptional patient care. Ensuring exceptional patient care requires strong communication between everyone on the team, and this includes the patient. In very serious emergencies and large events such as mass casualty incidents, taking the time to communicate effectively can seem like less of a priority, but it is even more important. When different healthcare providers work together to help a patient, this is known as a collaborative care model.

Patient and family-centred care

The patient and their family (with patient's consent) are part of the healthcare team! In the past, patients were treated with less autonomy in the healthcare system but research shows that the patient experience is much more positive when they are treated as an informed member of their care team. This means ensuring the patient understands what is happening, who is treating them and what treatments are being offered. Obtaining ongoing consent means ensuring the patient remains in the driver's seat of their own care, and this helps contribute to improved patient outcomes.

Encountering other healthcare providers

Healthcare providers encountered at an event may wish to assume care, to simply help with care, or to remain providing care. There are three main situations where you may encounter these circumstances prior to the arrival of an EMS crew.

1. A healthcare provider requests EMS, such as a midwife at a home birth, or a physician at a medical clinic;
2. A healthcare provider is a bystander at a medical or trauma event, and;
3. A patient's clinical requirements are best served by consulting with another healthcare provider, such as accessing On-Line Medical Consultation.

Determining the highest level of training

In the MFR setting, deferring to the individual with the highest level of medical training is typically the best approach when it comes to treatment decisions, provided they are currently registered with a professional body in Canada. For example, a midwife is highly trained in their specialty, and will help guide the MFR professional on how to best support the patient. In such instances where a healthcare professional has a pre-existing relationship with the patient and is already on scene, or who arrives on scene, that healthcare provider will typically lead patient assessment and treatment while working collaboratively with the MFR team.

While other healthcare providers may have a higher level of medical training, MFR members representing a fire department will still lead extrication, rescue, fire, HazMat and other efforts that fall under the jurisdiction of fire and rescue response.

For example, consider a scenario where you attend to an MVC and the passenger is female at 38 weeks gestation who has gone into labour. She requires extrication from the vehicle, and her midwife attends the scene to help. The midwife may lead the medical care with support from members providing MFR, while other fire department members lead the rescue and extrication efforts. The midwife has the highest level of training in this scenario, but will still need support from MFR practitioners on scene.

Other examples of when MFR practitioners may expect to work in a collaborative care model include:

1. Events at long-term care centres, dental offices, laboratories, medical offices and other non-emergency healthcare settings;
2. At the patient's home such as when homecare is being provided to patients;
3. At mental health care facilities or group homes or settings which serve the special needs or disabled communities;
4. At any emergency medical or trauma scene where bystanders are present or present themselves as healthcare providers, and;
5. At an end-of-life, Medical Assistance in Dying (MAID) or palliative event where the patient is expected to die in the near future.

How to communicate effectively

In order to function safely and effectively, all members of a collaborative care model must abide by the following principles:

1. A shared, common goal of supporting patient safety and delivery of high-quality, evidence-informed care;
2. Clear, respectful communication using simple, accurate language among all members of the team, ensuring that each individual understands the other's skill sets and scope of practice as they apply to the patient's needs;
3. Communication among all members of the team designating each individual's role and responsibilities to the most appropriate care provider based on the patient's needs and the respective healthcare provider's scope of practice and skill level, and;

4. Ensuring that any change in patient condition is clearly communicated to all members of the team. Never assume that a change in condition has been identified, recognized and/or managed by someone else.

What can other healthcare professionals do at a scene?

Other healthcare providers may assist the MFR crew with tasks such as spinal immobilization, CPR, ventilations and other tasks or they may wish to direct care. In all cases, refer to the collaborative care model to guide best practice.

If there are disagreements or if the MFR practitioner or the other healthcare providers are uncertain of how to approach care, contact On-Line Medical Consultation for guidance.

Keep in mind that while a physician or registered nurse may have a higher level of training than most MFR practitioners, they may not be experienced at managing emergencies in a pre-hospital setting. This is a specialized skill that other healthcare providers may not have. In these cases, having someone from the MFR team direct the call while prompting the healthcare provider for medical treatment decisions may be the best approach.

Required documentation

While MFR agencies are not required to gather patient demographics, it is important to gather documentation pertaining to other healthcare providers assisting at an event. Record their name, contact information, designation and if possible, their registration number with their professional registry organization, such as the Alberta College of Nurses. When creating a patient care report (PCR), ensure that any medical decisions or treatments performed by the healthcare provider are recorded accurately.

When EMS arrives

Ensure introductions are made, and that EMS understands how and why the other healthcare provider(s) came to be at the event. Provide a brief synopsis of the situation, and allow the practitioner with the highest level of medical training to give the medical report handoff to the incoming EMS crew.

TITLE

HEALTHCARE PROFESSIONAL ON SCENESCOPE

Provincial: Emergency Medical Services

DOCUMENT

HCS-EMS-OP-03

APPROVAL AUTHORITY

Alberta Health

INITIAL EFFECTIVE DATE

April 30, 2017

SPONSOR

Senior Medical Director, Emergency Medical Services

REVISION EFFECTIVE DATE

June 1, 2021

PARENT DOCUMENT TITLE, TYPE AND NUMBER

Not applicable

SCHEDULED REVIEW DATE

June 01, 2025

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

If you have any questions regarding the information in this document, please contact your Supervisor or email protocols@ahsems.com. The Policy & Forms website is the official source of current approved policies, procedures, directives, standards, protocols and guidelines.

OBJECTIVES

- To provide direction for EMS health care professionals when a **Healthcare Professional (HP)** wishes to assist with or maintain/assume patient care (Appendix B) when;
 - HP is unexpectedly encountered on scene by EMS (i.e. bystander)
 - HP requests that EMS provide assistance on scene and/or transport their patient to definitive care (i.e. at home birth facilitated by a **Midwife**, Medical Office).
 - a patient's clinical requirements are best served by consulting with another responsible HP (either on scene or remotely).

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary), working with or for EMS. This protocol does not limit any legal rights to which you may otherwise be entitled.

This procedure does not apply to:

- HPs acting as an escort during an inter-facility transfer for the purpose of maintaining a

higher level of care that was previously initiated.

ELEMENTS

Establish Identification of the Intervening HP

- 1.1 Obtain and document, on the Patient Care Record (PCR), demographic information of the intervening HP. This includes but is not limited to:
 - a) Name
 - b) Contact number
 - c) Healthcare Specialty (e.g. ED **Physician, Nurse Practitioner**, Midwife, ACP, Critical Care RN, etc.)
 - d) **Regulatory Agency** registration number
- 1.2 Contact Online Medical Consultation (OLMC) if uncertain of the intervening HPs' identity/credentials.

Collaborative Care Model

- 2.1 As the healthcare system evolves, it is moving away from the traditional care model of a single responsible HP to collaborative healthcare teams. In such a team model there may not be an individual designated as the "leader" of the patient care but rather a team of individuals, each considered a content expert in their respective area of expertise. This team shares responsibility for the patient's care amongst the multiple individual professionals. As the needs of the patient evolve and progress the members of the team may need to dynamically transition between active treatment and supportive roles.
- 2.2 The collaborative care model applies to events where HPs have a professional obligation to provide patient care and have a pre-existing relationship with the patient. It does not apply to emergency events where the HP arrives on scene as a bystander. Examples of potential collaborative care models include but are not limited to:
 - a) Assisting a physician/dentist with an acute medical emergency at a clinic, Senior's Residence/Assisted Living Facility/Long Term Care Facility, AHS Emergency Department or medical/dental office
 - b) Assisting a midwife during a home delivery
 - c) Supporting a homecare provider at a patient's residence
 - d) Participating in a Palliative / End Of Life event (see Palliative/End of Life

Care Operational Protocol)

- e) Assisting a HP providing medical coverage/care at a public or private event.
- f) Backing up another EMS crew

2.3 In order to function safely and effectively all members of a collaborative care model must abide by the following principles:

- a) A shared, common goal of supporting patient(s) safety and delivery of high-quality evidence-informed care.
- b) Clear, respectful communication among all members of the team ensuring that each individual understands the other's skill sets and **scope of practice** as they apply to the patient's needs.
 - i. Consideration should be given to the fact that each medical discipline has their own informal language or "shop talk." Using this "shop talk" in a multi-disciplinary team can lead to confusion and miscommunication which can negatively affect patient care. Whenever possible, all individuals should attempt to use standard medical terminology in their communication.
- c) Clear, respectful, collaborative communication among all members of the team designating each individual's roles and responsibilities to the most appropriate care provider based on the patient's needs and the respective HP's scope of practice and skill level.
- d) Any change in patient condition must be clearly communicated to all members of the team. NEVER ASSUME THAT A CHANGE IN CONDITION HAS BEEN IDENTIFIED AND MANAGED BY SOMEONE ELSE!

Healthcare Professional on Scene in an Off-Duty / Bystander Capacity

3.1 The HP may;

- a) Assist with patient care if they comply with MCPs and do not exceed the **Transporting EMS Crew's** Scope of Practice.
 - i. Participation is at the discretion of the Attending EMS Crew but should respect the collaborative care model if the situation is applicable.
 - ii. If disagreements arise contact OLMC
- b) Maintain/assume responsibility for patient care. If this occurs;

- i. One member of the attending EMS Crew will review the “Healthcare Professional on Scene Card” (Appendix A) with the HP, within in the electronic patient care record form.
- ii. The transporting EMS crew should assist the HP with treatments as required without exceeding their scope of practice while respecting the principles of the collaborative care model as defined in 2.3.
- iii. Contact OLMC if;
 - a. Treatment does not comply with MCPs.
 - b. Disagreements arise, or
 - c. Treatment is outside the Scope of Practice of the Transporting EMS Crew, and the HP declines to accompany the patient to the **Transport Destination**.
- iv. Document the HP’s orders and ensure that he/she signs the PCR.

Off Duty EMS Practitioner on Scene

- 4.1 Off duty EMS health care professionals who are trained in ALS or BLS patient care measures and who currently hold an active practice permit from their local regulatory body may;
- a) Assist with patient care if they comply with MCPs and do not exceed the Transporting EMS Crew’s Scope of Practice.
 - i. Participation is at the discretion of the Attending EMS Crew.
 - ii. If disagreements arise, contact OLMC.
 - b) Assume responsibility for patient care if they are able to provide a level of care above that of the Attending EMS Crew. If this occurs;
 - i. One member of the attending EMS Crew must review the “Healthcare Professional on Scene Card” (Appendix A) with the off-duty EMS practitioner, within the electronic patient care record form.
 - ii. Contact OLMC if;
 - a. Treatment does not comply with MCPs.
 - b. Disagreements arise, or
 - c. Treatment is outside the Scope of Practice of the Transporting EMS Crew, and the off-duty EMS practitioner

declines to accompany the patient to the Transport Destination.

- c) Document the off-duty EMS health care professionals orders and ensure that he/she signs the PCR.

HP Interferes with Patient Care

5.1 If the HPs' actions interfere with patient care the Attending EMS Crew must;

- a) Delegate one member of the crew to attend to the patient while the second member of crew redirects HP. This should only be attempted if both patient and Attending EMS Crew safety is not compromised.
- b) Contact OLMC immediately
- c) Record actions of the HP
- d) Request police intervention as necessary.

Transport Requirements

6.1 If the intervening HP ceases to participate in patient care at any time during transport, the Transporting EMS Crew must ensure that he/she is appropriately restrained as a passenger (cross-reference: "Emergency Medical Services Restraint of Health care professionals, Patients, Passengers and Equipment" and "Operating EMS Vehicles").

Mass Casualty Incidents

7.1 The "Healthcare Professional on Scene Card" may not be reviewed in its entirety. However, the Attending EMS Crew should use due diligence to ascertain the intervening HPs' willingness to assume responsibility/risk involved with patient care.

7.2 On scene patient care needs may require the intervening HP to decline accompanying the patient to the Transport Destination. If this occurs, ensure that the treatment provided on scene is within the Transporting EMS Crew's Scope of Practice.

- a) Document details of MCI on the PCR.
- b) Make an attempt to document the intervening HPs' orders and have them sign the PCR.

DEFINITIONS

Advanced Life Support (ALS) means the level of patient care provided as defined in the Alberta Occupational Competency Profile (AOCP) Advanced Care Paramedic (ACP).

Attending EMS Crew means the EMS crew that is formally dispatched to the scene by an EMS Communications Center.

Basic Life Support (BLS) means the level of patient care provided as defined in the Alberta Occupational Competency Profile (AOCP) for both Primary Care Paramedic (PCP) and Emergency Medical Responders (EMR).

Healthcare Professional (HP) means a person who by education, training, certification, or licensure is qualified to and is engaged in providing health care in a systematic way (e.g. Physicians, Midwives, **Registered Nurses**, Nurse Health care professionals, and EMS health care professionals, among others).

Mass Casualty Incident (MCI) means any mass medical incident where the patients or casualties are greater than the available resources.

Midwife means a Healthcare Professional who provides care to women throughout pregnancy and birth, and for six weeks after the birth, including care for the newborn. Current registration with Alberta Association of Midwives (AAM) is required.

Nurse Practitioner means a registered nurse who has advanced training in health assessment, health promotion and illness prevention. They diagnose and treat health problems, order and interpret tests, and prescribe drugs. Current registration with College & Association of Registered Nurses of Alberta (CARNA) is required.

Physician means a person who is a regulated member of the College of Physicians and Surgeons of Alberta.

Registered Nurse means a person who is a registered nurse within the meaning of the Health Professions Act of Alberta.

Regulatory Agency means a College pursuant to the Health Professions Act or, a Health Discipline Association/Committee pursuant to the Health Disciplines Act as a body responsible for governance and

regulation of its members.

Scope of Practice means the range of responsibility and practice guidelines that determine boundaries in which a Healthcare Professional may practice.

Transport Destination means any recognized Alberta Health Services or Covenant Health destinations. For example, Hospital or Urgent Care Centre.



Transporting EMS Crew means the EMS crew that is responsible for transporting the patient to the Transport Destination.

REFERENCES

- Appendix
 - Appendix A - Healthcare Professional on Scene Card
 - Appendix B - Healthcare Professional on Scene: Algorithm
- EMS Policies and Procedures in Development
 - AHS EMS Policy: Operating Emergency Medical Services (EMS) Vehicles
 - AHS EMS Procedure: Securing Staff, Patients, Passengers and Equipment in Ground Vehicles Procedure
- Legislation
 - Province of Alberta Emergency Medical Aid Act (Chapter E-7)
 - Health Professions Act of Alberta
- Provincial Standards
 - Alberta Occupational Competency Profile – Advanced Care Paramedic
 - Alberta Occupational Competency Profile – Primary Care Paramedic
 - Alberta Occupational Competency Profile – Emergency Medical Responder

Appendix A

EXAMPLE Healthcare Professional on Scene Card in ePCR

 <p>Healthcare Professional On Scene Card</p> <p>The attending EMS practitioners are fully qualified to handle this emergency and are working under the authority of Alberta Health Services, EMS Medical Directors. If you wish to maintain or assume responsibility of patient care you must:</p> <ul style="list-style-type: none">• Provide demographic information• Have treatment orders documented on the Patient Care Record (PCR)• Sign the PCR• Accompany patient to transport destination, and• Accept risk(s) associated with patient care/transport. <p><i>(See reverse side for EMS Online Medical Consultation - OLMC)</i></p> <p>AHSEMS Procedure #PS-EMS-C-00-03</p>	 <p>EMS OLMC Physician will be contacted if:</p> <ul style="list-style-type: none">• Your treatment is not in accordance with AHS EMS Medical Control Protocols• There is a disagreement, and/or• You decline to accompany patient to transport destination. <p>You may not maintain or assume patient care responsibilities if you are unwilling to abide by the guidelines outlined above.</p> <p><i>Ian Phelps</i></p> <p>Ian Phelps, MD, CCFP (EM), EMT-P Senior Medical Director, Alberta Health Services, Emergency Medical Services</p>
--	--

Appendix B

Card Healthcare Professional on Scene: Algorithm

