

Playing Nice in the Sandbox: A Provincial EMS/Midwifery Collaboration

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The Sandbox:

Each year, Emergency Medical Service (EMS) crews respond to approximately 125 events involving a Registered Midwife (RM)

EMS 2016/17 fiscal year:

- 325, 128 events
 - 1,964 (0.06%) events related to pregnancy/childbirth/miscarriage
- 125 events/yr. = 0.04% of pregnancy/childbirth/miscarriage calls for EMS



Midwifery Services 2016:

- 3,115 Midwifery Client births
 - 1,346 (43%) out of hospital births
- 125 events/yr. = 9.3% of out of hospital births for Midwifery Clients



High Acuity Low Opportunity (HALO) events;

Difficult to get “good” at rare events
Skill happens through dedicated effort and framework for response

Quality Assurance Reviews (QARs) and Fatality Inquiries

“...I felt, all of a sudden I didn't feel like I was alone dealing with this emergency. I knew that I had a team there that was going to help.”
– Patricia Lenstra, Clinical Midwifery Director, Tilley video (from Module)



The Score:

- The team established:
 - 3 interactive online education modules (launch 2017):
 - Module 1: Roles, Skills, Scopes of Practice
 - Module 2: Communication
 - Module 3: The Collaborative Approach

MODULE COMPLETION
RM **07:2017** EMS
70% **14%**

- Incorporated into Mount Royal University's Midwifery curriculum
- Home Birth Registration
 - RMs register planned home births with EMS
 - Information in the Mobile Data Terminal at dispatch
- Provincial RAAPID workflow for midwifery
- Leadership team to respond to adverse events or interactions



The Game:

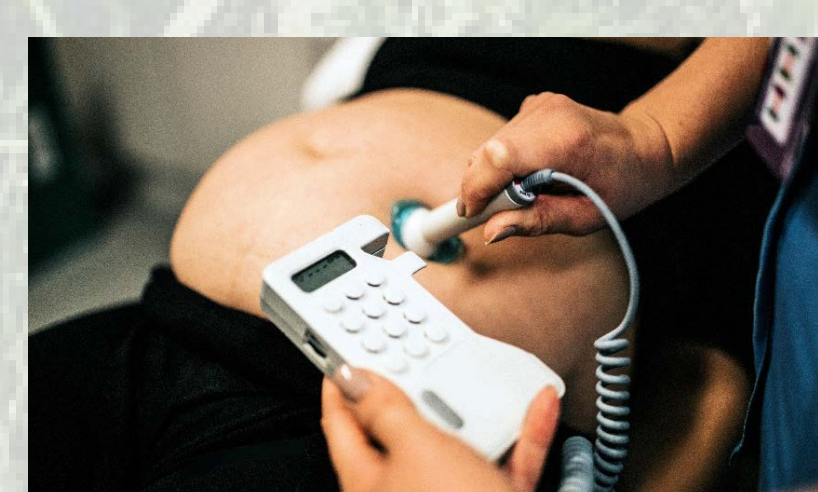
- Break down barriers
 - improve role clarity
 - Enhance understanding of skills and scope of practice
- Provide better home birth information
- Enhance collaboration between providers
- Ensure the patient/client/family are at the centre of care

Lessons learned:

- Polarised perspectives regarding home birth
- Narrow view of each others role/scope of practice
- Project important to bring focus onto client
- Positive feedback; challenging implementation

The Players:

- The Patient/Client/Family
- EMS and Provincial Midwifery leadership
- Interdisciplinary, skilled working group:
 - Clinicians
 - RMs
 - EMS
 - Patient/client/family
 - Learning & development experts
 - Consultation with professional colleges

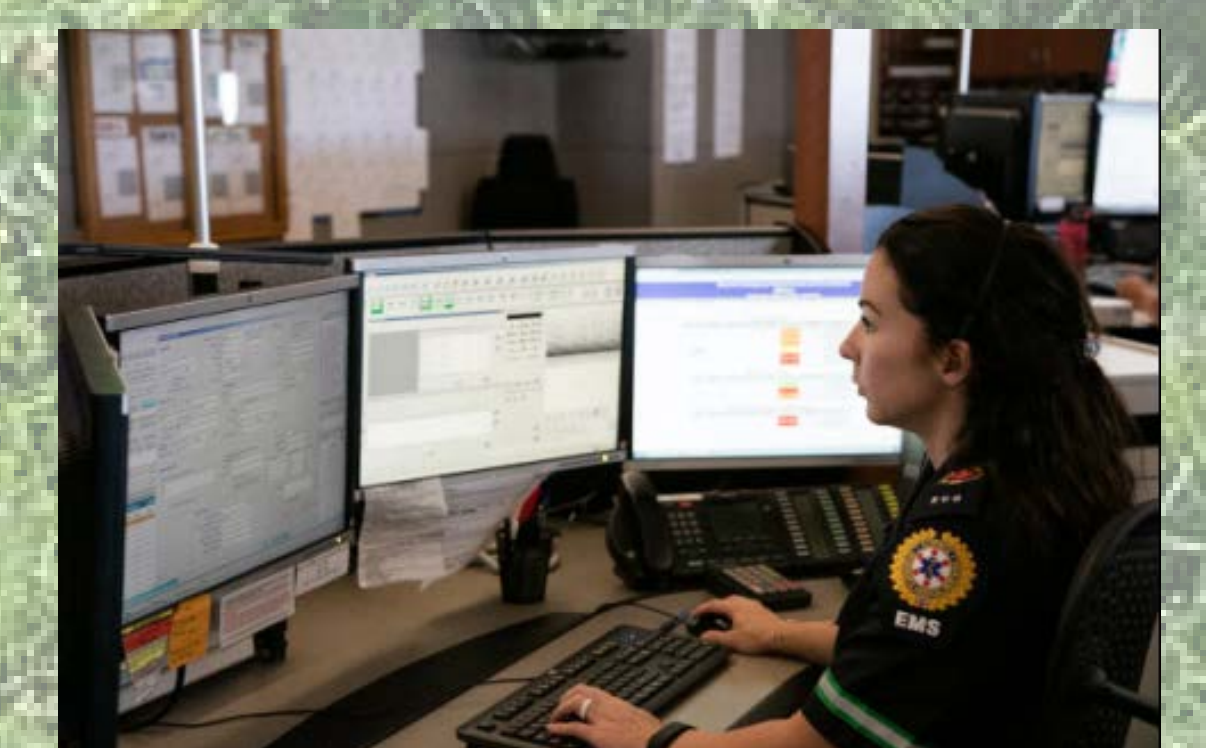


Location of Planned Birth (Community, Municipal Address, Rural Address, House or Apartment, Special Access Instructions)
Street or Rural Address _____ Apartment _____
Municipality _____ Home Phone _____
Estimated Date of Birth: _____

Registered Midwife Contact Information
RM Name (H) _____
Practitioner Name _____ Pager _____
RM Phone _____
Alternate Phone Contact _____
Occupational History
Grade _____ Post _____ Occupational History _____

Nonacute
Primary Level 2 Neonatal Destination _____
Primary Level 3 Neonatal Destination _____
Air Ambulance Requirement (EMS User - if appropriate based on birth location) _____

Member
Primary Destination _____
Primary Reassignment Destination _____



Next Match:

- Launch audit tool for evaluation
- Mandatory completion of modules as part of annual education
- Integrate Home Birth Registration across AHS, particularly rural areas
- Integrate modules into EMT and EMT-P curriculum
- Collaborative On-Scene Interaction Review