**PPNO List Serv Query Summary Part 3**

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Contact for further information:

In light of the recent pandemic and the challenges with maintaining certifications in programs offered by outside sources I want to investigate the feasibility of utilizing staff within our organization to provide this service. I have had interested staff come forward who are currently BLS instructors and also have staff interested in becoming instructors which would make this better for recertification/certification during situations such as a pandemic. My questions to you are:

         Does your organization provide BLS, ALCS, NRP, PALS etc. in house or through an external provider?

         If you have staff certified through heart and stroke as instructors does your organization pay for them to get their instructors and purchase the necessary equipment to run a course or is it the expectation that this be responsibility of the instructor?

         Do you compensate the instructor (staff member) in any way?

         Do you have any policies/guidelines/documents you would be willing to share on this topic?

Date of Summary:

July 20, 2020

Abbreviated Question (as it will appear on search results page)

X Policy/Procedure X Practice [ ]  Program Info [ ]  Committee Structure info [ ]  Role [ ]  Students

[ ]  Model/Structure [ ]  Care Delivery [ ]  Collaboration [ ]  Regulation/Legislation [ ]  Pt. Safety

[ ]  Quality/Outcome/Indicator [ ]  PP Culture/Leadership [ ]  Other:

Keyword(s)

Check 1 or 2

Required

for website

archiving

Responses: Please cut and paste responses from emails into the table, save and send summary table to PPNO List Serv. Allow 3 weeks for responses to filter in before sending final version.

| **Responder Info** | **Responses to query** | **Attachment(s)\*** |
| --- | --- | --- |
| **Mary-Lou Albers RN, BScN**Professional Practice and Education CoordinatorListowel and Wingham Hospitals Alliance [www.lwha.ca](http://www.lwha.ca)519-291-3125 ext 5374 | Does your organization provide BLS, ALCS, NRP, PALS etc. in house or through an external provider? We have in-house instructors for: BLS, NRP & CTAS         If you have staff certified through heart and stroke as instructors does your organization pay for them to get their instructors and purchase the necessary equipment to run a course or is it the expectation that this be responsibility of the instructor? We paid for the instructors to train for their certification, their yearly renewal fee (if there is one) and their time to teach based on their normal rate per hour. We also purchased our own equipment for them to utilize (some at each site)         Do you compensate the instructor (staff member) in any way? See above          Do you have any policies/guidelines/documents you would be willing to share on this topic? I don’t believe we have any documentation surrounding this as I was before my time |  |
| **Wendy MacLeod, RN BScN**Manager, Professional Practice **Hôpital Glengarry Memorial Hospital**20260 Cty Rd 43  Alexandria, ON K0C 1A0613-525-2222 x4332 / 613-360-9585 (cel)[www.hgmh.on.ca](http://www.hgmh.on.ca/) | Does your organization provide BLS, ALCS, NRP, PALS etc. in house or through an external provider?  I teach CPR.  My husband who is an external provider teaches ACLS.  We do not provide NRP or PALS on site.         If you have staff certified through heart and stroke as instructors does your organization pay for them to get their instructors and purchase the necessary equipment to run a course or is it the expectation that this be responsibility of the instructor?  Our organization paid for my instructor course, my annual teaching fee and the equipment.  They also pay the cards for the participants.  I am paid to teach by the organization, not the participants who attend.  The participants attend on their own time for ONA but it is paid for CUPE.         Do you compensate the instructor (staff member) in any way?  The hospital pays the ACLS instructor his fee.         Do you have any policies/guidelines/documents you would be willing to share on this topic?  See attached |  |
| Rob Martin RNClinical Nurse EducatorSioux Lookout Meno Ya Win Health Centre rmartin@slmhc.on.ca807-738-2184 Cell807-737-6599 Office | Hi, I am an instructor for all but NRP, and we have a nurse on OBS that is an instructor for thatThe hospital paid for my instructor course, as well as our NRP instructor.   We already had the equipment other than a few things, that again the hospital paid forI run courses during work time.  If I do a course on the weekend I just flex my time.No specific policies |  |
| **Tara Snyder, RN, MHS, BScN**Interim Manager, Professional Practice and Clinical InformaticsSt. Mary’s General Hospital911 Queen’s Blvd, Kitchener, ON(226) 808-4394tsnyder@smgh.ca | At our organization, we have had an in-house ACLS program for over 10 years.  Our clinical educators were ACLS instructors when we launched our program.  Over time, it has been hard to maintain this model and as such, we now have a combination of clinical educators and non-educators teaching ACLS.   Clinical educators teach during their regular workday and are paid at their regular hourly rate.  Non-educators are paid on an hourly rate on a separate pay as if they were an external contractor.  If we are running courses on weekends or after regular work hours, our clinical educators are paid as if they were external contractors on a separate pay.  There is a small premium for weekends and evenings.  The organization provides the equipment for our program.   For our clinical educators, the organization covers the costs associated with them being ACLS instructors.  For our non-educators, they cover their costs to become and maintain their instructor status.  About 6 years ago, we purchased 3 simulation mannequins from Laerdal.  Two of them are advanced airway (you can intubate them), and one is regular mannequin.  The advanced mannequins connect to iPads, which we also purchased from Laerdal. These have CPR depth, ventilation volume, etc.  Along with 6 “basic buddies” for CPR and a demonstration AED, the equipment purchase was about $12,000.   We also have 4 rhythm simulators (about $500 each).  We got new defibrillators throughout the hospital a few years ago, so we use our old ones for ACLS and they work just fine.  The expensive part of it all is making new instructors as the course is about $1000 per person + $200 for materials and 2-3 days of paid time.  |  |
| Mikyla Lennard RN, BScNPronouns: She/Her**Clinical Manager** of Obstetrical, Laboratoy, Perioperative, and Ambulatory Care Services **Interim Clinical Manager** Diabetes Education, Hemodyalisis, and Chemotherapy Winchester District Memorial Hospitalmlennard@wdmh.on.ca(613)-774-2420 (6326) | Yes - WDMH offers BCLS, NRP, ACLS, CPI, GPA inhouse by our own certified staff We pay to bring in instructors for PALS, TNCC.... maybe a few more. The hospital provides the equipment, I believe.Staff are paid for their time.  We also pay for their certification renewal.I don’t believe we have any policies.  |  |
| Beavis, Natalie <nbeavis@prhc.on.ca> | We do this in house at PRHC but we are also experiencing some challenges.ACLS-ED and CCU plus physician lead run the program. This model worked well initially but if too many people need to certify/recertify it is a challenge- esp. during COVID Highly recommend the need for admin support to track who is due and who is complete as this currently falls to the educators for ED/CCU on top of their full workload. Challenges working around FT schedule without burning out the trainers. Ensure enough space to accommodate class sizes (3 rooms in close proximity) Pandemic created a back logChallenges during COVID with no clear guidelines/decisions from Heart and Stroke regarding certifications that have lapsedBenefit-Can tailor the class to meet policy needs/changes i.e. stroke protocolsSuggest using code blue committee to get endorsement on decisions that will support the educators- link to patient safety Lessons learned -build capacity in more ACLS trained instructors – 2 plus one physician is not enough to keep up with the demand |  |
| susan bow <susan.bow@pemreghos.org> | Does your organization provide BLS, ALCS, NRP, PALS etc. in house or through an external provider? We have in house for NRP, PALS and ACLS. For BCLS we arrange to have outside instructor to come in         If you have staff certified through heart and stroke as instructors does your organization pay for them to get their instructors and purchase the necessary equipment to run a course or is it the expectation that this be responsibility of the instructor? Our hospital did pay for the current ACLS and PALS instructors. We utilize hospital equipment for running the courses. We generally have not had many outside people attend as courses fill with our staff         Do you compensate the instructor (staff member) in any way? They are paid their hourly wage. If it is a day off they get a lieu day.         Do you have any policies/guidelines/documents you would be willing to share on this topic? We have no official policy at this time. We are trying to develop one as well as one regarding cost- is it free for staff/ are they paid their time/- at present this is not consistent between departments |  |
| Corinne Savignac, R.N., BScN, Nurse Clinician General Internal Medicine705-523-7100Extension 3315**Health Sciences North | Horizon Santé-Nord**41 Ramsey Lake Road Sudbury, Ontario P3E 5J1  E-mail: csavignac@hsnsudbury.cahttp://intranet/portal/Portals/35/HSN_logo.jpg | Does your organization provide BLS, ALCS, NRP, PALS etc. in house or through an external provider? Yes, we do provide in house training.          If you have staff certified through heart and stroke as instructors does your organization pay for them to get their instructors and purchase the necessary equipment to run a course or is it the expectation that this be responsibility of the instructor? Several of our nurse clinicians are instructors and yes, our organization paid for us to become instructors as well as for all our equipment to run a course.          Do you compensate the instructor (staff member) in any way? Instructing is part of our “daily” work so we are paid as if we are working (which we are ). If any of the instructors are front line and not a nurse clinician then they too are paid their hours of instructing.  For front line staff instructors- The course and materials are paid for by the organization, the first course that they teach they are not paid for their hours of instructing (as sort of a payback for their course cost etc). After that first course, they bill the organization as a “contractor” and are paid $65 an hour (the monies is not taken from the organization’s bottom line but rather a separate account where monies made from courses is put) (our ACLS course is revenue generating as we tend to get lots of participants who are either in med school or are from other organizations).          Do you have any policies/guidelines/documents you would be willing to share on this topic? Sorry, we don’t have any policies on this.  |  |
| Lorraine Bird, RN, MScNInterim Clinical EducatorCollingwood General and Marine Hospital 705-445-2550 Collingwood, ON, L9Y1W9 | 1)      We have 1  in house instructor for CPR.(RRT)  We have an  in house ACLS instructor(MD) and 2 in house NRP instructors(RRT). We do not have a PALS instructor2)      The hospital pays for the yearly dues for BCLS instructor which is $75.00. The hospital also purchases any equipment  required to teach3)      I am paid straight time at my normal hourly wage as an RT4)      I instruct based on the policies Heart and Stroke sets forth.  |  |
| Sarah Corkey, BScNDirector Quality and Interprofessional PracticeQuinte Health Care613-969-7400 x2169Cell: 613-403-6270scorkey@qhc.on.ca | We had explored this option about 18 months ago as we had challenges prior to Covid with staff accessing local ACLS courses (BLS was less of an issue).  We chose to facilitate offering courses delivered by external providers that are delivered based on a schedule that we create and that occur onsite at our hospitals.  Some of the reasons for not exploring the in-house instructors was related to cost for training and challenges associated with succession planning/selection.We do have in-house NRP instructors and this has been in place for a number of years. |  |
| Beth Davis RN, BSN, MSNDirector of Professional PracticeNorthumberland Hills Hospital1000 DePalma DriveCobourg ON K9A 5W6Office: 905-372-6811 Ext. 3030Cell: 905-373-2898bdavis@nhh.ca |          Does your organization provide BLS, ALCS, NRP, PALS etc. in house or through an external provider?  We offer in house BLS, ACLS, NRP and PALS.         If you have staff certified through heart and stroke as instructors does your organization pay for them to get their instructors and purchase the necessary equipment to run a course or is it the expectation that this be responsibility of the instructor? Staff paid for their own certification, equipment was through combination of donors and instructors self-purchasing.         Do you compensate the instructor (staff member) in any way? Physician led, he charges base rate per student and then staff who teach are compensated by him for their time.         Do you have any policies/guidelines/documents you would be willing to share on this topic? We don’t have any. |  |

\*Imbedding Attachments: When in a document, with the cursor in the place where you wish to insert another document as an icon, Go to Insert, choose "Object" (not 'file') choose "Create from File" browse for the file name from your directory, once found, check off "Display as Icon" select "OK” The document Icon now appears in this document where your cursor was positioned. Save the document you are working in and the imbedded icon with the document they relate to attached will also be saved to this document.