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Can Clinical Practice Standards Improve the HSE Culture and Mitigate Risk?

Bridging: Safe Work Education
Best HSE Industry Standards
Best Clinical Practice



HSE TERMINOLOGY

Work-related Illness/Injury

- First Aid Case

- Medical Treatment Case

- Restricted Work Case

- Lost Time Incident

- Dependent on medic's treatment decisions

- Best Clinical Practice

- Safe Work Education

- Best HSE Industry Standards

- Best Clinical Practice



HSE TERMINOLOGY

First Aid Case vs. Medical Treatment Case

- Administering a non-prescription medication at non-prescription strength.
- Administering tetanus immunizations
- Using wound coverings such as bandages, Band-Aids, gauze pads, butterfly bandages or Steri-Strips
- Using any non-rigid means of support such as elastic bandages, wraps, non-rigid back belts, etc.
- Using temporary immobilization devices while transporting an accident victim (e.g. splints, slings, neck collars, back boards, etc.)



HSE TERMINOLOGY

First Aid Case vs. Medical Treatment Case

- Cleaning, flushing, or soaking wounds on the surface of the skin
- Using hot or cold therapy
- Drilling of a fingernail or toenail to relieve pressure or draining fluid from a blister
- Using eye patches
- Removing foreign bodies from the eye using only irrigation or a cotton swab
- Removing splints or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs, or other simple means
- Using finger guards; using massages; drinking fluids for relief of heat stress



BEST CLINICAL PRACTICE

The delicate balance of occupational medicine simultaneously treats the patient appropriately while being cognizant that treatment decisions affect recordable incidents and key performance indicators.



CASE STUDY 1

- 45 y/o M presents in the clinic complaining of lower back pain
 - He states that the pain started during his last trip and is bothering him again today
 - He explains that he feels he can still do his job, but tomorrow he is expected to help when new provisions arrive.
 - Assisting with these tasks is part of his job description; he is a basic laborer on the crew.
-

Is this work related?



CASE STUDY 1

Mitigate Case Escalation: FAC vs MTC

- Treatment plan considerations dependent on diagnosis:

Treat the Pain and Swelling:

- OTC vs Prescription
- Ice/Heat Therapy
- Massage



Best Clinical Practice

- Pain Management



CASE STUDY 1

Mitigate Case Escalation: FAC vs MTC

Best Clinical Practice - Pain Management - Bier Scale

PAIN MEASUREMENT SCALE



no pain 0

10 worst possible pain

Visual Analogue Scale



CASE STUDY 1

Mitigate Case Escalation: FAC vs MTC

Clinical Therapeutics 2010; 32(5): 882-95 (ISSN: 1879-114X)

- Comparison of the analgesic efficacy of concurrent ibuprofen and paracetamol with ibuprofen or paracetamol alone in the management of moderate to severe acute postoperative dental pain in adolescents and adults (234): a randomized, double-blind, placebo-controlled, parallel-group, single-dose, two-center, modified factorial study.
- The group treated with ibuprofen 400 mg/paracetamol 1000 mg had significantly better mean scores compared with ibuprofen alone ($P < 0.001$), paracetamol alone ($P < 0.001$).
- The group treated with ibuprofen 200 mg/paracetamol 500 mg achieved significantly better mean SPRID8 scores than paracetamol alone ($P = 0.03$), but not ibuprofen alone ($P = \text{NS}$)



CASE STUDY 1

Mitigate Case Escalation: FAC vs MTC

Dermatologic Surgery 2011; 37(7):1007-13 (ISSN: 1524-4725)

- **OBJECTIVE:** To compare the efficacy in pain management of three analgesic combinations: acetaminophen (AC), acetaminophen and ibuprofen (AC+IBU), and acetaminophen and codeine (AC+COD).
- **METHODS:** In a randomized, double-blind, controlled study, patients undergoing MMS and reconstruction for head and neck skin cancers received 1,000 mg of acetaminophen (AC), 1,000 mg AC plus 400 mg ibuprofen (IBU), or 325 mg AC plus 30 mg codeine (COC) immediately after surgery and every 4 hours for up to four doses.
- **CONCLUSIONS:** The combination of AC+IBU is superior to AC alone or AC+COD in controlling postoperative pain after MMS and cutaneous reconstruction.



CASE STUDY 1

Mitigate Case Escalation: FAC vs MTC

RMI Pain Management Guidelines

- **Minor Pain** (1/10 to 4/10)
 - Acetaminophen (500mg 1-2 PO q 4-6 hours)
OR
 - Ibuprofen (200mg 1-2 PO q 6-8 hours)
- **Moderate Pain** (4/10 to 8/10)
 - Acetaminophen (500mg 1-2 PO q 4-6 hours)
AND
 - Ibuprofen (200mg 1-2 PO q 6-8 hours)

EITHER given concurrently ***OR*** alternating q 3 hours



CASE STUDY 1

Mitigate Case Escalation: FAC vs MTC

RMI Pain Management Guidelines Con't

- **Severe Pain** (8/10 to 10/10)
 - Consider treating as moderate pain
OR
 - Acetaminophen (500mg 1-2 PO q 4-6 hours)
AND
 - Ibuprofen (200mg 1-2 PO q 6-8 hours)

EITHER given concurrently ***OR*** alternating q 3 hours

OR refer to Narcotic Pain Management Guidelines



CASE STUDY 1

Mitigate Case Escalation: FAC vs MTC

- Treatment plan considerations dependent on diagnosis:

Treat the Pain and Swelling:

- OTC vs Prescription
- Ice/Heat Therapy
- Massage



Best Clinical Practice

- Pain Management



CASE STUDY 1

Mitigate Case Escalation: FAC vs MTC – RWC vs LTI

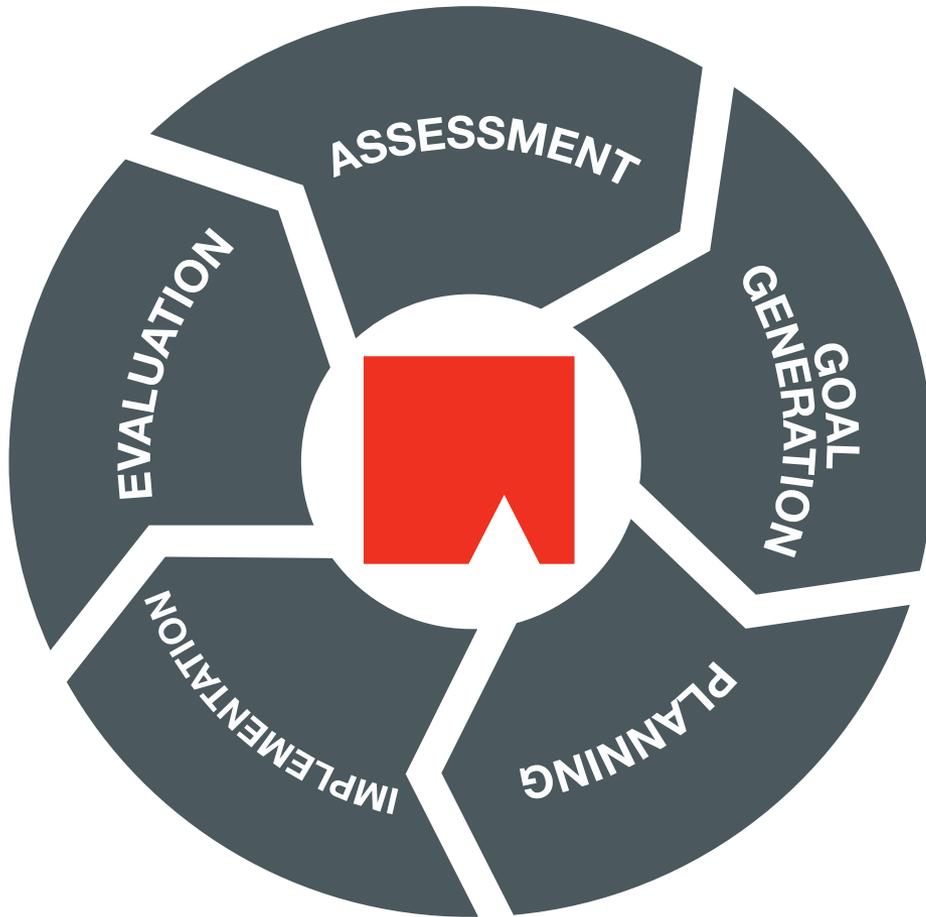
- **Education:**

- Discuss physical fitness & stretching – Review recent medical
- Review manual lifting procedures
- Consider if work restriction is needed
- Consider taking today off to ensure work tomorrow

Safe Work Education – Best HSE Industry Standards – Best Clinical Practice



HEALTH PROMOTION PROGRAM



WORK READY

ASSESSMENT

- Gather data
- Identify current and potential health issues

GOAL GENERATION

- Specific
- Measurable
- Realistic

PLANNING

- Taking into account
 - Age, gender, education, culture, resources

IMPLEMENTATION

- Classroom
- Hands on
- Health screening
- Policy change

EVALUATION

- Have goals been met?
- What adjustments could be made?



CASE STUDY 1

Mitigate Case Escalation: RWC vs LTI

- **Education:**

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Safe Work Education – Best HSE Industry Standards – Best Clinical Practice



CASE STUDY 2

- 25 y/o F complaining of having just cut her leg
 - She states she was unpacking resupply boxes and using a knife to cut the tape; she was kneeling down and pulling blade towards her; knife slipped and cut her leg.
 - Physical exam reveals a 5mm deep laceration that is 7cm long; bleeding easily controlled; patient states her Tetanus vaccinations is 7 years old and quantifies pain at 4/10
-

Is this work related?
Is this recordable?



CASE STUDY 1

Work-Related Injury: FAC vs MTC

- Treatment plan considerations dependent on diagnosis:
 - Wound Treatment:
 - Treat pain: OTC vs Rx
 - Clean and close wound: Suture vs Steri-Strips
 - Assess if Tetanus update is warranted
 - Education:
 - Discuss safe knife use procedures – Ensure auto-retracting
 - Consider Crew Training Refresher for next SCM

} Best
Clinical
Practice

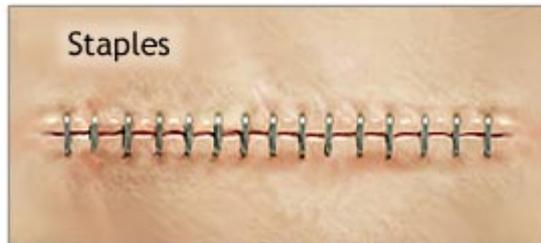
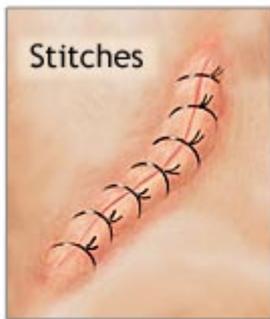
Safe Work Education – Best HSE Industry Standards – Best Clinical Practice



CASE STUDY 2

Work-Related Injury: FAC vs MTC

Best Clinical Practice – Wound Closure



ADAM.





BEST CLINICAL PRACTICE

Tiered approach to medicine

- Allow healing to occur

Tiered approach to pain management

- OTC vs Prescription

Prevention & Anticipation

- Best clinical practice **today**
 - Multi-faceted treatment plan
 - Consider all options
-

By mitigating future medical treatments, potential case escalation is simultaneously constrained.



BEST HSE PRACTICE

Patient Education

- Review healthy lifestyle choices
- Review safe work practice

HSE Refinement

- Review safe work practices
 - Review right tool for the job
 - Review new industry standards
-

React and anticipate.



SUCCESSFUL MITIGATION of CASE ESCALATION

Dependent on medics' level of:

- Education, training, and experience, both medical & HSE
- Overall awareness of potential impact on their clients' safety statistics and key performance indicators

Dependent on medics' support system and resources:

- Protocols, guidelines, and medical direction
- Mentors, advisors, and supervisors
- Topside Assistance
- Onsite HSE



SAFETY MEDIC SUCCESS

The delicate balance of occupational medicine simultaneously treats the patient appropriately while being cognizant that treatment decisions affect recordable incidents and key performance indicators.

Patient care comes first.



QUESTIONS? THANK YOU

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