

Clinical Advocacy & Leadership: A Best Practice Brief

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Focus: Enhancing Emergency Readiness in Remote/Northern Nursing Stations

1. Executive Summary

In remote northern nursing stations, the disparity between standard care and available clinical resources presents a critical vulnerability. This brief outlines an "Advocate-Innovator" model for proactive clinical advocacy: identifying infrastructure gaps, successfully securing external grant funding, and integrating life-saving technology into rural emergency workflows.

2. The Problem Statement: Resource Scarcity

Remote health stations often operate with limited diagnostic and life-support tools compared to urban centers. This disparity creates:

- **Safety Risks:** Delays in critical intervention during cardiac or trauma events.
- **Staff Burden:** Increased pressure on staff to provide high-acuity care without appropriate medical infrastructure.
- **Inequity of Care:** A lack of parity between northern and southern patient outcomes.

3. The Intervention Model: The "Advocate-Innovator" Framework

Phase I: Data-Driven Identification

Focus on "clinical necessity" by identifying cases where outcomes could have been improved with specific technology and mapping risks to patient outcomes and staff liability.

Phase II: Strategic Advocacy & Grant Alignment

Align requests with funding body goals. Frame the pitch through Patient Safety & Staff Support, quantifying the impact of requests (e.g., "Active Temperature Management System" vs. "Blanket Warmer").

Phase III: Integration & Sustainability

Ensure successful adoption through protocol updates and rigorous staff competency training under stress.

4. Case Study: Sandy Bay Clinical Upgrades

Feature	Detail
The Challenge	Lack of mechanical CPR support and active warming capabilities in a high-traffic remote clinic.
The Action	Prepared clinical justification highlighting patient volume and trauma potential; successfully secured foundation funding.
The Outcome	Enhanced clinical response capability; improved staff confidence in managing high-acuity patients.

5. Evidence of Impact: Metrics & Outcomes

Clinical interventions are measured by their impact on patient care and facility readiness:

- **Emergency Response Readiness:** Improvement in high-acuity event readiness metrics (e.g., cardiac arrest) via standardized simulation testing.
- **Staff Competency & Safety:** Increased staff confidence in high-acuity management due to new infrastructure.
- **Community-Clinic Synergy:** Bridging equipment needs with community-led wellness for a holistic approach to health.

6. Professional References & Strategic Partnerships

- **Clinical Standards:** Aligned with SHA and RNAO Best Practice Guidelines.
- **Grant Partners:** Kinsmen Telemiracle Foundation (primary funding).
- **Professional Accreditation:** Documented within the RN-AAP scope of practice (SRNA).
- **Compliance:** Strict adherence to HIPA standards.