

Report PSR-TAPS-04-16

To: Chair Bell and Members of the Transportation and Public Safety Committee
From: Mike Muir, Director Paramedic Services
Kevin McNab, Operations Manager Paramedic Services
Meeting Date: February 18, 2016
Subject: **Community Paramedic Update**
Status: Recommendation adopted by Committee as **amended** per Resolution TAPS27-16; Endorsed by County Council March 1, 2016 per Resolution CC37-16;

Recommendation(s)

WHEREAS Grey County in conjunction with community agencies has implemented a Community Paramedicine Initiative;

AND WHEREAS early results have identified a reduction in emergency call volumes and that patient outcomes have improved with the Community Paramedicine Initiative;

AND WHEREAS current provincial funding for the program ends March 31, 2016;

NOW THEREFORE BE IT RESOLVED THAT report PSR-TAPS-04-16 be received;

AND THAT Grey County Council supports the continued delivery of Community Paramedicine Initiatives;

AND FURTHER THAT Grey County Council requests the Ministry of Health and Long Term Care to provide ongoing funding for Community Paramedic Initiatives.

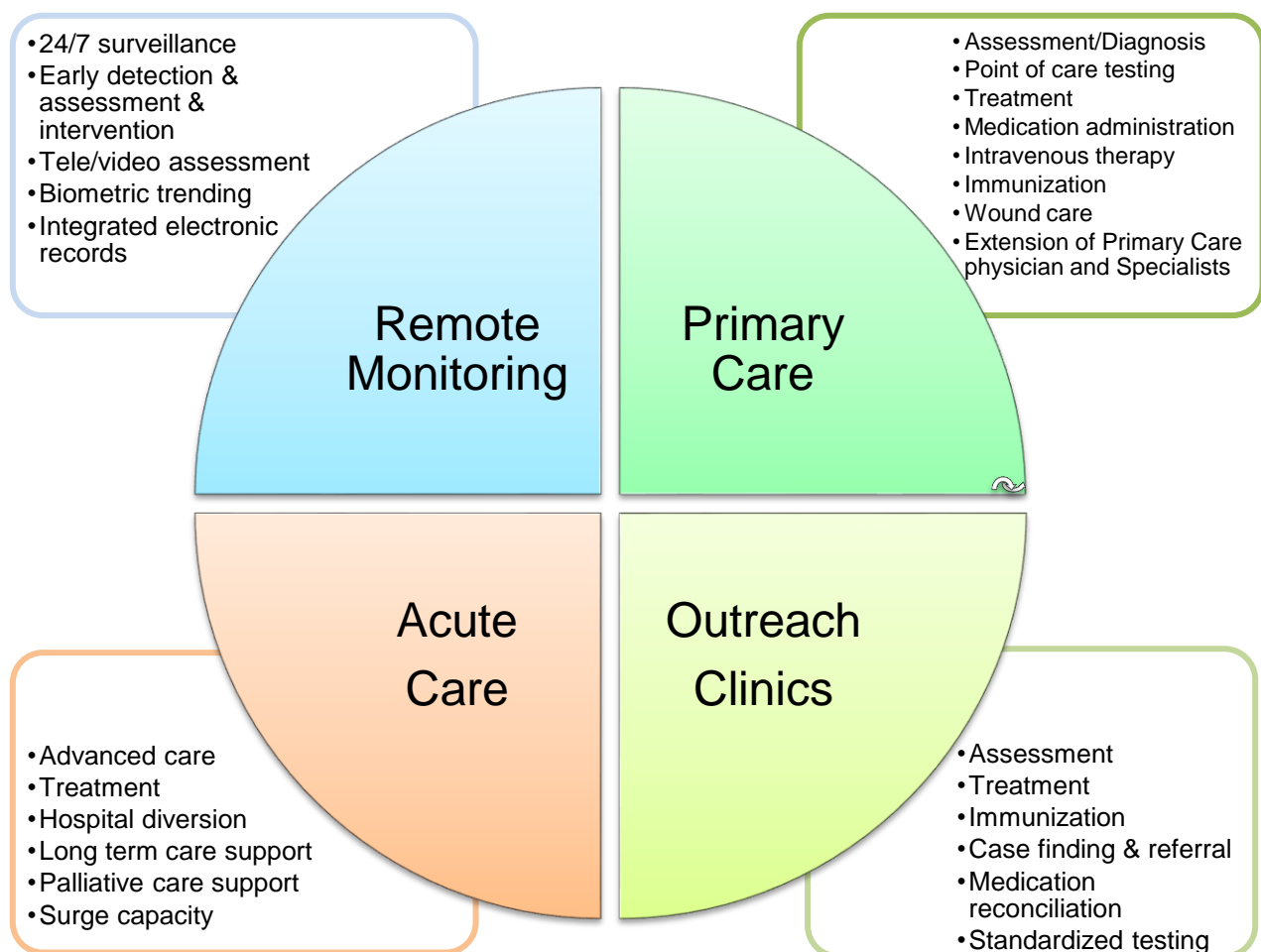
Background

Community Paramedicine (CP) refers to a broad and developing field of paramedic practice focused on proactive and non-emergent activities with an expanded scope of care that better influences health outcomes. CP allows paramedics to apply their training and skills in “non-traditional” roles, largely outside the usual emergency response and transportation to the emergency department. One of the key recommendations to former

Minister of Health Deb Mathews by Dr. Samir Sinha, in his report, Living Longer, Living Well stated:

“The Ministry of Health and Long Term Care, in collaboration with Local Health Integration Networks (LHINs) and local municipal Emergency Medical Services (EMS) programs should explore the development and expansion of CP programs across Ontario, especially in northern and rural communities. These programs could better support high users of EMS to avoid emergency department (ED) visits and hospitalizations and potentially delay entry into a long term care home as well.”

Grey County Paramedic Services continues to work with other CP leaders in the Province to develop best practices in CP. The following diagram is an evolving model of what a community paramedic program should entail within the Province of Ontario.



The CP programs provided within Grey County touches all areas of this best practice model. In addition, Grey County Paramedic Services identified areas for their priority development:

- Decreasing alternate level of care usage

- Improving their patient co-ordination and system navigation
- Improving their patient local home supports

Grey County Community Paramedic Program includes the following initiatives:

EPIC Program (Expanding Paramedicine in the Community)

The EPIC program utilizes Community Paramedics (CPs) to monitor and treat patients in the comfort of their own home working directly with the patient's primary care provider. In-home treatment can help prevent a condition from progressing to a point where a hospital visit is necessary. EPIC focuses on patients diagnosed with the following chronic conditions; diabetes mellitus (DM), congestive heart failure (CHF), and chronic obstructive pulmonary disorder (COPD). The program also benefits patients without access to transportation who finds it difficult or impossible to attend regular appointments.

CPs have been reassigned and have received enhanced training through Centennial College. CPs carry medications capable of treating the chronic conditions and are able to complete blood work in the home. CPs also have the unique opportunity to observe patients in their home setting to learn more about their lifestyle and habits and to help educate them in ways to better manage their disease. The assessment findings are fed back to the primary care provider through electronic documentation in the patient's medical record. In home assessments of the patients are completed once every three months. If the patient becomes ill or unwell between visits the CP responds and assesses the patient in their home. Based upon the assessment findings and in consultation with primary care a treatment plan is developed and implemented. The patient will then receive follow up visits in their home until the medical condition resolves.

The Grey County EPIC program was implemented in partnership with the Owen Sound Family Health Team and RESCU – St. Michael's Hospital. The support of the Primary Care Physicians, Nurse Practitioners, OSFHT staff and Administration has been instrumental in the success of the program. In January 2015 a total of 159 patients were enrolled into the EPIC Program. The patients were randomized with half receiving the care of a CP including the expanded scope of practice while the other half received traditional health care resources only. The study portion of EPIC concluded on November 27, 2015 with results anticipated in mid-2016. Since the conclusion of the study the program continues to see the treatment patients. In January 2016 patients from the control group have been added to the program.

Although the majority of the study results are not currently available, patients involved in the treatment group have voluntarily completed patient satisfaction surveys. The results

of the survey identify overwhelmingly positive results which is rare in qualitative research. Of the 45 surveys received so far, the average question ratings range from 4.11 to 4.82 out of 5. This underscores the patient's passionate support for this program. A sample of comments are included below:

"Early/Easily/really accessible help. I am so very satisfied with the care I received from [paramedic]. I had several occasions to need hospitalization. My blood sugars were in the forties, if [paramedic] did not take charge I would have died. I was made to feel like I had a friend in [paramedic]. This program needs to continue, lives depend on it."

"It gives us peace of mind, knowing EPIC program is at our finger tips."

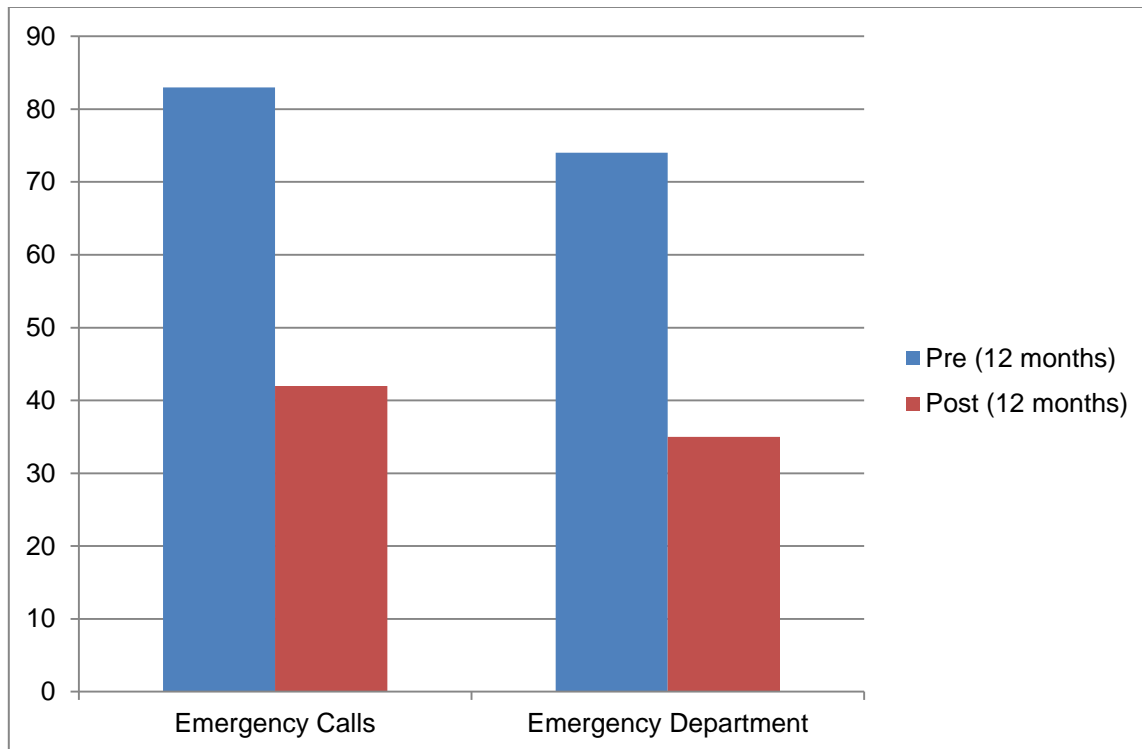
"1. Being able to get help at home where we are relaxed. 2. Keep us out of hospital. 3. With the shortage of doctors we are not able to get in same day and have to go to emergency and wait more hours."

"Better access to healthcare/ EPIC is liaison with Dr. and emergency department. More apt to seek medical attention, as in home visits easier on elderly. Have less anxiety and more confidence about being at home with my health condition when I have the services of EPIC program. A visit to check on a specific medical problem uncovered life-threatening event that would not have been caught."

Community Paramedic Remote Patient Monitoring Program (CPRPM)

The CPRPM program involves patients with COPD or CHF who are considered high users of health care resources. The program is being run within the county for 18 months ending on December 31, 2016. The program will provide CPs with Remote Patient Monitoring (RPM) system services that are capable of recording the patient's vital signs on a regular basis and saving the data electronically. The RPM program is capable of monitoring the patients pulse, blood pressure, oxygen saturation, weight and blood sugar through easy to use equipment that automatically uploads the data to the system. The RPM system is also capable of providing alerts to the CPs if the patient's vital signs are outside of the assigned thresholds.

Chart showing Pre and Post Enrolment Call Volumes (35 patients):



The CPRPM program was initiated in April of 2015 with support of Canada Health Infoway and Community Futures Development Cooperation. During this time 35 patients have been enrolled with early results showing a reduction in 911 calls of approximately 49%.

Paramedic Referral to Community Care Access Center (CCAC)

As of September 2014 all 911 emergency patients over the age of 65 are screened using the PERIL tool (**P**aramedics assessing **E**lders at **R**isk of **I**ndependence **L**oss). PERIL was a Canadian Institute of Health Research funded, multi-centred trial. The study resulted in the PERIL prediction rule questions. The questions asked about home safety, 911 calls and medications.

Results in the PERIL prediction rules are as follows:

If the PERIL score = 3/3, 93% of patients will have an adverse outcome within 30 days.

If the PERIL score = 2/3, 68% of patients will have an adverse outcome within 30 days.

The paramedic answers the PERIL questions and completes the paramedic referral within the patients' digital emergency medical record. The paramedic referral is automatically distributed electronically to the CCAC if verbal consent is obtained. The CCAC will contact the patient and complete an assessment to determine eligibility for in-home support services.

From September 2014 through December 31, 2015 over 3900 patients were screened utilizing the PERIL prediction tool. Of the patients screened 487 referrals were sent to the CCAC.

Paramedic Service notification of Grey Bruce Mental Health Urgent

Response Team

When paramedics respond to a 911 call for a patient showing signs of mental illness frequently the only option is to transport the patient to the hospital. In working with the Canadian Mental Health Association – Grey Bruce Branch; agreements are now in place to have their response team activated to attend the scene of a patient suffering from a mental illness emergency. The notification will automatically be completed by the London Ambulance Communications Center within 60 seconds of the paramedics being dispatched. The goal of this early notification is to have mental health experts working collaboratively with paramedics to intervene at the patients' residence. Services provided by the Mental Health Urgent Response Team include risk assessment, suicide assessment, crisis intervention, counselling, referrals and follow up to ensure resources and supports are in place. This is the first time a program like this has been instituted in Ontario. Results of this program will be continually monitored.

Community Health Awareness Program (CHAP) – Community Clinics

Working with our local Health Links partners and McMaster University Department of Family Medicine we will be offering community clinics. Older adults living in subsidized housing report poorer health. Both their low income status and their age make it harder for them to access community services. Additionally, many of these older adults have cardiovascular disease and diabetes leading to frequent 911 calls and hospital admissions. To decrease the costs associated with these conditions, improved screening and health education is needed. The Community Health Assessment Program sessions will be conducted in buildings where paramedics deliver cardiovascular, diabetes and falls risk assessments accompanied by the appropriate health education. One of the goals is to improve the health of older adults ultimately leading to better quality of life and a decrease in hospital visits.

Funding

The Grey County community paramedic program currently has funding to offer dedicated community paramedics until March 31, 2016 totalling \$418,000. The funding allows the service to offer EPIC level of care and treatment to patients until that time. The CPRPM program will continue through until December 31, 2016 although the ability to do on-site assessments will diminish if continuation funding is not received beyond March 31, 2016.

Grey County Paramedic Services will actively seek funding to continue the entire community paramedic program on a sustainable basis.

Financial / Staffing / Legal / Information Technology (IT)

Considerations

Financial – Maintaining the EPIC program described above is contingent on the receipt of continued funding from the Ministry of Health and Long Term Care. It is recognized that in the event that funding is not received, the program will be cancelled.

Staffing – Staff re-assigned to CP roles are currently classified as Primary Care Paramedics for the purposes of compensation as outlined in the current collective agreement. There is the potential for a review of the employment terms for the CP position.

Link to Strategic Goals / Priorities

Goal 2 - Enabling Healthy and Resilient Communities:

The Grey County Community Paramedic Program encompasses the above goal by aiding residents of Grey County to live safer and healthier lives in the comfort of their home.

The participation of Grey County Paramedic Services in the CP initiatives will help to provide evidence based patient centered outcomes that may be used in planning for future health care delivery.

Respectfully submitted by,

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