



Committee Report

To:	Warden McQueen and Members of Grey County Council
Committee Date:	December 12, 2019
Subject / Report No:	PSR-CW-02-20
Title:	Grey County Community Paramedic Program Expansion
Prepared by:	Kevin McNab
Reviewed by:	Kim Wingrove, Kevin Weppler
Lower Tier(s) Affected:	All
Status:	Recommendation adopted by Committee as presented per Resolution CW08-20; Endorsed by County Council January 9, 2020 per Resolution CC13-20;

Recommendation

- 1. That Report PSR-CW-02-20 regarding the Grey County Community Paramedic Program expansion be received for information.**

Executive Summary

Community Paramedics play an important role in supporting vulnerable patients in their homes. Community Paramedics provide home visits to undertake assessments and evidence-based treatments of patients under the medical delegation of primary care physicians to decrease the rate of hospitalization for patients living with chronic disease.

The Grey County Community Paramedic program has received additional funds from the Southwest LHIN for the 2019/2020 year ending March 31, 2020 to expand the program from 5 days per week coverage to 7 days as well to train additional community paramedics.

The total funding for the Community Paramedic Program from the Southwest LHIN for the 2019/2020 year totals \$364,000. The 2020 draft budget has been developed under the assumption that this funding level will be maintained, and this amount would be adequate in order to operate the program with 7 day per week coverage. In order to maintain 7 days per week coverage beyond March 31, 2020 a commitment for equivalent funding from the Southwest LHIN would need to be received.

Background and Discussion

The Grey County Community Paramedic program has received additional funds from the Southwest LHIN for the 2019/2020 year ending March 31, 2020 to expand the program to 7 day per week coverage. The increase in coverage will allow the program to add additional patients and other health care organizations.

Hospital admission and Emergency Department visits by patients living with chronic disease are common and costly to our healthcare system. The Community Paramedicine model of care has gained international attention as a method of improving health care efficiency.

Community paramedics conduct non-emergency home visits to undertake assessments and evidence-based treatments of patients under the medical delegation of primary care physicians to decrease the rate of hospitalization for patients living with chronic disease.

Grey County Community Paramedic Program Consists of the following:

1) Paramedic Referral:

The Paramedic Referral process was conceived and developed to directly support Ontario's Action Plan for Health Care – Living Longer Living Well (2012). Patients over the age of 65 who call 911 for assistance are screened utilizing the Paramedics assessing Elders at Risk of Independence Loss (PERIL) screening tool. Patients who are determined to be at risk through use of the PERIL tool are offered a referral to LHIN Homecare. A score of 3/4 or 4/4 patient is determined to be at risk.

Yes/No Questions:

- 1) Are there any problems observed in the home that would prevent this client from being safely discharge back home from the emergency department, or contribute to recurrent EMS/Emergency use?
- 2) Any 911 calls in the last 30 days?
- 3) Male gender?
- 4) Overall lack of social support?

*Screening includes patients who are not transported to the emergency department.

*300 – 400 referrals sent to LHIN Homecare yearly for patients deemed to be at risk in their home.

New in September 2019 all Grey County Paramedics can offer a referral to 211 Community Connections for patients requiring social and economic support.

2) Community Visit Program:

The Community Paramedic Home Visit program utilizes highly skilled community paramedics to monitor and treat patients in the comfort of their own home. In-home treatment can help prevent a condition from progressing to a point where a hospital visit is necessary. The program focuses

on patients diagnosed with the chronic conditions; diabetes mellitus (DM), congestive heart failure (CHF), and chronic obstructive pulmonary disorder (COPD). The program also benefits patients without access to transportation finding it difficult or impossible to attend regular appointments. Through the program, paramedics have been reassigned and have received enhanced training as community paramedics.

The community paramedic designation greatly increases the treatments a paramedic can administer through consultation with the patient's primary care provider. Medications carried in addition to the primary care paramedic skill set include 8 types of PO (orally by mouth) antibiotics; ventolin and atrovent inhalers, prednisone, nitro patch, PO/Intravenous furosemide, potassium and the flu shot. Rapid and long acting insulin doses can be adjusted through consultation with their primary care provider. Blood work can be completed in the patients' home by use of an I-STAT analyzer with immediate results communicated to the patient's primary care provider. In home urinalysis can be completed with onsite treatment provided if required. Community paramedics 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 documentation in the patient medical record. Community paramedics are able to consult with an on-call physician after hours and on weekends to provide care.

*Current affiliation with Owen Sound Family Health Organization

* Approximately 100-110 patients rostered in the program

3) Remote Patient Monitoring:

The Community Paramedic Remote Patient Monitoring Program involves patients with COPD or CHF who make multiple paramedic services calls (3 or more in the previous 12 months) and/or emergency room visits (2 or more in the previous 12 months) and/or one hospital inpatient visit in the past 12 months and are deemed "at risk" in the community. The program will provide community paramedics with Remote Patient Monitoring ("RPM") system services that are capable of recording the patient biometric data on a regular basis and saving the data in a patient portal. The RPM program is capable of monitoring the patient's pulse, blood pressure, oxygen saturation and weight through easy to use equipment that automatically uploads the data to the system. The RPM system is also capable of providing alerts to the community paramedics if the patient biometric data is outside of the assigned threshold. Patients do not have to be affiliated with the Owen Sound Family Health Team to participate which allows some spread of the community paramedic program across the County.

*Patients are enrolled in the program from 6 months to over 4 years

*Since 2015 over 100 patients have been enrolled in the program

4) Community Clinics

The CP@Clinic is a program of research whose partners include researchers from McMaster University Department of Family Medicine in collaboration with Grey County Paramedic Services and Grey County Housing. Older adults are invited to attend a free weekly CP@Clinic session where paramedics conduct blood pressure, diabetes and falls risk assessments. Based on these assessments, the community paramedics provide health education/promotion community programs and resources to participants and referral of participants' health

information to their regular primary care practitioner. Currently clinics are held in Owen Sound and Thornbury with the potential expansion to Meaford.

Funding

The Grey County Community Paramedic program has been operational since January of 2015. The initial program was funded as a 7 day per week pilot after receiving \$300,000 in startup money in the first year and \$254,600 in 2016 to continue the program. On February 28, 2017 Grey County Paramedic Services suspended the Community Paramedic program due to a lack of funding. In late March 2017 the Ministry of Health and Long-Term Care announced that funding would be provided to Community Paramedic programs across Ontario administered by the Local Health Integrated Networks (LHIN). On May 11, 2017 Grey County received correspondence from the Southwest LHIN indicating that the County would receive \$254,600 to continue with the Community Paramedic program from March 1, 2017 through March 31, 2018. To stay within the new funding envelope when the Community Paramedic program started again in August of 2018 service delivery was reduced to 5 days per week. On May 15, 2018 the Southwest LHIN provided an additional \$8,000 in funding moving our yearly base funding to \$262,600. In August 2019 the Southwest LHIN provided a onetime increase in funding of \$101,400 to expand Community Paramedic program to 7 days per week.

The additional funding will allow the program to add 30 to 40 new patients, expand Community Paramedic services to other health care organizations and to train additional staff to become community paramedics.

Deliverables

To receive the addition funds the County agrees to expand coverage to 7 days per week, expand services beyond the Owen Sound Family Health Team and expand the number of patients by 30-40.

Evaluation

The Southwest LHIN will measure emergency department presentation rates with the expectation that they will maintain or decrease. Patients enrolled in the Community Paramedic program will also be asked to participate in a satisfaction survey.

Staffing and Training

In 2019 there was a reduction in Community Paramedics available in the workforce due to paramedics returning to their 911 position as well a job secondment at the SWLHIN. In May 2018 the Southwest LHIN provided \$28,000 to provide training to enhance the number of qualified paramedics. Since that time there have been an additional 3 paramedics trained as well an additional 3 more continuing to complete the training program. Additional funds available from the most recent funding will be put towards the continued training of Community Paramedics.

Legal and Legislated Requirements

None

Financial and Resource Implications

Base funding from the Southwest LHIN flows to the County via the Long Term Care accountability agreement. Paramedic Services are not an approved healthcare provider under the Healthcare Accountability Act and not able to receive the funding directly.

To maintain 7 days per week coverage beyond March 31, 2020 further funding would need to be received from the Southwest LHIN.

The projected cost to fund the Community Paramedic Program with 7 day per week coverage is \$364,000. The total funding from the Southwest LHIN for the 2019/2020 Year is \$364,000.

Relevant Consultation

External:

Internal: CAO, Finance

Appendices and Attachments

None