

Implementation and evaluation plans for a community paramedic program in two small rural communities

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Introduction

- † Context – Ambulance Victoria
- † Local Setting
- † Borung Community Paramedic Program
- † Program Initiatives
- † Future Plans
- † Questions



Context

- † **Ambulance Victoria** is a large, modern ambulance service that provides services across the whole state.
 - Revenue \$659.6 million (ROGS, 2013-14)
 - 2 dispatch centres; 261 response locations (incl. 93 with vols), 853 ambulances, 4 fixed wing, 3 rotary wing, 2,500 ACPs and 1,000 PCP (vols)
- † During 2016 and 2017, Ambulance Victoria is extending their existing **community paramedicine** program (Paramedic Community Support Officer program) into two small rural communities. Over the next three years the program will be implemented in another 12 communities.

Local Setting

- † **Wedderburn** has a population 684. Mainly Anglo-Saxon with a small indigenous population (2.4%). The unemployment rate is 8.2% with 63% earning <\$400 per week. Medical services include a single GP Monday to Friday, no after-hours service and no allied health facilities. The closest ED is Bendigo Hospital which located to the south at a distance of 74 km.
- † **Boort** has a population of 760. Mainly Anglo-Saxon with a small indigenous population (3.4%). The unemployment rate is 3.2% with 50% earning <\$400 per week. Medical services include medical practice with four GP's and after hours on call facilities with Boort Health Acute Care. Other services such as physiotherapy, allied health and dental are accessible within the town. Similar to Wedderburn the closest ED is Bendigo at a distance of 100 km.

Local Resident at Work

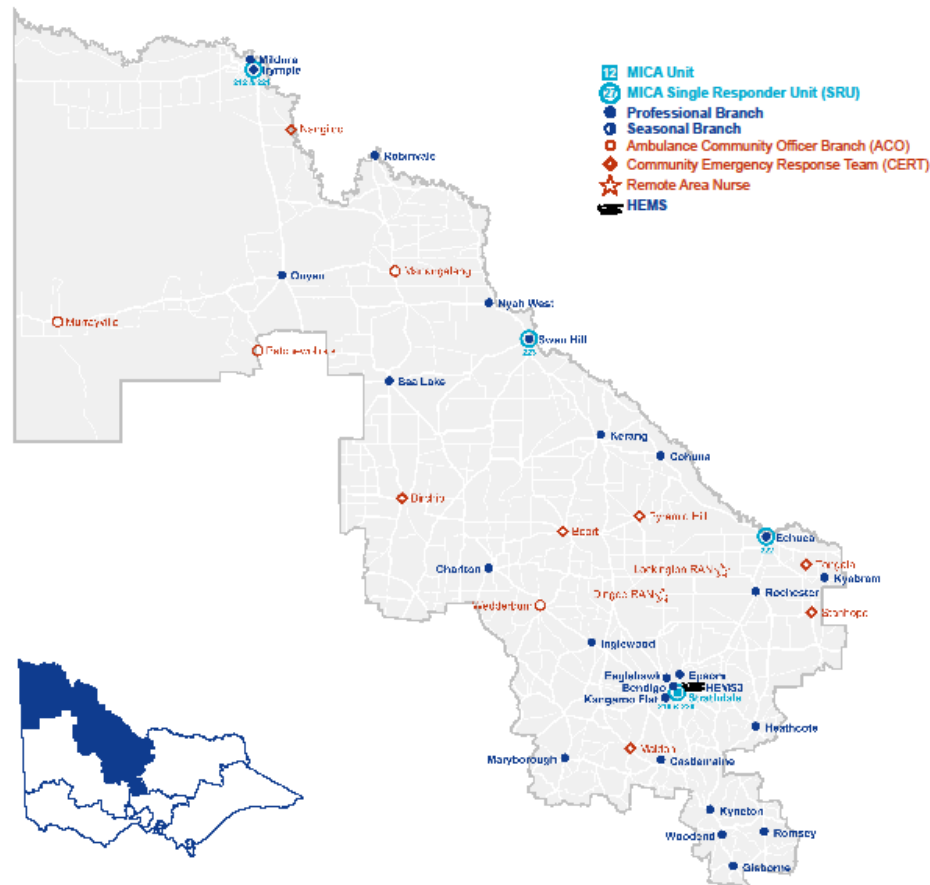




Loddon-Mallee Region

Victoria has 6 million people in a land area of 227,420 sq km

U.K. has 64.5 million people in a land area of 241,930 sq km



Burong Community Paramedic Program

- † Wedderburn Paramedic Community Support Officer (PCSC) was initiated in April 2016 with a secondee appointed October 2016 to the role now known as Borung PCSC.
- † Role encompassed transitioning Wedderburn and Boort Community Emergency Response (CERT) to Ambulance Community Officer (ACO) branches, and developing networks to improve the health outcomes of the communities.
- † The position has been overwhelmingly embraced by the community, first responders and health care services in the district.

Partnerships and Program Initiatives

- † The program's success is dependent on strong and resilient local and regional partnerships.
 - Eg. volunteers, medical practices, Ambulance Victoria, La Trobe University, Primary Health Network, regional hospital.
- † The program consists of integrated community engagement, educational, operational and clinical initiatives.

Community Engagement Initiatives

- † Collaborating with Murray Health Pathways using technology for face to face medical consultation in the community and keep patients in their own area.
- † Promote early use of Stroke/STEMI hospital notification system through education to surrounding professional branches.
- † Conversations with Murray Health Network regarding future role of Ambulance Victoria in providing alternate health pathways.
- † Training/confidence building with GP's and Boort Health acute care.
- † La Trobe University paramedic/public health student placement in Wedderburn and Boort to provide needs assessment, program development and delivery of program within the community. (integrated into paramedic program)
- † Outreach services for isolated individuals. Follow up, linking to services and Ambulance Victoria promotion and education.
- † Public relations including community awareness focusing of resilience. Recruitment of individuals for CPR training and app registration to respond to cardiac arrests.

Educational Initiatives

- † Redesign First Responder CPR/AED reaccreditation. Used current ACP template to make appropriate changes to suit FR's.
- † Consultation with Education and Vocational Programs to develop new content for first responder education based on 80% practical and 20% theory through continuing vocational education program.
- † Clinical advice and the development of content for clinical education First Responder Conference in 2017.



Clinical Initiatives

- † Training increased to fortnightly rather than monthly cycle.
- † Initial focus is on acute situations such as CPR and other areas where a difference to outcomes made waiting for backup.
- † CPR competition within the team to encourage reduced “hands off chest time”.
- † Alternate Clinical Practice Guidelines developed in form of “scripts”. Scripts are used by individuals to walk through specific scenarios.
- † Improvement in clinical documentation
- † Introduction of IN Fentanyl early 2017.

Operational Initiatives

- † Addressing generally poor reflex and response time.
 - Data shows response time has decreased from 9.98 min to 4.14 min since the introduction of PCSC. 100% of PCR audits undertaken with clinical feedback given. Resulted in improved application of CPG's and improved pain management practices.
- † Medication management as per policy.
 - Documentation compliance improved.

Preliminary Outcomes

- † The introduction of program has been positive.
- † Reduction in feelings of isolation and anxiety surrounding clinical competencies.
- † Capacity to undertake preventative initiatives.
 - Eg. management of clinical issues, health/safety, mental health/peer support and medication management.
- † The feedback from training is overwhelming positive with significant increase in clinical confidence.
 - Result of clinical audit, feedback and focus on scenario based practical training. Addition of clinical assistance tools and templates have aided in the understanding of Clinical Practice Guidelines.
- † Majority of the team members have completed all of the required online learning modules including Clinical Practice Guideline updates.
 - Result is increased pain relief and treatment options.

Future Plans



† Broader implementation

- Statewide roll out of more sites over the next three years

† Education and Training

- Implementation of a Graduate Certificate in Extended Community Paramedicine at La Trobe University

† Stronger Research and Evaluation

- Efficient? Effective? Safe? Acceptable?
- Satisfaction, quality of life outcomes and economic cost-benefits need to be measured
- Funding and strong research partnerships needed

Twelve new CP programs to commence in 2018 - 2019

1. Woomelang, Birchip and Donald
 2. Pyramid Hill, Lockington and Dingee
 3. Venus Bay, Neerim South and Lang Lang
 4. Dargo, Heyfield, Loch Sport and Rosedale
 5. Chiltern, Bethanga, Walwa and Mitta Mitta
 6. Harrow, Balmoral, Coleraine, Dartmoor, Glenthompson and Penshurst
 7. Lake Bolac, Dereel, Lismore and Meredith
 8. Eildon, Marysville and Woods Point
 9. Manangatang, Murrayville and Nangiloc
 10. Moira West, Tongala and Stanhope
 11. Kaniva, Goroke and Halls Gap
 12. Elmhurst, Snake Valley, Skipton and Blackwood
- † This is in addition to Omeo, Mallacotta, Wedderburn/Boort and PCSC for Rainbow/Hopeton and Donald stand alone ACO branches.

Questions





Thank you

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