



2018 PROGRAMME

15th MEETING



CAA18 Congress
Incorporating IRCP 6 - 9 August
Hilton Auckland New Zealand

The Patient: At the centre of everything we do
Ko te tūroro: Kī te pokapū o mātou mahi



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August 6-7, 2018

Hilton Auckland

Aquamarine 3, Level 1 Conference Floor

08.00 **Arrival and Registration**
Hilton Auckland

MEETING OPENING (Aquamarine 3)

09.00 *Welcome to New Zealand*
Mike Grant
Chief Executive, Wellington Free Ambulance

09.10 *IRCP Welcome*
David Waters, Chief Executive, CAA [AUS]

Gary Wingrove, Mayo Clinic [USA]

Passing of the IRCP Gavel

Gary Wingrove, Chair, IRCP [USA]
Robert Ahlers, The Paramedic Foundation [USA]
David Waters, Chief Executive, CAA [AUS]

Proposal by The Paramedic Chiefs of Canada to host IRCP 2019
Gerry Schreimer, PCC [CAN]

IMPORTANT NOTE: The IRCP uses a standardized nomenclature of professional titles and agency names in order to reduce audience confusion. The actual local titles of the presenters, their program names and their agency may be different than listed in this programme.

SESSION A PLANNING (Aquamarine 3)

09.20 15.A.1 *Easing the financial burden as healthcare moves from inpatient to outpatient care*
Mary Ahlers, RN CP-C: Founder
Paramedic Health Solutions [USA]

Josephine Kershaw, PhD FACHE Fulbright Scholar: Professor and Associate Dean
Christ College of Nursing and Health Sciences [USA]

10.00 15.A.2 *Factors impacting the decision-making processes of qualified paramedics moving to a specialist role in community paramedicine*
David N Long, PhD ACP: Lecturer
Queensland University of Technology [AUS]

10.30 Refreshment Break (Conference Floor – Outside the Meeting Room)

11.00 15.A.3 *Why certification is important*
John Clark, MBA ACP: Chief Operating Officer
International Board of Specialty Certification [USA]

11.30 15.A.4 *Is professionalisation a driver of community paramedicine? Looking at paramedicine through the lens of professional identity*
Buck Reed, MIHM ACP PhD (candidate): Associate Lecturer in Paramedicine
Western Sydney University [AUS]

12.00 Lunch (Conference Floor)

SESSION A PLANNING (Aquamarine 3)

- 13.00 15.A.5 *Digital area staff sheets - supporting dispatchers and paramedics alike (Control Resource Electronic Worksheet Project)*
Cassandra McKenzie, ACP CP RN: Director, Strategy and Innovation
NSW Ambulance [AUS]

SESSION B IMPLEMENTATION (Aquamarine 3)

- 13.30 15.B.1 *Strategy to evolve the international certified community paramedic exam*
John Clark, MBA ACP: Chief Operating Officer
International Board of Specialty Certification [USA]
- 14.00 15.B.2 *Pre-hospital intravenous antibiotic administration: An Ambulance Victoria randomised controlled trial*
Daniel Cudini, MPA PhD (Candidate) ACP: Clinical Support Officer
Ambulance Victoria [AUS]
- 14.30 15.B.3 *Prehospital management of STEMI in extreme conditions*
Steven Faddy, MS: Manager, Clinical Project Evaluation
NSW Ambulance, [AUS]

15.10 Refreshment Break (Conference Floor)

- 15.45 15.B.4 *Integrating social work into community paramedicine*
Malachi Winters, ACP: Program Manager
Wichita/Sedgwick County EMS System [USA]

16.15 Q & A With Speakers and Group Reflection on the Day

17.00 – 18.00 OPENING RECEPTION – CONFERENCE FLOOR

08.00 Arrival and Registration

SESSION B IMPLEMENTATION (Aquamarine 3)

09.00 15.B.5 *Diagnostic imaging at the point-of-care: A possible role for community paramedics?*
Victoria Young, Victoria Young, PhD, P.Eng.: Post-Doctoral Fellow
University Health Network – Toronto Rehabilitation Institute [CAN]

09.30 15.B.6 *Multidisciplinary team structure of a tribal community paramedic program allows for rapid coordinated approach to urgent public health concern*
Chelsea White, MD ACP: Director
University of New Mexico Center for Rural and Tribal Paramedic Services [USA]

SESSION C EVALUATION (Aquamarine 3)

10.00 15.C.1 *Developing a global paramedic program accreditation framework for the higher education sector*
Peter O'Meara, PhD ACP: Lead
Global Paramedicine Higher Education Council [USA]

Mary Ahlers, RN CP-C: Founder
Paramedic Health Solutions [USA]

10.30 Refreshment Break (Conference Floor)

SESSION C EVALUATION (Aquamarine 3)

11.00 15.C.2 *Environmental methods of simulation in paramedic education*
Duncan McConnell, MBA ACP: Senior Lecturer and Foundational Program Director – School of Medicine, Griffith University [AUS]

11.30 15.C.3 *GippSIM A mobile simulation initiative*
Ross Salathiel, ACP: Clinical Support Officer
Ambulance Victoria [AUS]

12.00 Lunch (Conference Floor)

SESSION C EVALUATION (Aquamarine 3)

12.30 15.C.4 *PAC4RAC - Providing appropriate care for residents in aged care*
Jonathan Tunhavasana, MS ACP: Project Lead, Business Innovation & Planning
NSW Ambulance [AUS]

13.00 15.C.5 *Updates on two tribal community paramedic programs in New Mexico, USA*
Chelsea White, MD ACP: Director
University of New Mexico Center for Rural and Tribal Paramedic Services [USA]

13.30 15.C.6 *The creation of a community paramedicine standard in Canada*
Pierre Poirier, MBA ACP: Executive Director
Paramedic Association of Canada [CAN]

14.00 15.C.7 *Salutogenesis: A potential underpinning theory for Community Paramedicine*
Krista Cockrell, MHS ACP: Sessional Lecturer
Western Sydney University [AUS]

Buck Reed, MIHM ACP PhD (candidate): Associate Lecturer in Paramedicine
Western Sydney University [AUS]

15.00 Refreshment Break (*Conference Floor*)

15.30 15.C.8 *Community Paramedicine in Frontenac County (Ontario, Canada): From primary care to public health*
Jason Kervin, BClinPrac, ACP: Community Paramedicine/Education Coordinator
Frontenac Paramedic Services [CAN]

16.00 Closing Remarks

Presentation Abstracts



15.A.1 *Easing the financial burden as healthcare moves from inpatient to outpatient care*

Mary Ahlers, RN CP-C: Founder
Paramedic Health Solutions [USA]

Josephine Kershaw, PhD FACHE Fulbright Scholar: Professor and
Associate Dean
Christ College of Nursing and Health Sciences [USA]

Innovative partnerships with Community Paramedics, Community Paramedicine professional organizations, hospital networks, and health administration programs can transform paramedic careers with expanded roles in today's health systems as delivery settings shift from inpatient to outpatient care. Integrating community networks, resources, technology and education would open the untapped potential for Community Paramedics to fill the inpatient to outpatient transition gaps.



15.A.2 *Factors impacting the decision-making processes of Qualified Paramedics moving to a specialist role in Community Paramedicine*

David N Long, PhD ACP: Lecturer
Queensland University of Technology [AUS]

Community paramedicine continues to evolve as a stream of paramedic specialisation. However, little is known about the transition from a "traditional" role to that of an Extended Care Paramedic (ECP) or Community Paramedic (CP). Moreover, few studies have explicitly examined the rationale for the articulation of an experienced practitioner to an advanced practice role. This research illuminated the events or circumstances participants identified as necessary prior to the active engagement in the transition process. Methods: ECPs (n=25) from two Australian jurisdictions and CPs (n=11) from a Canadian provincial health service, participated in a qualitative study exploring their experiences of transition. The data from the three study sites was pooled and interpreted using constructivist grounded theory methodology. Results: Qualified Paramedics entered a junctional point in their careers in which the reasons for pursuing a career in community paramedicine were rationalised. The decision-making process involved satisfying two career "wants": seeking new career options and improving patient outcomes. Subsequently, the paramedic's perception of the community paramedicine role determined whether the paramedic entered the active phases of transition. Conclusion: This study is the first of its kind to qualitatively examine the transition from one clinical specialist stream to another. The findings of this study have the potential to inform the selection criteria of prospective ECP/CP candidates and be utilised as a workforce recruitment tool for community paramedicine programs.



15.A.3 *Why certification is important*

John Clark, MBA ACP: Chief Operating Officer
International Board of Specialty Certification [USA]

Specialty Certification is a voluntary credentialing process designed to validate essential knowledge and judgment required for safe and competent practice. It is not a substitute for entry-level certification or licensure, but a tool to validate additional knowledge and dovetail with existing systems. Board certifications demonstrate expertise in a particular specialty area of practice. In today's complex healthcare system, providers are engaged in specialized practice areas that require substantial additional knowledge and experience beyond what can be expected from an entry-level practitioner. The historical evolution of paramedicine has created a specialized practice that is not well defined yet is demanded by advances in the science of medicine. Specialty examinations are developed by SMEs in collaboration with board representatives that includes a job analysis, workforce survey, blueprint development, item creation, exam design and finally delivery. Once specialty certification is acquired, expectations for continued competency are in place. This presentation will explore how specialty certifications provide for effective, safe and standardized specialty expertise with valid examination, improved patient outcomes and creates a universally recognized means for demonstrating that paramedics holding specialty certification are qualified to work in the domain of paramedicine beyond that of an entry-level paramedic.



15.A.4 *Is professionalisation a driver of community paramedicine? Looking at paramedicine through the lens of professional identity.*

Buck Reed, MIHM ACP PhD (candidate): Associate Lecturer in
Paramedicine
Western Sydney University [AUS]

As paramedicine increasingly professionalises there are implications for professional identity. Many frameworks exist for defining a profession, often based on characteristics of an occupational group. However, deeper than a collection of characteristics is how members of that profession self-conceptualise. Traditionally professional identity has been tied to the means of production. This has produced a unique paramedic worldview including cultural norms about what was and was not "ambulance work." As the professionalism develops, professional identity has been shifting from the means of production to a more practitioner-centred focus. As Paramedicine develops, it is critical to establish a deep understanding of the essence of paramedic practice. This is known as paramedicine's "Metaparadigm". Through understanding the paramedicine metaparadigm, we separate the practitioner from the tasks they undertake. It is the metaparadigm that fundamentally separates community paramedicine from community nursing. As professionalism increases the focus to the individual practitioner, it deconstructs boundaries created through other structures such as service delivery systems. As Paramedicine develops, it will need to form underpinning theories that explain its practice. These are intrinsically linked to theories of identity. While paramedics have traditionally viewed their identity through their occupation or function, identity and being as a paramedic is a much deeper concept. As we understand identity, exploring other roles and paradigms of practice such as community paramedicine likely become more feasible.



15.A.5 *Digital area staff sheets - supporting dispatchers and paramedics alike (Control Resource Electronic Worksheet Project)*

Cassandra McKenzie, ACP CP RN: Director, Strategy and Innovation
NSW Ambulance [AUS]

Data related to time and attendance for operational paramedic shifts is recorded by Control Centre Officers (dispatchers) in each of the four NSW Ambulance Control Centres. In practice, this process involves the dispatcher accessing a paper-based area staff sheet to verify the names, shift start and finish times and clinical skill level of all of the paramedics rostered to work in the relevant dispatch jurisdiction. For dispatchers, the process of managing the time and attendance of paramedics throughout their shift has become unsustainably complex and is currently devoid of a system or process to manage the complexity of this task. The area staff sheet in its current form is onerous for the dispatcher and has associated operational risk as a result of relying on human process for roster reconciliation, where this could foreseeably be achieved through investment in systems integration.



15.B.1 *Strategy to evolve the international certified community paramedic exam*

John Clark, MBA ACP: Chief Operating Officer
International Board of Specialty Certification [USA]

This session will outline the planned process for updating the CP-C exam in five-year cycles.



15.B.2 *Pre-hospital intravenous antibiotic administration: An Ambulance Victoria randomised controlled trial*

Daniel Cudini, ACP: Clinical Support Officer
Ambulance Victoria [AUS]

Sepsis is one of the most frequent causes of emergency department attendance worldwide, with an annual incidence in adults of up to 300 cases per 100,000 population. It is recognised by the WHO as a global health priority and has a reported in-hospital mortality as high as 50%. This greatly exceeds that seen in myocardial infarction, stroke, or traumatic injury. Paramedics may play a key role in the management of sepsis via reduction in time to antibiotic treatment through pre-hospital administration of antibiotics. Ambulance Victoria aims to conduct a phase 2, prospective, randomised controlled trial (RCT) of paramedic-administered intravenous ceftriaxone in the pre-hospital setting in patients with severe community-acquired sepsis (SCAS). Inclusion criteria include adults (> 18 years) with history of infection and at least one 'Red Flag' sepsis criteria. Blood cultures will be drawn prior to antibiotic administration. An evidence-based change in the pre-hospital treatment to enable pre-hospital antibiotic administration could result in a significant reduction in mortality. This phase 2 RCT highlights the integral role that ambulance services play in extending point of care medicine from the in hospital to the pre-hospital setting and influencing general medical care on a national/international scale. Findings from this study will potentially provide a robust rationale to undertake a larger interventional study exploring mortality and morbidity outcomes.



15.B.3 *Prehospital management of STEMI in extreme conditions*
Steven Faddy, MS: Manager, Clinical Project Evaluation
NSW Ambulance, [AUS]

Australia is being subjected to more extreme weather conditions. We present a case where a patient was treated in such conditions.



15.B.4 *Integrating social work into community paramedicine*
Malachi Winters, ACP: Program Manager
Wichita/Sedgwick County EMS System [USA]

Community Paramedics have been engaging with non-medical client needs since the inception of their role in EMS systems, however many of the clients with complex biopsychosocial issues can be prohibitively time and labor intensive. Social workers have extensive education and training on dealing with these issues but have not traditionally been an integrated part of the prehospital medicine environment. Sedgwick County EMS has built a community paramedic program that formally incorporates social workers into the community paramedic team to support the community paramedic in treating complex psychosocial issues with our client base. We have found that while community paramedics continue to address non-medical issues with most clients, the ability to refer or consult with a social worker at any time has streamlined the work being done and allowed the community paramedic to see more clients and be more effective with clients that present with complex needs. Other systems are adopting similar models with similar successes and we have been holding quarterly conference calls so we can all learn from each other's successes and challenges. In conclusion, a multi-disciplinary team with social workers embedded in the community paramedic program gives the community paramedic additional resources and support, as well as contributing to quality and efficiency.



15.B.5 *Diagnostic imaging at the point-of-care: A possible role for community paramedics? [20]*
Victoria Young, Victoria Young, PhD, P.Eng.: Post-Doctoral Fellow
University Health Network – Toronto Rehabilitation Institute [CAN]

In Ontario, as in other parts of Canada, marginalized and vulnerable populations, such as the elderly and individuals with mental health or addiction concerns, have been identified as having the greatest difficulty accessing quality, comprehensive medical care. This research explores available evidence surrounding the need for provision of radiography services pre-hospital, in addition to implementation considerations (e.g., barriers/facilitators, feasibility, options) for paramedics to be involved in radiography service provision.



15.B.6 Multidisciplinary Team Structure of a Tribal Community Paramedic Program Allows for Rapid Coordinated Approach to Urgent Public Health Concern

Chelsea White, MD ACP: Director
University of New Mexico Center for Rural and Tribal Paramedic Services [USA]

The Pueblo of Laguna Community Care Team (CCT) is a multidisciplinary team consisting of Laguna Fire Rescue Community Paramedics, Laguna Community Health Representatives (LCHRs), and Laguna Public Health Nurses (LPHNs.) This team is primarily tasked with longitudinal management of patients with chronic health issues, the collaborative nature of the team proved beneficial when a patient was potentially exposed to rabies. On May 12, 2018, Laguna Fire Rescue Paramedics responded to a patient that may have been bitten by a bat. Contact with bats confers a significant risk of rabies infection. However, this patient refused ambulance transport to a hospital for evaluation. This was quickly noticed by the Laguna Medical Director, who directed paramedics to return and convince the patient of the need for urgent medical treatment. Coordination of this patient's care over several return visits involved the Laguna Community Paramedics (CP), the LCHRs, the LPHNs, the Medical Director, the New Mexico Department of Health, and the Emergency Department of the University of New Mexico. The flexibility of the team played a major role in getting the patient to treatment over the following weeks.



15.C.1 Developing a global paramedic program accreditation framework for the higher education sector

Peter O'Meara, PhD ACP: Lead
Global Paramedicine Higher Education Council [USA]

Mary Ahlers, RN CP-C: Founder
Paramedic Health Solutions [USA]

Paramedicine is transitioning from its beginnings in military and emergency service settings to a fully-fledged health profession, where paramedics are capable of practicing as autonomous health professionals. Paramedic education is in the process of migrating from vocational training systems to the higher education sector, bringing with it the need for transparent and consistent program standards at both entry to practice and specialist levels. The Global Paramedic Higher Education Council, an autonomous accrediting agency, plans to provide an exemplar paramedicine program accreditation service that will help higher education around the world achieve consistent educational standards and competency outcomes. It will facilitate employment mobility and improve the health outcomes through the development of global education standards and accreditation processes adapted from the existing WHO accreditation framework for the accreditation of health professional education. The anticipated outcomes will be global paramedic education standards and an accreditation framework, a database of accredited education programs at both baccalaureate and postgraduate levels and the basis for a global network of paramedicine accreditation bodies.



15.C.2 *Environmental Methods of Simulation in Paramedic Education*
Duncan McConnell, MBA ACP: Senior Lecturer and Foundational
Program Director – School of Medicine,
Griffith University [AUS]

Simulation has become a major learning paradigm across industries around the world. Paramedicine is no exception to this, with it now playing a major part in the delivery of both the education of our future paramedics but also within skill maintenance and development of qualified paramedics as well. Simulation enables learners to have an authentic learning experience, which ultimately enables them to learn, apply, reflect and improve, before they ever touch a real patient. Adding environmental factors to simulations provides an entirely different simulation experience to all levels of learners. Implementation of environmental factors into your simulations can be achieved in multiple low-cost solutions, many of which you may already have at home or within your workplace. Using a Bluetooth speaker with a child's cry on loop, introducing a real animal into the scenario or even using a broken or non-functioning manikin as your extrication manikin in a difficult location, as just some of the low cost, high impact training solutions you can achieve via the addition of environmental factors to your simulations. How else can you train for the unexpected, if the unexpected is not part of your training.



15.C.3 *GippSIM A mobile simulation initiative*
Ross Salathiel, ACP: Clinical Support Officer
Ambulance Victoria [AUS]

Regional and remote paramedics are infrequently required to perform high-risk interventions. When they are called to do so, they may lack confidence or competence. Strategies to enhance confidence in performing high-risk, low frequency skills and improve patient care are a priority. Such strategies should align with the credentialing requirements for prehospital clinicians preparing for the impending registration of paramedics in Australia.

Ambulance Victoria (Gippsland Region) has commenced a pilot project utilising a mobile simulation vehicle, known as "GippSIM". GippSIM is an innovative, accessible and familiar platform designed to increase the exposure of paramedics to infrequently performed skills and procedures. GippSIM utilises a standard ambulance coupled with state-of-the-art simulation equipment, designed to bring high-fidelity clinical simulation to the remote and regional area clinician.

The GippSIM project will focus on increasing exposure to a number of key clinical interventions identified by Ambulance Victoria as priorities. These include thrombolysis for myocardial infarction, identification of ischaemic stroke to determine eligibility for thrombolysis and/or endovascular clot retrieval, tension pneumothorax decompression, drug assisted intubation and cardiac arrest management.

The GippSIM project commenced in November 2017. This presentation will detail the evolution of the project, field implementation, and will also discuss interim survey results from the first 7-9 months of operation.



15.C.4 *PAC4RAC - Providing Appropriate Care for Residents in Aged Care*
Jonathan Tunhavasana, MS ACP: Project Lead, Business Innovation & Planning
NSW Ambulance [AUS]

The PAC4RAC project vision was to ensure Twilight Aged Care (TAC) residents received the right care, at the right time, from the right people, through systematic and integrated processes that provide a positive experience for the residents and staff involved, reducing the emotional, physical and financial costs to patients and the broader health system. Applying the NSW Health Clinical Redesign Methodology provided robust project governance and innovative solutions which, since implementation, has resulted in a 36% reduction in 2017 (post the implementation in 2016) of calls from TAC homes to NSW Ambulance. The PAC4RAC project has demonstrated that collaboration and integrated care processes leads to improved outcomes for aged care residents through hospital avoidance, also reducing demand on NSW Ambulance and NSLHD emergency resulting in improved efficiencies across the broader health system.



15.C.5 *Updates on two Tribal Community Paramedic Programs in New Mexico, USA*
Chelsea White, MD ACP: Director
University of New Mexico Center for Rural and Tribal Paramedic Services [USA]

Two Tribal Community EMS programs in New Mexico, USA, both described in previous meetings of the International Roundtable of Community Paramedicine, continue to flourish. In the Pueblo of Laguna, the Laguna Community Care Team is a collaborative effort between LFR, the Laguna Community Health Representatives (LCHRs), and the Laguna Public Health Nurses (PHNs) to address unmet and under met medical needs in the community that are beyond the scope of practice of the LCHRs and PHNs. Protocols and skills are added as new needs are identified, allowing the program to adapt quickly to successfully serve the community. Wound care remains the main aim of this program, and the team is having success with many difficult and debilitating wounds. On the Ramah Navajo Reservation, the primary care paramedics of Pine Hill EMS provide minor emergency/urgent care in their station when their local clinic is closed. The paramedics have additional protocols and skills and have access to a consulting EMS physician by phone to discuss more complicated cases. This program continues to provide minor treatment and reassurance to patients and has reduced ambulance and private vehicle transports to the nearest emergency room, which is 64 km away on narrow, winding roads. CONCLUSION: these two unique programs offer different creative approaches to specific medical needs in their respective isolated communities. Other similar communities may have success with one or both of these CP models.



15.C.6 *The creation of a Community Paramedicine Standard in Canada*
Pierre Poirier, MBA ACP: Executive Director
Paramedic Association of Canada [CAN]

Community Paramedic programs have been in existence for over 15 years. The programs have been organic. They have been developed through community need and the creative spirit of enlightened individuals recognizing opportunity and service to community. For several years, paramedics have known that we need some coherent structure to advance the fantastic programs within our provincial government frameworks. The Canadian Standards Association (CSA) develops standards as their raison d'etre. A perfect match between the CSA and the Paramedic Association of Canada.



15.C.7 *Salutogenesis: A potential underpinning theory for Community Paramedicine*

Krista Cockrell, MHS ACP: Professor
Western Sydney University [AUS]

Buck Reed, MIHM ACP PhD (candidate): Associate Lecturer in
Paramedicine
Western Sydney University [AUS]



Meeting healthcare needs in rural communities remains a challenge. Many paramedics recognise primary healthcare elements of their practice, however, barriers exist to implementing primary healthcare-based strategies. This study explores paramedics' perceptions of augmenting their practice, recognising their unique access to patients at home, with the introduction of a tool to measure sense of coherence, general resistance resources, and social determinants of health (SDH) to help guide them in such cases. The aim of this assessment is to assist building patient resilience to improve outcomes in current and future health events using a salutogenic approach. Methods: A questionnaire was administered to 146 rural paramedics, exploring their perceived knowledge of health disparities in their communities, the impact of SDH, and their roles as frontline care providers. This aimed to establish the feasibility of utilising a salutogenic approach within paramedics' current scope of practice. Results: Most participants recognised a need to move toward salutogenic approaches to healthcare. Results found that 73.1% of participants would be highly likely to refer patients to services if they recognised a need and were aware of a service that may be able to assist. Results highlighted paramedic perceptions that their unique access to patients provided opportunities for more holistic assessments and improved referral pathways. Some participants expressed concerns around creating additional stress on already overburdened systems. Conclusion: This project sets the platform for the adoption of a salutogenic approach to paramedicine and explores new avenues for paramedic practice in line with the evolution of the profession.



15.C.8 *Community Paramedicine in Frontenac County (Ontario, Canada): From Primary Care to Public Health*

Jason Kervin, BClinPrac, ACP: Community Paramedicine/Education
Coordinator
Frontenac Paramedic Services [CAN]

This session will describe the Frontenac Paramedic Services involvement with the CP@clinic program which targets low income seniors for focused health monitoring while providing feedback to their primary care provider. In addition, we will present a potentially novel role for community paramedics in the medical staffing of an overdose prevention site.



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