

Connecting before crisis

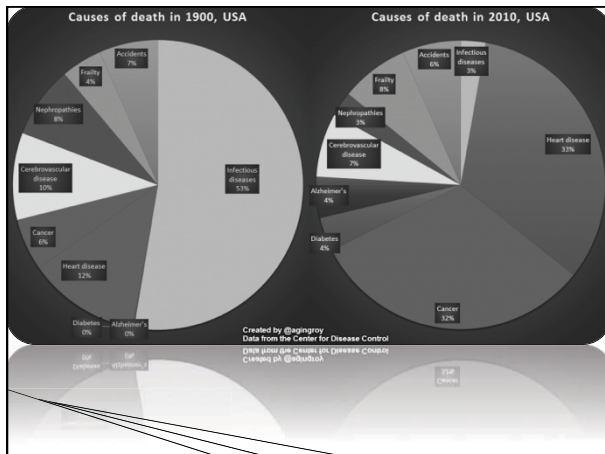


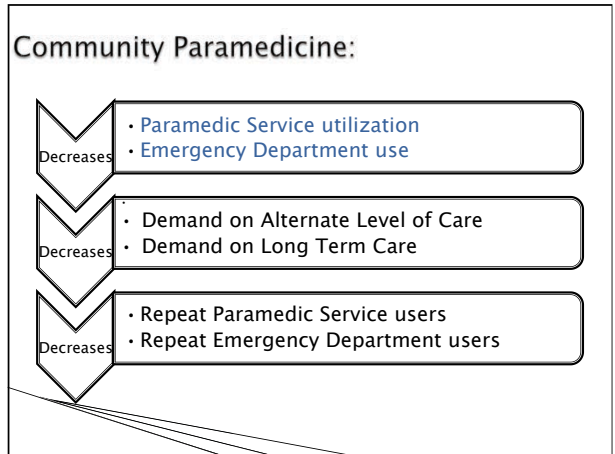
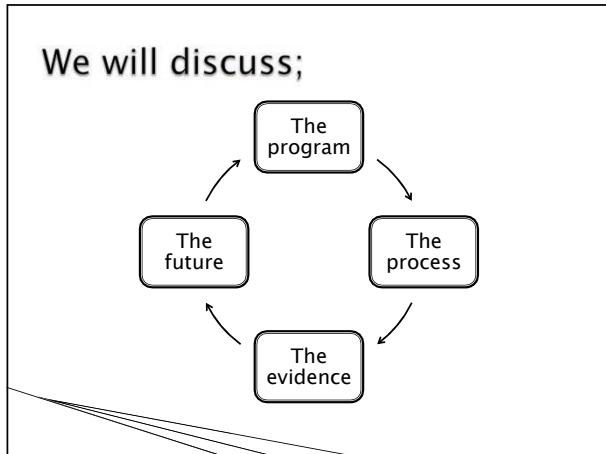
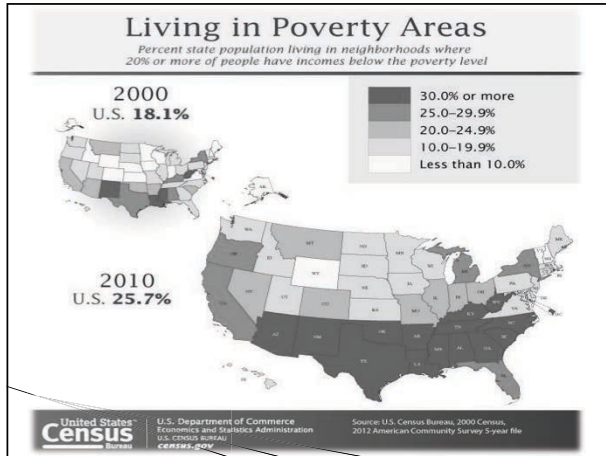
Chief Michael Nolan
County of Renfrew Paramedic Service
Director of Emergency Services

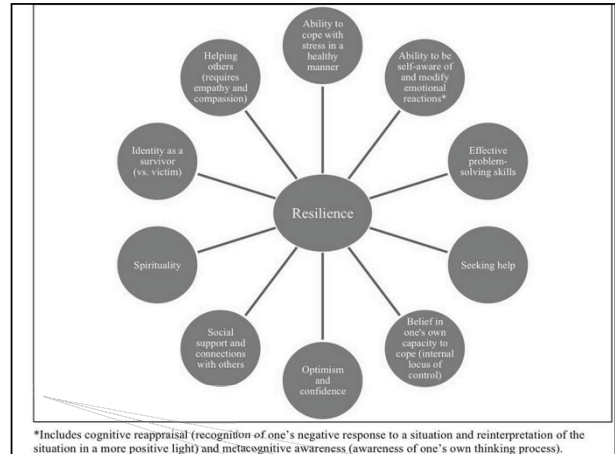
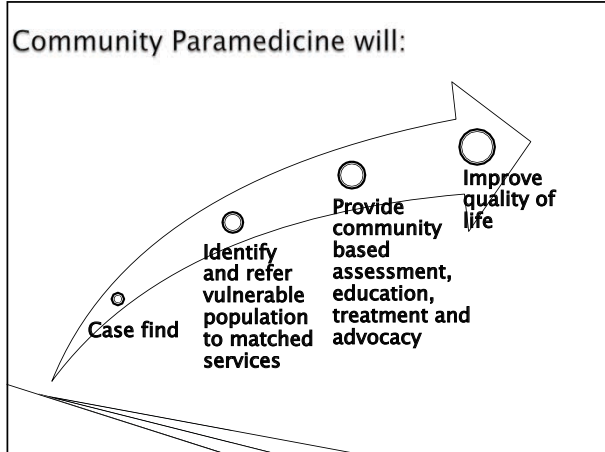
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Acknowledgements

- ▶ Canadian Institute of Health Research
- ▶ Dr. Jacques Lee, Sunnybrook
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- ▶ Government of Ontario
- ▶ Ontario Association of Paramedic Chiefs
- ▶ County of Renfrew
- ▶ Ontario Provincial Police
- ▶ Canadian Paramedicine Magazine







Methods: Design

- Paramedics Evaluating the Risk of Independence Loss
 - 42 predictive variables chosen
 - Includes items modified from Identifying Seniors at Risk (ISAR) and Triage Risk Stratification Tool (TRST) and Gerson prediction rules
 - Extensive testing of forms in focus groups
 - > 2000 patients enrolled and followed

PERIL Clinical Prediction Rule

1. Any problems in the home preventing safe discharge?
2. Are the patients medications disorganized or is there evidence of clutter syndrome?
3. Have there been any 911 calls in the last 30 days?

PERIL Prediction Rule

Performance

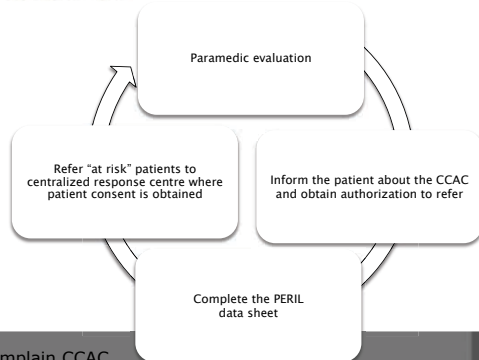
- 1/3
 - 27% of patients – adverse outcome in 30 days
- 2/3
 - 54% of patients – adverse outcome in 30 days
- 3/3
 - **93% of patients – adverse outcome in 30 days**

PERIL Prediction Rule

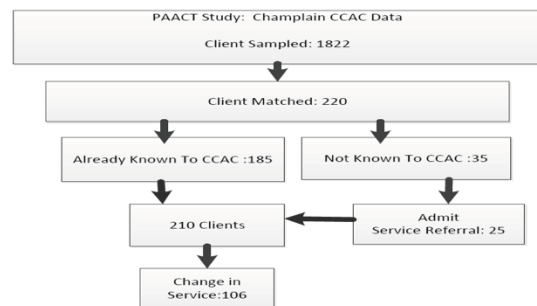
Pathway

- ▶ Refer all patients with PERIL score 2/3
- ▶ Prioritize patients with PERIL score 3/3

Paramedic Referral Process



Results to date:



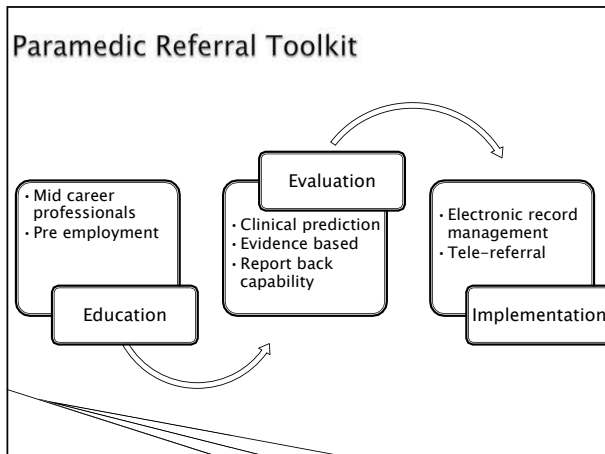
Change in Services

| Client Number | Diagnosis | Reason for Call to Emergency Services | Outcome with CCAC |
|---------------|--|---|---|
| 634--8 | CVA x 2 Hypertension Wallenberg's Syndrome | Allergic reaction, 84 year old spouse needing more help | Care Plan review: OT Referral for equipment needs. Linked with Pain & Symptom Management Team |
| 302--1 | Dementia, Osteoarthritis | Declining mobility, multiple falls. Two EMS calls in 2 days | Readmitted to CCAC for assessment, OT referral, 2 WW and RTS, connected to CSS |
| 641--0 | Osteoporosis, MS, Dementia | Chest pain and headache: postural hypotension and UTI | Reassessed: referral for PT, Admitted to H2H (enhanced care) |
| 631--6 | COPD, Pneumonia | Respiratory Distress Depression, Failure to Cope | Enhanced services, link to community supports (MOW), LTC counselling |

Champlain CCAC 17

Paramedic and Community Care Team

| |
|---|
| Repeat 911 / Paramedic use by patients 1, 3, 6 and 12 months |
| Hospital admission rates 1, 3, 6 and 12 months |
| Use of community services within 1 and 3 month |
| Mortality within 1, 3, 6 and 12 months |
| Functional decline within 1 and 3 months |



Learning Objectives

1. To provide Paramedics and Police with the knowledge to assess patients for a Community Referral.

This program will enable the learner to:

- Describe the consequences of healthy aging versus disease.
- Compare the older adult with the chronically ill.
- Recognize social problems and functions including the activities of daily living for older adults.
- Recognize that the chronically ill may have similar needs to the older adult.

Ontario


PREEMERGENCY Community Paramedic Tool-Kit Training Program V3 Resources

Paramedic Training Application, Engine

Menu **Glossary**

- 1. Community Paramedic Tool-Kit ...
 - 1.1. Welcome
 - 1.2. Program Goal
 - 1.3. 1. Learning Objectives
 - 1.4. Pre and Post Training Evala...
 - 1.5. Pre-Quiz
 - 1.6. Aging Video
 - 1.7. Activities of Daily Living
 - 1.8. Prediction, Consent & Adv...
 - 1.9. The 3 D's
 - 1.10. Case Study Scenario Video's
 - 1.11. Post Evaluation
 - 1.12. Post-Quiz
 - 1.13. Certification

Aging Video




To Pause - Click the video. You cannot rewind until you finish viewing the video.

Ontario

Activities of Daily Living

B.A.D.L's

Dressing Eating Ambulating Toileting Hygiene



To Pause - Click the video. You cannot rewind until you finish viewing the video. < PREV NEXT >

Ontario

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The 3 D's


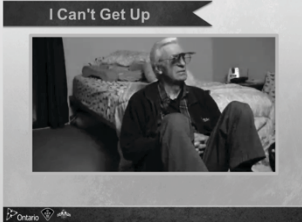
Dementia
Depression
Delirium

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Fall

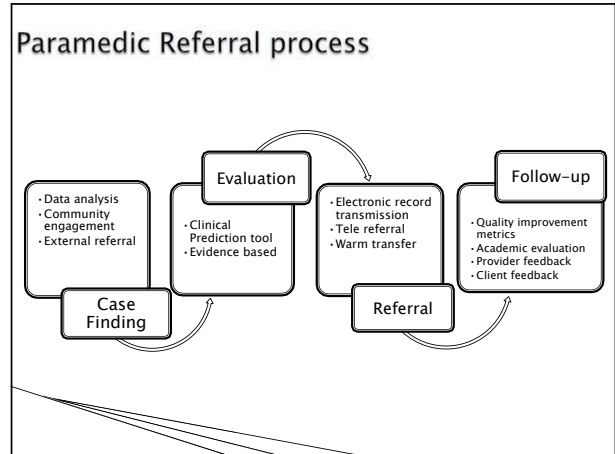
I Can't Get Up



Ontario

Correctly Fill in The Form

YES NO
 Are there any problems observed in the home that would prevent this client from being safely discharged back home from the ED, or contribute to recurrent EMS / Emergency use?
 Has the client used 911 in the last 30 days?
 Medications Disorganized (Meds not clearly labeled, Ad-lib containers, old meds mixed with current medications) ?
 Score: 3
 If #1 indicated or Score is either 2/3 or 3/3, then obtain verbal consent for referral.

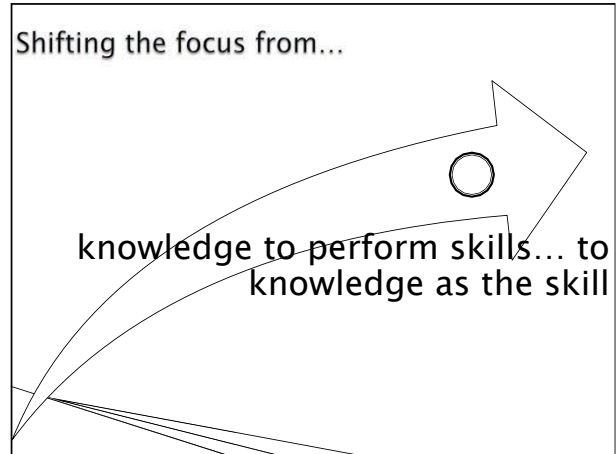
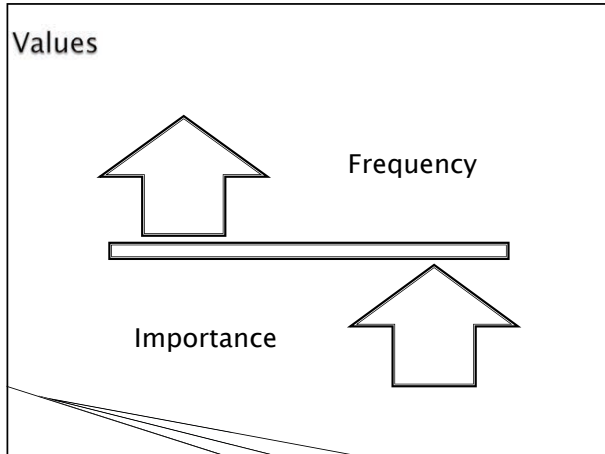


Models of care

| | |
|-----------------------------|--|
| Wellness clinics | <ul style="list-style-type: none"> • Voluntary case identification • Chronic disease self management • Risk screening • Health system navigation |
| Adhoc home visits | <ul style="list-style-type: none"> • Experiential case finding • Environmental assessment • Care giver support • Chronic disease self management |
| Aging at home | <ul style="list-style-type: none"> • Long term care avoidance • Allied professional extender • Routine evaluation • Customized care plans |
| Targeted Populations | <ul style="list-style-type: none"> • Expanding Paramedics In Community Units • Community Paramedic Response • House Calls • Health Links |

Models of care

| | |
|---|---|
| In hospital / clinic | <ul style="list-style-type: none"> • Triage • In department |
| Extended Care Paramedics | <ul style="list-style-type: none"> • Long term care focused • Health system navigator |
| Collaborative Emergency Centres | <ul style="list-style-type: none"> • Primary care extension • Interprofessional team |
| Mobile Care Interprofessional team | |



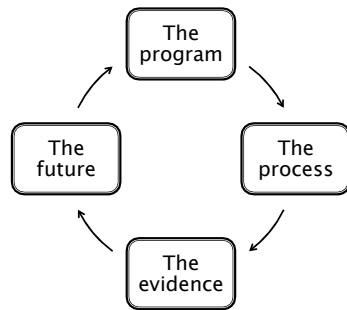
**Demo Paramedic Referral Training
for IRCP attendees**
www.paramediccommunity.com

- ▶ Login: ircp
- ▶ Password: ircp

Dean Dimonte
Premergency
ddimonte@premergency.com



We have discussed;



Evaluation

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