RURAL AND REMOTE COMMUNITY PARAMEDICINE

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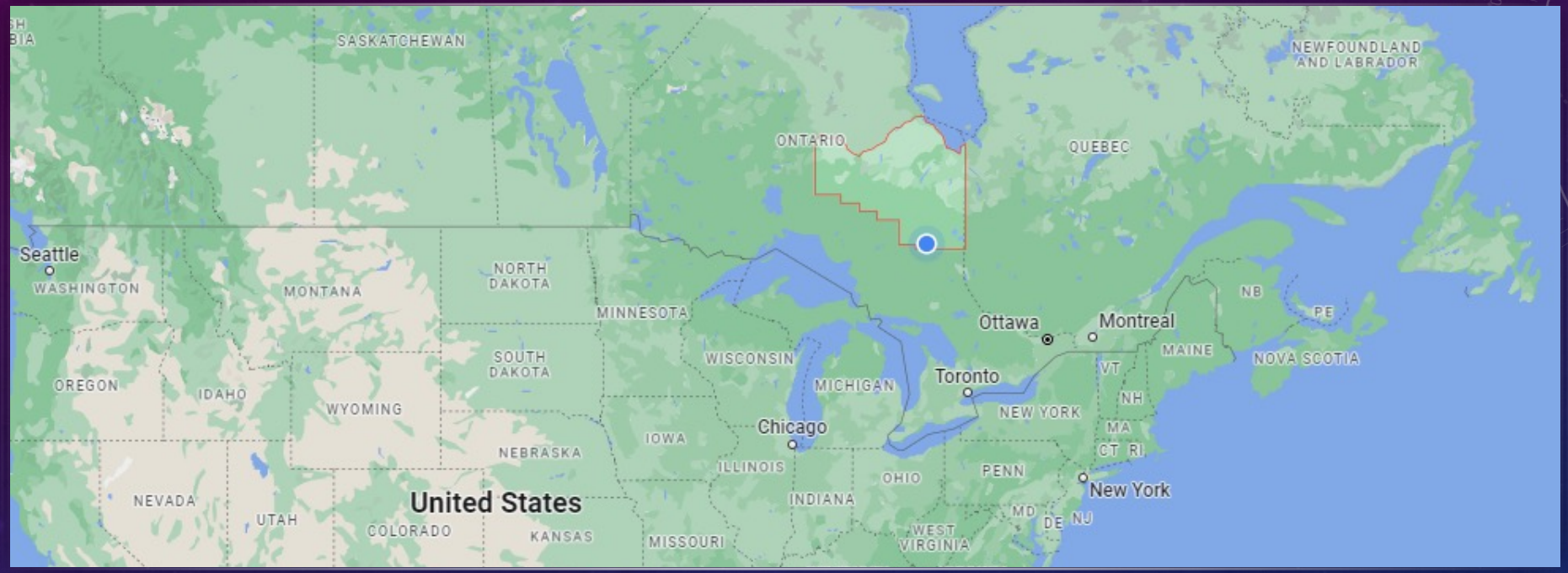
DIRECTOR AND CHIEF CDEMS

RURAL AND REMOTE NORTHERN ONTARIO



COCHRANE DISTRICT – POPULATION 79,700

141, 268 sq.KM or 54,544 sq.mi - New York State is 141,300 sq.Km or Florida State is 170,314 sq.KM

COCHRANE DISTRICT EMS

- Over 100 PCP (ICP) (in 14 Communities)
- Services that include; Tactical Medics, Community Paramedics, Emergency Response, CBRNE, Search and Rescue, Pandemic Response.
- Area is large, underserviced, several remote first nations and rural communities. There are 8 hospitals within the District with a regional hospital in Timmins.
- Emergency Call volume is 9800/year, 68% urgent or life threatening
- Five Communities are only accessible by plane, rail, or winter road. There is no road access during the summer months. Serviced By WAHA Paramedic Service.

CP MEDICS IN COCHRANE DISTRICT

- CP division is comprised of a Commander, 6 full-time paramedics and 6 part-time paramedics
- All of the Paramedics within the district have basic CP training
- CP medics are provided additional 150 hours of training
- In the process of training 8 additional Emergency Response Paramedics (new station requirement)
- Training all District Paramedics to the same level (in development)

COMMUNITY PARAMEDICINE COCHRANE DISTRICT

- Paramedic and Primary Care Referrals
- Ultrasound, 12 lead, IV, Point of care testing, Phlebotomy, pain management, 6 additional med (vitamin B12)
- Condition being treated; CHF, COPD, Diabetes, Palliative Care, Pain Management, Hospital Discharge (cardiac and surgical follow up), New born, Pre-Admission, Covid Response/testing
- Care is provided via- home visits, clinics, remote monitoring, virtual visits

CP ROSTERING FOR HOME CLIENTS

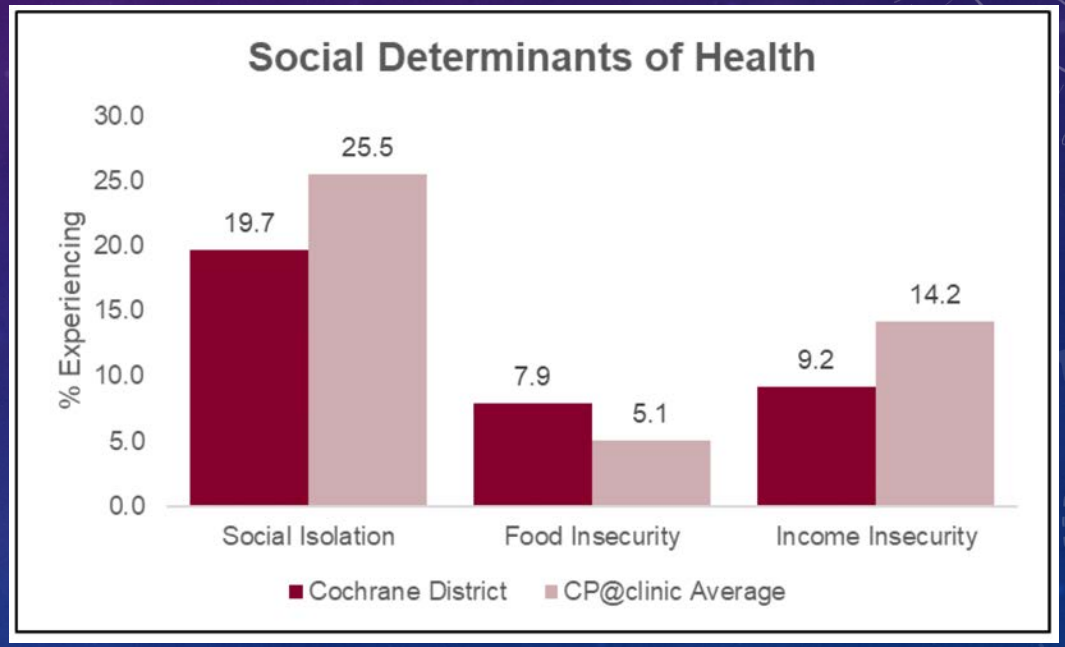
COMMUNITY PARAMEDICINE WEEKLY REPORT												
WEEKLY PERIOD:	FROM:	Aug. 28	TO:	Sept. 3	ACTIVE PATIENTS:	361	PROGRAM CAPACITY:	100%				
911 CALLS:	210	911 CALLS WITH PARAMEDIC REFERRAL:	7	911 CALLS FROM CP PATIENTS:	43	NEW ENROLLMENTS:	1					
PROGRAM:	CPLTC:	220	HIGH INTENSITY SUPPORT:	85	CPRPM:	1	CDSSAB:	8	TOTAL:	314		
DIVISION:	KAPUSKASING CP											
HEARST		3				1						4
MATTICE												
OPASATIKA												
HARTY												
VAL RITA												
KAPUSKASING		41		8				2				51
MOONBEAM		4										4
FAUQUIER		1		1								2
SMOOTH ROCK FALLS		3		2								5
DIVISION:	COCHRANE CP											
COCHRANE		14		20				1				35
IROQUOIS FALLS		5		6								11
PORQUIS JUNCTION				1								1
MONTEITH		1		1								2
DIVISION:	TIMMINS CP											
MATHESON		1		8								9
VAL GAGNE				2								2
RAMORE		1										1
HOLTYRE												
TIMMINS		124		32				2				158
SCHUMACHER		4										4
SOUTH PORCUPINE		11		3				2				16
PORCUPINE		5		1				1				7
CONNAUGHT		2										2

CP VISITS:	IN-PERSON:	VIRTUAL:	BLOODWORK:	URINALYSIS:	ON RPM:	AWAITING INTAKE:
KAPUSKASING CP	18		11	0	16	403
COCHRANE CP	20	1				
TIMMINS CP	50					
911 CREWS	0					

- 6 full-time CP with an average of 60 clients
- 361 Active Clients with 403 awaiting intake
- Majority of Clients are in Two Communities
- Clinics available every week in senior housing
- 3600 home visits in 2021 with 5 full-time CP

COLLABORATION IS KEY

- **Public Health** (Vaccine and Health Clinics)
- **Mental Health** (social isolation, assessments)
- **Local and Regional Hospitals** (discharge, pre-ad)
- **Addictions** (Sabloxon, follow up treatment)
- **Palliative Care** (Pain management and support)
- **Aging at home** (home visits, Clinics)
- **Family Health Teams** (referrals, follow up, point of care testing)
- **Social Services, Housing** (Social support, income security, appropriate housing and support)
- **Police Service** (failure to thrive, home supports, addicitions)
- **Long Term Care** (LTC avoidance, clinics, home visits, continuing care, complex health, RPM)



SUCCESS STORY, E.D. AVOIDANCE AND QUALITY OF LIFE WHILE AGING AT HOME

- Mary from Cochrane
- 65 calls for service from Paramedics
- Introduction of CP visits and RPM
- Complex health issues
- Reduced to five calls the following year
- Feels safe, healthier and more confident

- Gerome from Timmins
- Complex health issue, living alone in supportive housing
- Does not call 911 for assistance
- Attends a CP Clinic in his building
- Working with CP, housing staff, Social Services, Police
- Was not getting services he needed, was being robbed by his kids, had not food or medication
- Improved quality of life, ability to strive with support

WHERE ARE WE GOING WITH CP?

Success

- Better access to care, where you live
- Good community support
- Financial support from Government Agencies
- Reduction in LTC wait lists and Improved quality of life
- Continued Partnerships and Collaboration
- Customized programs to Community needs
- Recognition of CP in the circle of care

Challenges/ Opportunities

- Secured and Guaranteed (ongoing) Funding
- Standardized Training
- Funding model not sustainable
- Front-line engagement of 911 Paramedics
- Ability to increase CP staffing
- Regulations and Government Standardization
- Increased red tape and reporting
- Better access for remote First Nations

QUESTIONS?

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