Community Paramedicine

In Nova Scotia

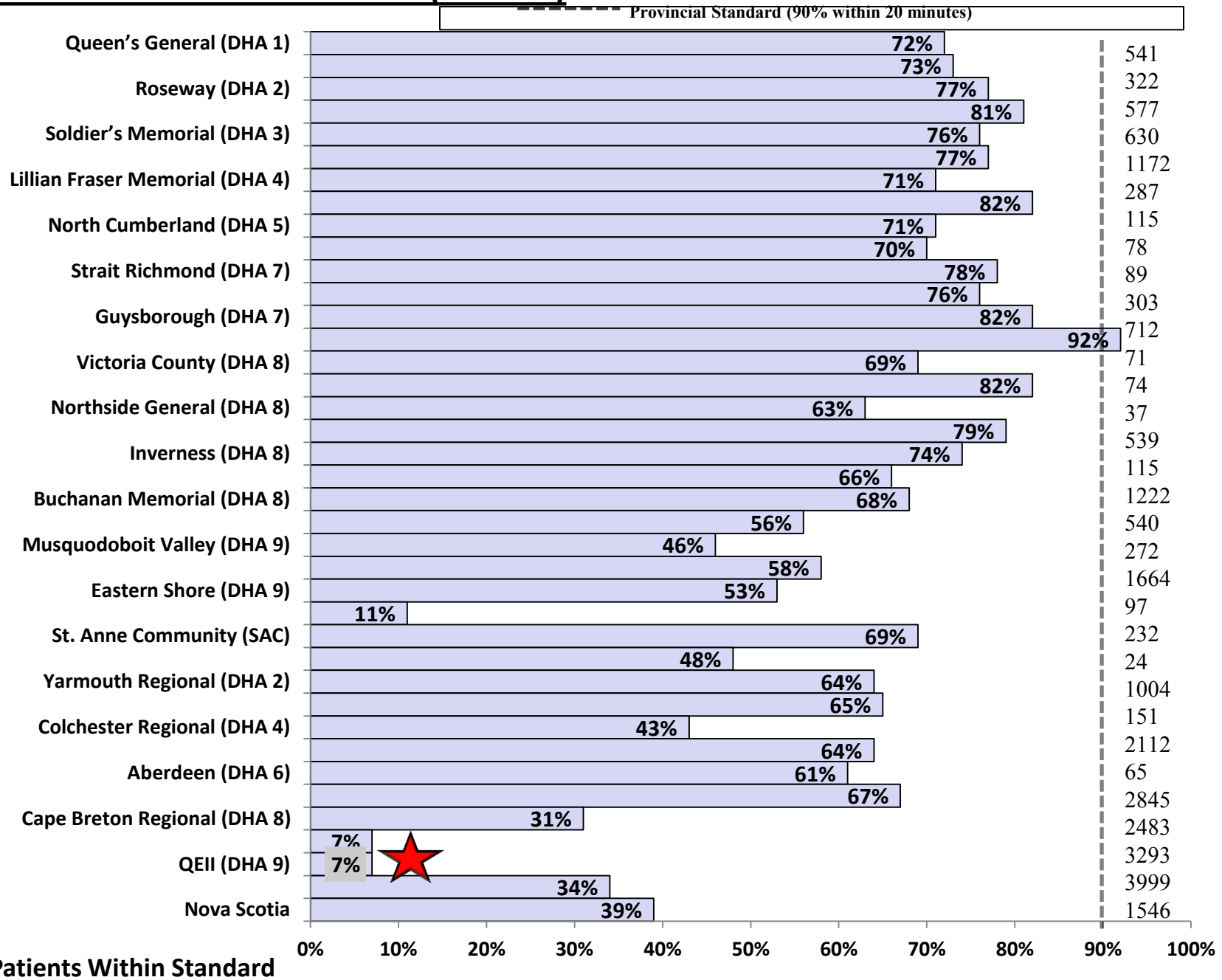
Extended Care Paramedic Program

The Current Reality

Ambulance Offload Intervals

% Patients Transferred Within Standard (20 mins)

2011-12

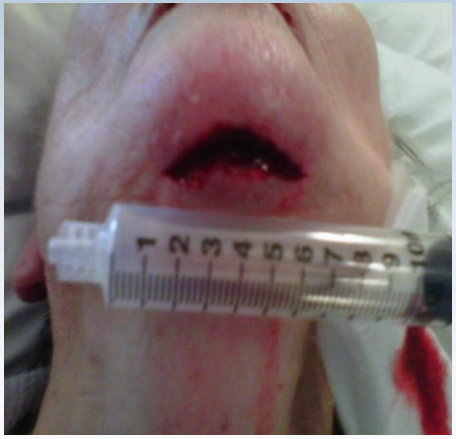


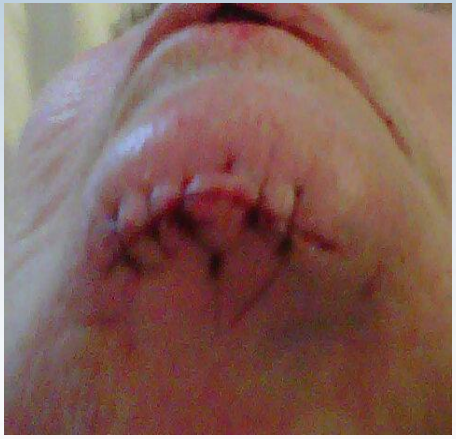
ECP Call Overview

Briefing & Report to Oncoming Crew

Patient Treated Not Transported
Or
Transport Coordinated for Later Time

The Ability to Treat at the Bedside





Call Breakdown (First 67 Weeks)

ECP @ LTC	Treat & Release	Facilitated Transfers	Immediate Transport	Avg Length of Call
961 Calls	712 (74%)	220 (23%)	29 (3%)	110 Minutes

ECP Research

- Two studies conducted in first year of operation
  1. Pilot study of dispatch and transport rates for LTC calls
  2. Qualitative study exploring insights and experiences of EHS Paramedic Service stakeholders into implementation & operation of ECP program
- Both studies funded by:
  - Dalhousie Network for End of Life studies through Canadian Institutes of Health Research grant
  - Supported by EHS Operations Management
- Future work planned on larger before-and-after study
  - Examine EHS, hospital and LTC records
  - Improved analysis and reporting on clinical and safety outcomes

EHS Emergency Health Services
DALHOUSIE UNIVERSITY Inspiring Minds
NELS | Network for End of Life Studies
CIHR IRSC Canadian Institutes of Health Research / Instituts de recherche en santé du Canada
Health and Wellness
NOVA SCOTIA

ECP Research: Pilot Study

Methods

- Small pilot study
- 3 months: March – June 2011
- Review of EHS records: dispatch, ePCR, shift reports
- Compared **dispatch determinants** and **transport rates** for all ECP and emergency ambulance calls to 15 Halifax LTCFs

Results

- ECPs most often **requested specifically by LTC staff**
  - 63% of ECPs calls were NOT on low-acuity dispatch list
- **48% absolute risk reduction** in transport from LTCFs when ECP added to our system
  - ECP Calls:
    - 70% Treat & Release (n=98 calls)
    - 23% Facilitated Transfer (n = 33 calls)
    - 6% Urgent Ambulance Transport (n = 9 calls)
  - Emergency Paramedics Calls:
    - 79% Transport (n = 77 calls)
    - 21% No-transport (?refusal of care) (n = 21 calls)
- Relapse back to EHS within 48 hours after no-transport:
  - **Of ECP no-transports, 6%* relapsed call for a related clinical reason (ED relapse rate ~4-7%)**

  *panel review = although relapse call, transport still would not have been best decision in most cases
  - 0 relapses after emergency paramedic no-transport

ECP Research: Qualitative Study

Methods

- Implementation & operation of a novel program
- Series of focus groups
  - ECPs
  - Front-line paramedics & comm officers
  - Managers
  - ECP physicians
- Thematic analysis for leading themes

Results

1. Implementation
   - Why paramedics in this role?
   - The characteristics of successful ECPs
   - ECP training
2. ECP Process of Care
   - ECP decision-making,
   - Time on calls,
   - Expectations of ECPs
3. Communications
   - ECPs liaise communications,
   - ECP communication with patient and family
4. End of Life Care
   - Right decision for the patient,
   - ECP preparation for end of life cases

ECP Research Summary

What do we know?

- ECPs reduce transport of LTC patients to ED (duh)
- Their role is slower, involves more and better communication, and solid decision making – compared to standard paramedic roles
- They have an increasingly important role to play in end of life care
  - Extremely novel for Canadian paramedic practice

What do we still need to learn?

- How best to dispatch ECP
- What the best measure of safety is
  - In pilot study, we used ***repeat calls back to EHS after 48 hours of no-transport – for a related clinical reason***
  - Too few of these cases to find a trend in certain patient types
- If ECP actually reduces strain on overall healthcare system
  - Unknown time to resolution of health problem, number of ECP, GP and other services used instead of ED visit
- If ECP is cost effective
  - We think it is (at least to the EHS system), but comprehensive economic analysis not yet complete

Recognition

- Gold Medal Winner in Public Sector Leadership from Institute of Public Administration of Canada.

Collaborative Emergency Centre's (CEC's)

- Part of the government's "Better Care Sooner" plan.
- Allows 24/7 access to care in rural and remote communities.
- RN and Paramedic work in ED in overnight hours in collaboration.

Various Team Configurations

- RN & Advanced Care Paramedic
- RN & Primary Care Paramedic
- Dependent on
- location of Hospital
- Skill set of RN's (Chronic vs. Acute)
- 2 CEC's currently open with 9 more scheduled.

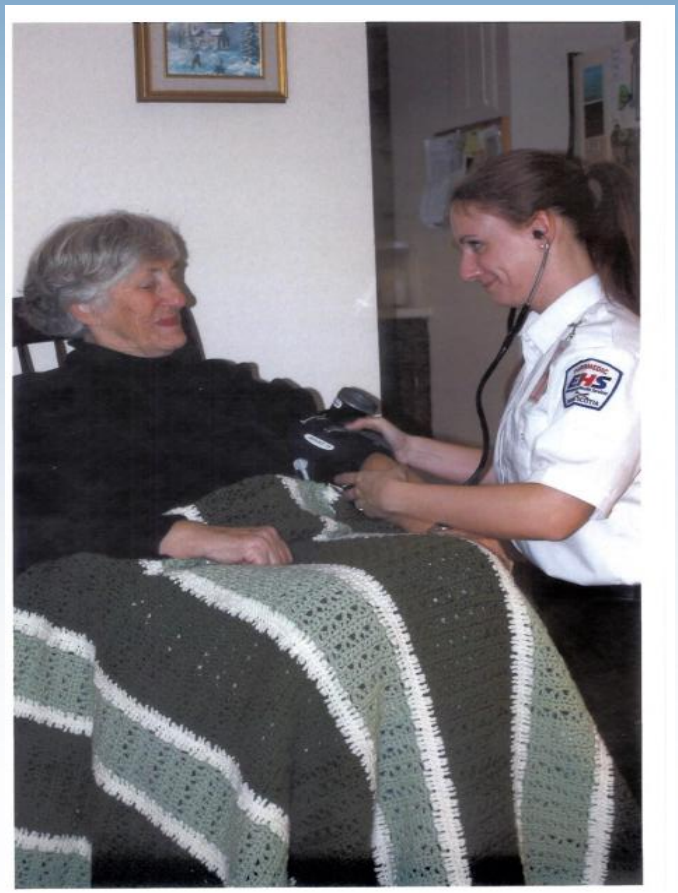
CEC Patient Dispositions

Approximately

- 50% discharged home with a follow-up appointment with primary care set for next day.
- 35% discharged home with no follow-up required.
- 15% transferred onward via ambulance to a more definitive care facility.

VISIT *(Vitals, Interview, Safety, Inspection, and Treatment) Program*

EHS Paramedic Service will join the Seniors LINCS(Living Independently with Community Support) program in delivering in home care in the community of Annapolis Royal.



VISIT

- Currently 25-35 seniors in Annapolis awaiting alternate level of care placement.
- Seniors LINCS will make referrals to local Paramedics for scheduled home visits.
- EHS crew will perform assessments/interviews on patients suffering from chronic conditions such as:

- CHF
- COPD
- IDDM

They will also perform falls assessments for those at risk with mobility issues.

Finishing Up

These programs are about:

- Serving the needs of special patient populations.
- Bringing the right resource to the right patient at the right time.