



Advances in Community Paramedicine in Response to COVID-19

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Disclosures

- Funded by CAHBI Spark Grant
- AB was contracted by CORPS to develop the study
- CSA Group managed the project
- AB has received funding from CSA Group for consultancy work

Background

- CORPS CP program reduced 9-1-1 activation by 24%, emergency department visits by 20%, and admissions to hospital after ED visits by 55% one year after implementation
- NS CP program reduced annual trips to EDs by 40% and decreased overall annual expenses for health care from \$2,380 to \$1,375 per person

COVID-19 Pandemic

- The COVID-19 pandemic further emphasized the health benefits of keeping people out of hospital if they can be cared for at home or in their community.
- The pandemic also highlighted the prevalence of social inequities in Canada, particularly in already marginalized groups, and the importance of social connectedness and caregiver wellbeing solutions.
- Community paramedicine programs informed by COVID-19 related best practices can help meet evolving out-of-hospital, primary care, and social needs.

Research questions

- How have Canadian community paramedicine programs innovated in response to COVID-19?
- How can these innovations inform the future development of community paramedicine?

Conceptual Framework

Figure 1: Conceptual framework guiding the study



Methods

Convergent parallel mixed-methods approach

Literature Review

- Scoping review of community paramedicine publications, with a focus on Canadian context.

Stakeholder Engagement

- Engaged with stakeholders representing intersections and relationships between community paramedicine, Indigenous community health, paramedic service organizations, and health and social care organizations across Canada.

Ethics Approval

- The stakeholder engagement exercise received ethics approval from the Research Ethics Board at Fanshawe College in Ontario (#21-06-01-1).

Leveraging technology

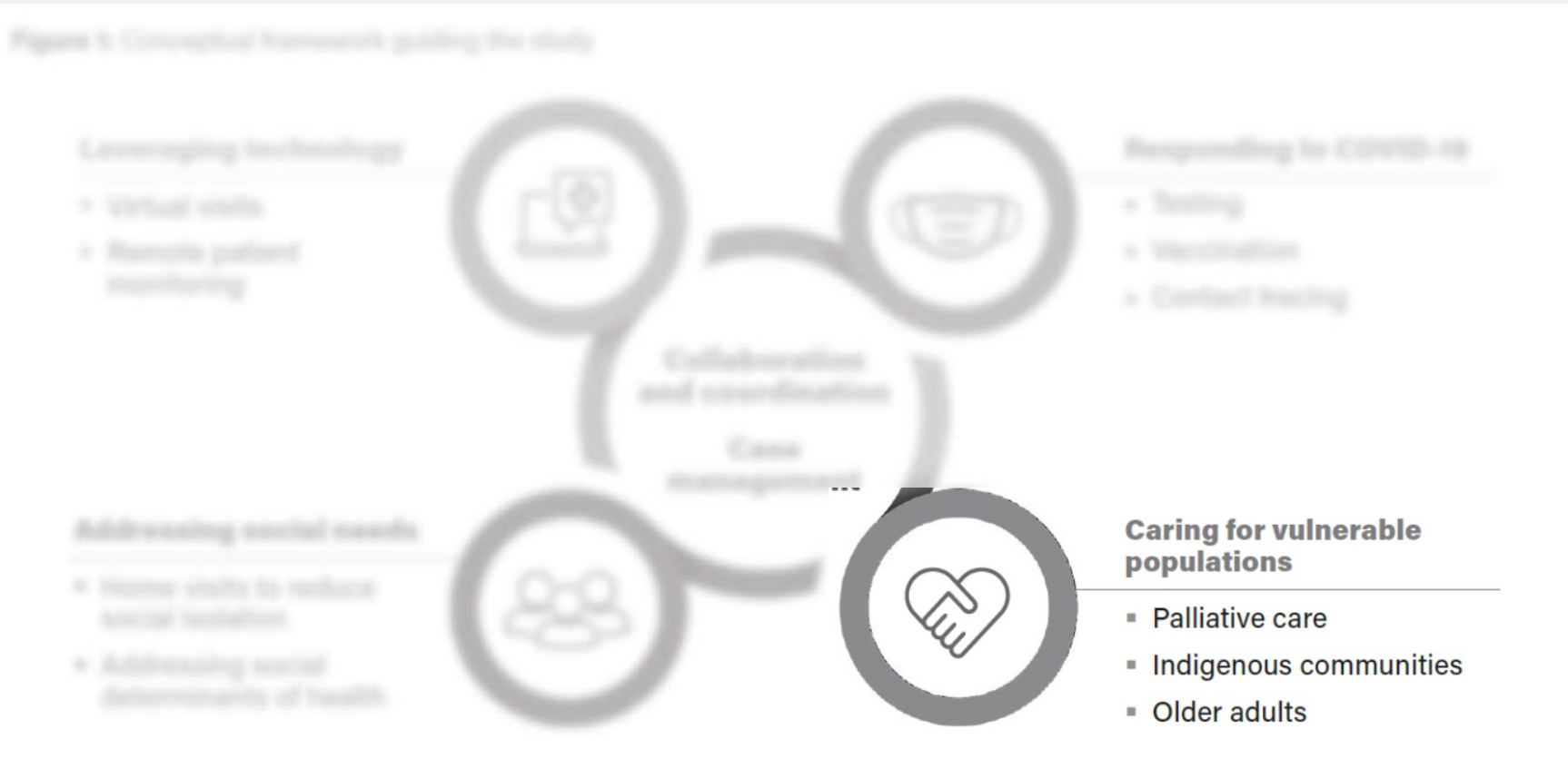
Figure 1: Conceptual framework guiding the study



Responding to COVID-19



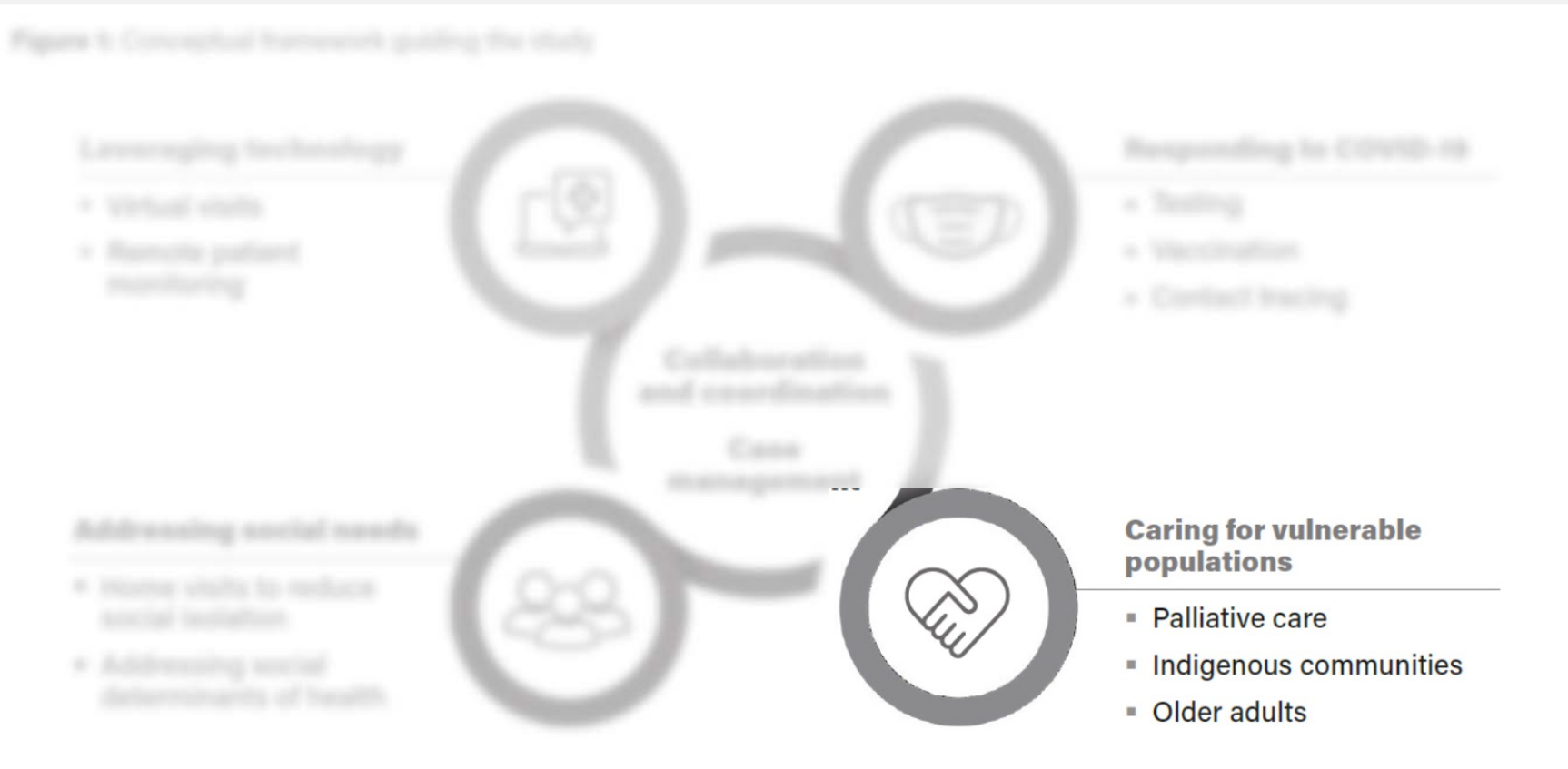
Caring for vulnerable populations



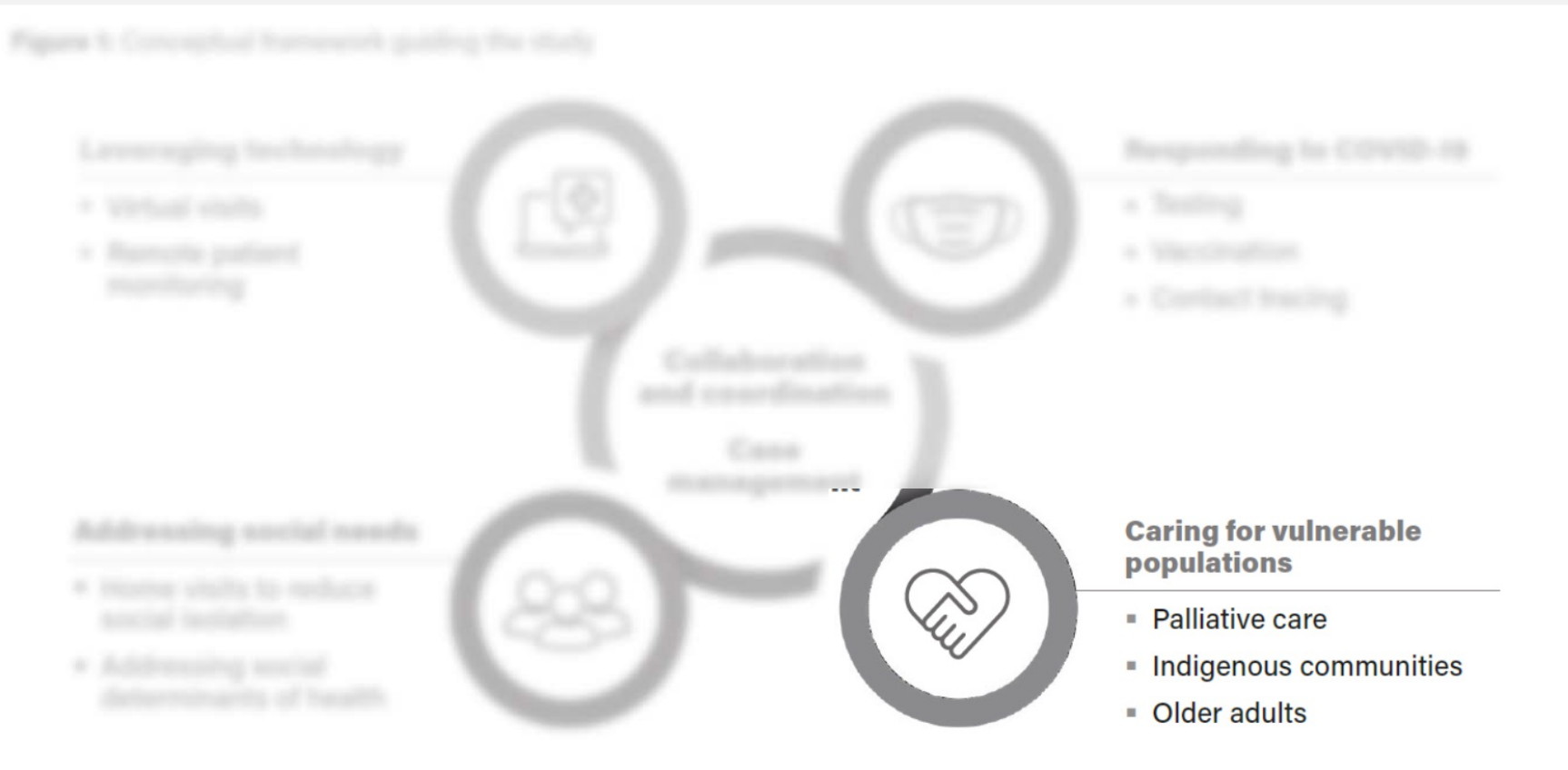
“We can't expect marginalized populations to change their approach to access the traditional health care system. They can't adapt, they're marginalized, they don't have the resources for that...we need to change our approach and to meet them where they're at.”

- Participant, Community Paramedic

Caring for vulnerable populations



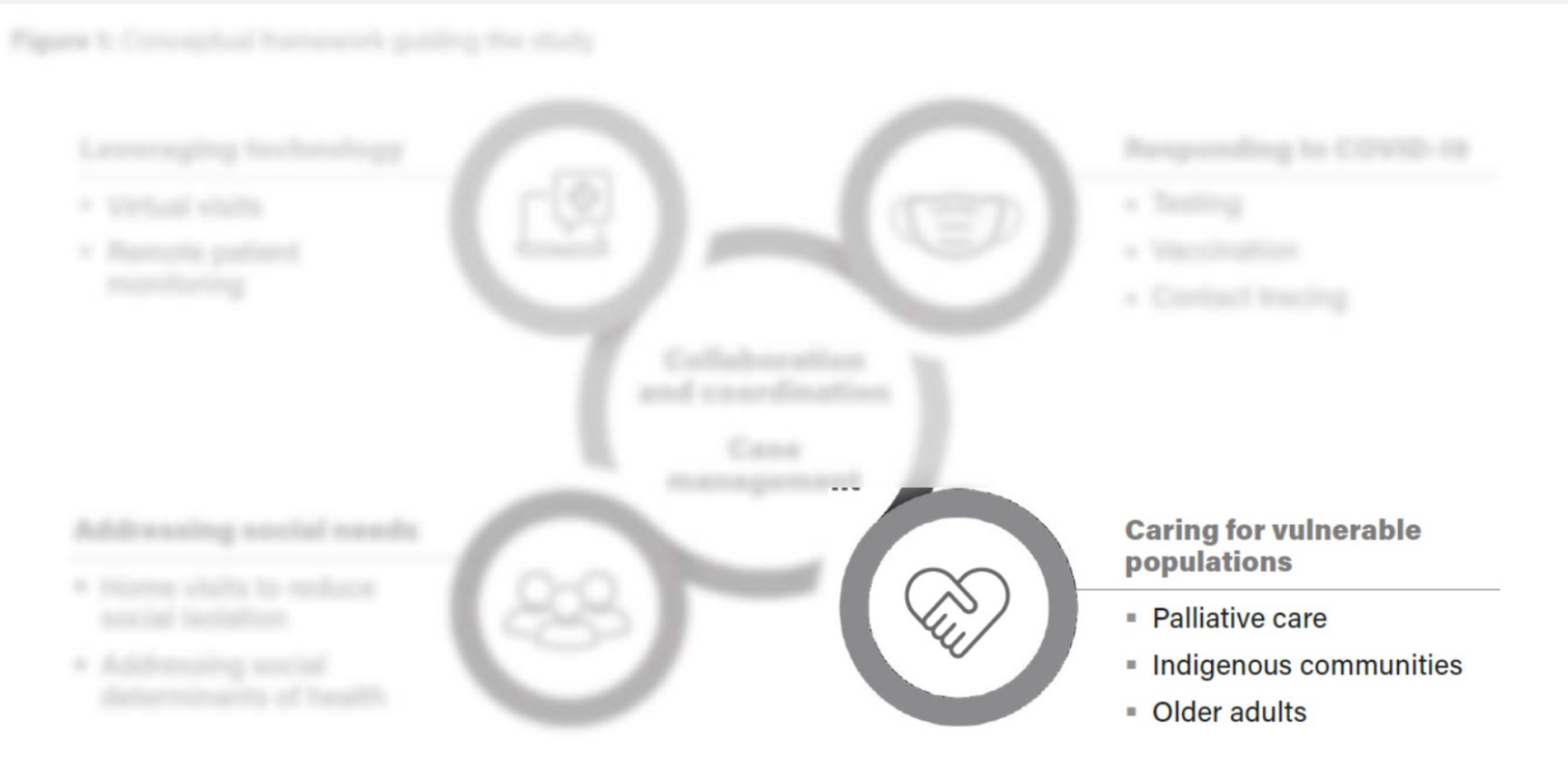
Caring for vulnerable populations



“We weren't involved with the palliative care outreach team before COVID. So that's something that we've gone into that I don't think we will ever go back from and has been an amazing collaboration”

– Participant, Community Paramedicine Supervisor

Caring for vulnerable populations



Addressing social needs



Addressing social needs



Opportunities and future directions

- ▼ Improve coordination and management of cases in the community
- ▼ Educate HCP colleagues on the role of community paramedicine
- ▼ Facilitate low-acuity responses, treat-and-refer, treat-and-release, and targeted follow-ups
- ▼ Improve information sharing
- ▼ Need to define and measure a set of universal or common key performance indicators and evaluation items for evaluating the impact of community paramedicine programs
- ▼ Provide outreach education and support to communities

Conclusions

- Community paramedicine programs have evolved to meet the needs of their communities.
 - helped caregivers respond to COVID-19 in collaboration with public health agencies;
 - Leverage technology to facilitate remote monitoring and virtual visits;
 - address social inequities in their communities;
 - meet the needs of vulnerable populations

