

Lessons from across the pond:

A comparison of Canadian & UK
Community Paramedic systems and what
we can learn from each other

A Tale of Two Cities

Ottawa

City Population: 1.1
million

600 paramedics

20 CP's



London

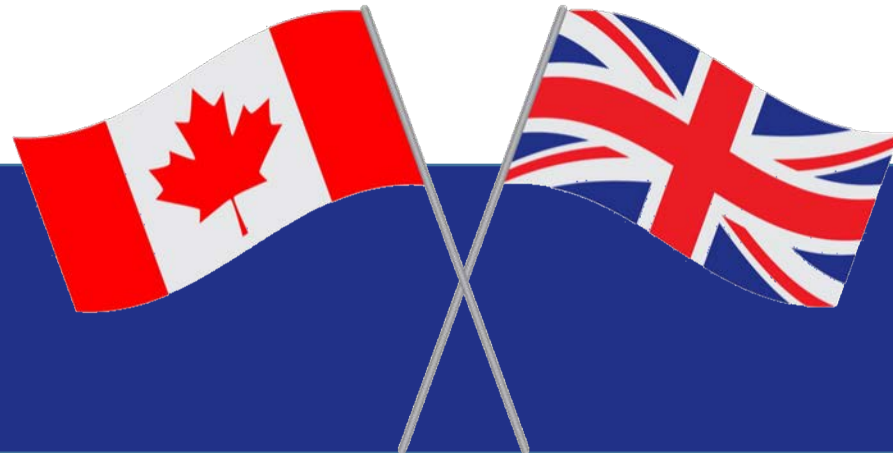
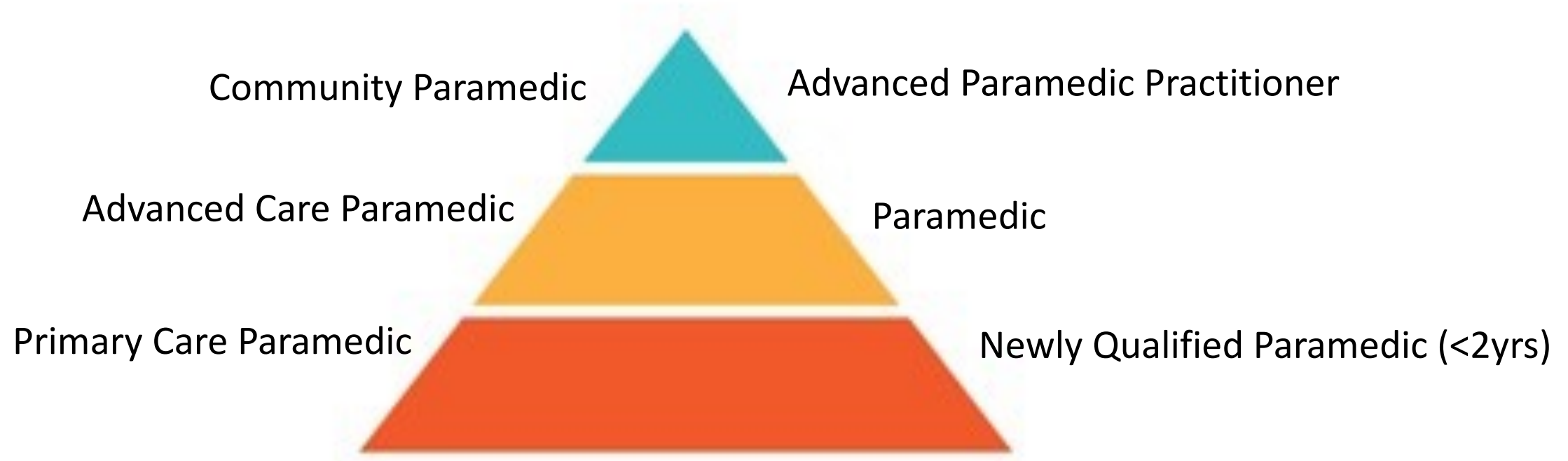
City population:
9,648,000

3000 paramedics

67 APP-UC



Definitions



Overview of Model

Community Paramedics

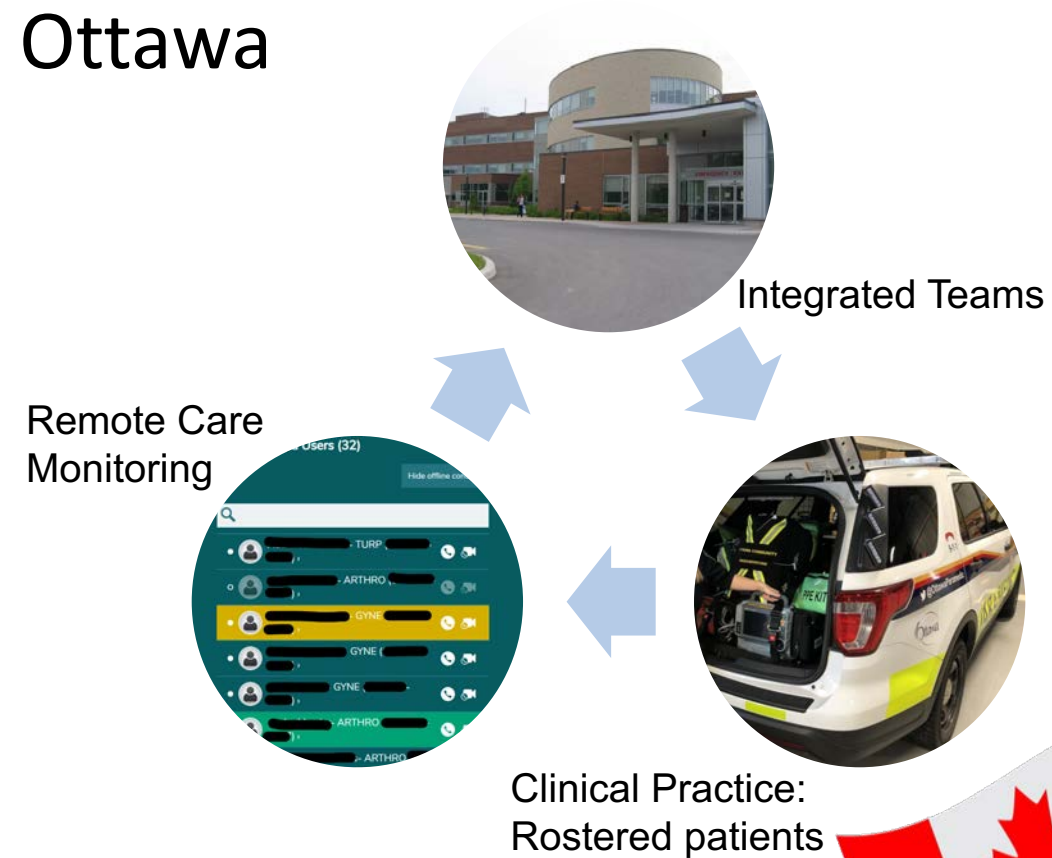
Advanced Paramedic Practitioners Urgent
Care

Response model

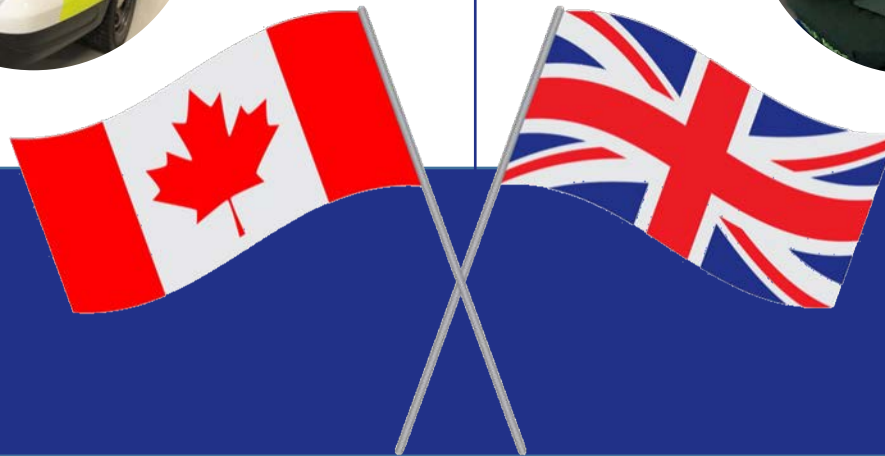


Structure of Model

Ottawa



London



Scopes of Practice

Ottawa

Extended Scope of Practice:

- Direct referral to specialty (partnerships)
- Chronic disease management
- Enhanced assessments
- Point of care ultrasound
- Catheter care
- Wound care
- Point of care blood testing

Targeted patient populations

- Needs/will soon need long-term care
- Chronic disease (COPD, CHF, Diabetes)
- Vulnerable populations with unmet health needs
 - Marginally housed
 - Frail elderly
- High 911 call rates or risk of call
- High intensity needs
- Post-surgical
- Post stroke
- Post hospital discharge
- Retirement homes
- Palliative/transplant
- Outbreak surge

London

Extended scope of practice:

- Direct referral to specialty
- ENT examination
- Examination equipment
 - Tendon hammers*
 - Tuning forks*
 - Ophthalmoscope*
 - Otoscope*
 - Snellen chart*
- Eye examination
- Point of care blood testing
 - Urea and Electrolytes*
 - Venous Blood Gases*
- Pregnancy testing
- Urinalysis
- Wound dressing & closure

not an exhaustive list

Targeted attendance:

- Injury
 - Dislocated patella
 - Minor limb/joint injury
 - without deformity/altered neurology*
 - Pulled elbow
 - Simple wound closure
- Medical
 - Abdominal pain
 - Allergic reaction - *where the patient is conscious*
 - Asthma and COPD exacerbations - *mild/moderate*
 - Breathing problems
 - Chest pain - *not thought to be cardiac in origin*
 - Diabetics - *who are conscious*
 - ENT
 - EoLC
 - General ill health
 - Headaches
 - Heart failure exacerbations - *mild/moderate*
 - Infections (e.g. urinary, respiratory tract or skin)
 - Minor illness
 - Musculoskeletal back pain
 - Palliative and end of life care
 - Transient loss of consciousness



Performance Metrics

Ottawa



Reduction in ED visits



Early discharge



Stabilization of LTC wait list



Patient/condition specific measures



Patient and provider satisfaction

London



Non-conveyance



Re-contact rate



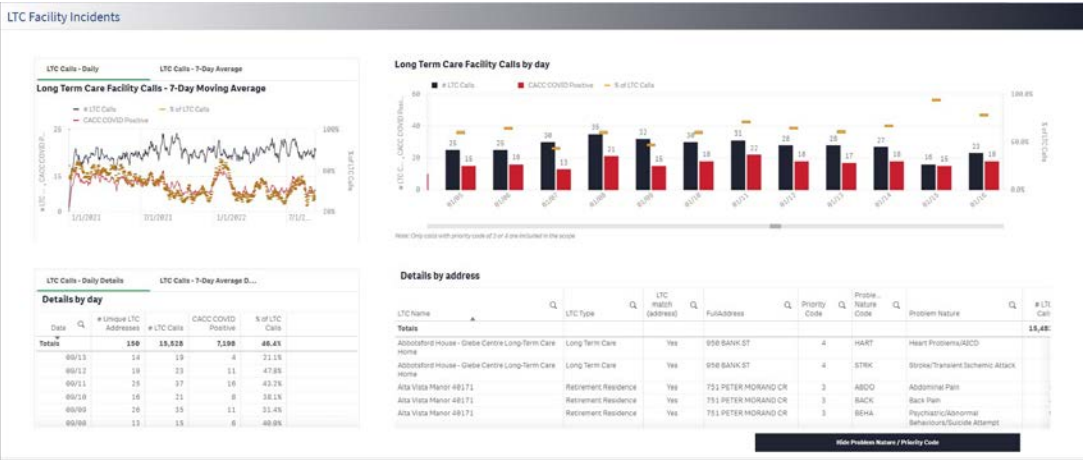
Patient satisfaction



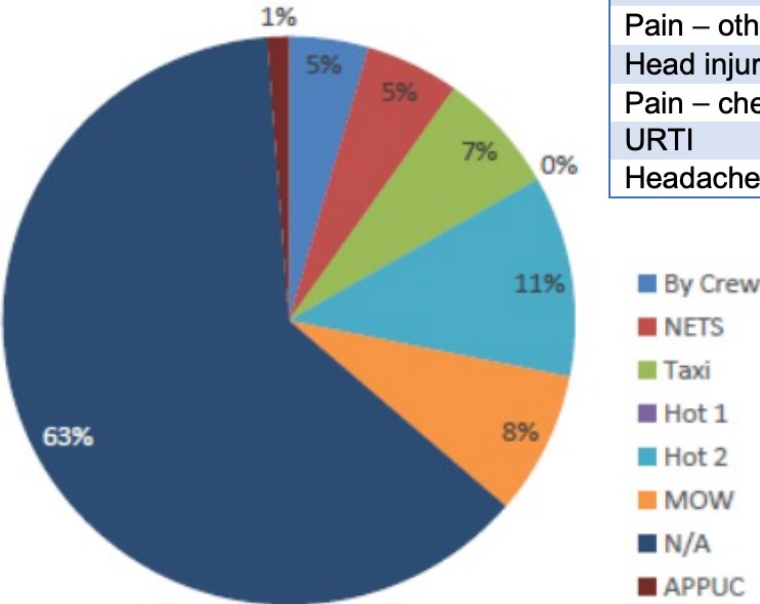
Job cycle time



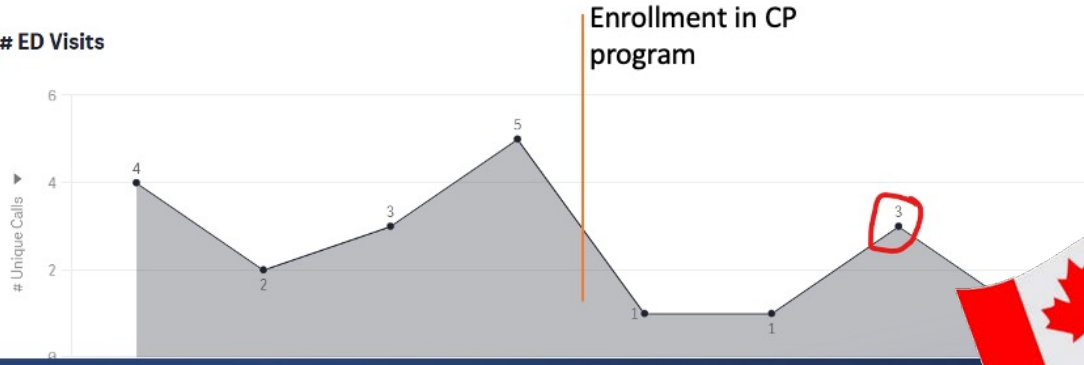
Data Driven Decision Making



Top 10 Illness Types ¹	
Abdominal pains	56
Other medical conditions	56
Pain – back	52
Breathlessness (dyspnoea)	44
LRTI	43
Pain – other	43
Head injury – minor	37
Pain – chest	35
URTI	32
Headache	29



Before/After Enrollment Date



Codes	Incidents
UCAPP01 – Peer advice for APP(UC)	33
UCAPP02 – Referral / Enquiry from or advice given to Operational Clinician	18
UCAPP03 – Referral / Enquiry from or advice given to CHUB	11
UCAPP04 – Enquiries / reviewing action to identify calls for special resources, i.e. EC60 (EOLC) PR60, K466, ParaDoc	5
UCAPP05 – Enquiry to APP regarding Transport/Referral/Discharge	102
UCAPP06 – Reviewing action & Clinical/MTS Assessment by APP(UC)	280
UCAPP07 – Enquiry to APP(UC) not covered by any of the above	8
UCAPP09 – Crew enquiry related to wound care / closure	2
UCAPP10 – Enquiries/reviewing action to identify suitable first trimester bleeding calls for UCAPP attendance	1



Integration into wider healthcare system

Multiple Partnerships

- Attend in hospital medicine rounds
- Integrated Teams
 - Post-surgical
 - Outbreak response
 - Others
- Ontario Health Teams

Rotational Model into Primary & Urgent Care

- Integrated into primary care settings
- Supervision from General Practitioners to complete Independent Prescribing
- Community based working



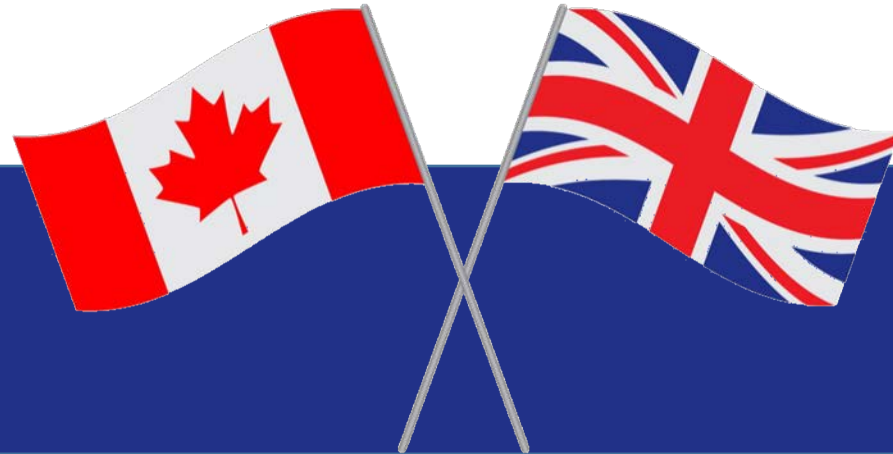
Challenges

Ottawa

- Regulation
- Education
- Sustainable funding
- Interprofessional acceptance

London

- Time to develop APP-UC
 - 3 year MSc, 5 year post registration
- Sustainable funding
- Interprofessional understanding



What we can learn from the London Model

- Education & Registration
- Integration with 999 system / dispatch
- Specific scope for low acuity 999 calls
- Patient empowerment / risk tolerance
- Rotation through primary care and urgent care





What we can learn from the Ottawa Model

- Use of Point of Care Ultrasound
 - Respiratory
 - Fracture
 - Bladder scan
- Proactive Model with Health Promotion as a key concept
- Follow up care
 - Learning in practice

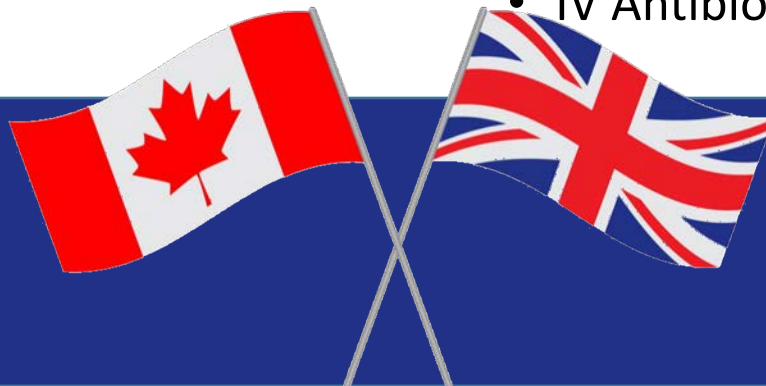
Future Plans

Ottawa

- Retirement home and LTC partnerships
- Increased diagnostics
 - POCUS – chest & fractures
- IV Antibiotics
- **Implement Lessons Learned from London!**

London

- **Learn from Canadian CP programmes & develop proactive approach**
 - Care navigation & health promotion
- Implementation of Ultrasound Guided Fascia Iliaca Compartment Blocks
- Increased diagnostics
 - POCUS implementation
- Sepsis Pathway
 - IV Antibiotics





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