

EZ EMS COMMUNITY CARE



Rob Sharman *RN, EMT-P, BHScN, MA*
Manager Strategic Operations
rob.sharman@ahs.ca

Alberta Health Services



- **AHS serves over 4 million people**
- **AHS employees 108,000 people**
- **Quick Facts about the Edmonton Zone**
 - Edmonton zone stats (2014)
 - Population: **1,295,554**
 - Population 65+ years: **12%**
 - Life Expectancy at Birth: **81.9 years**

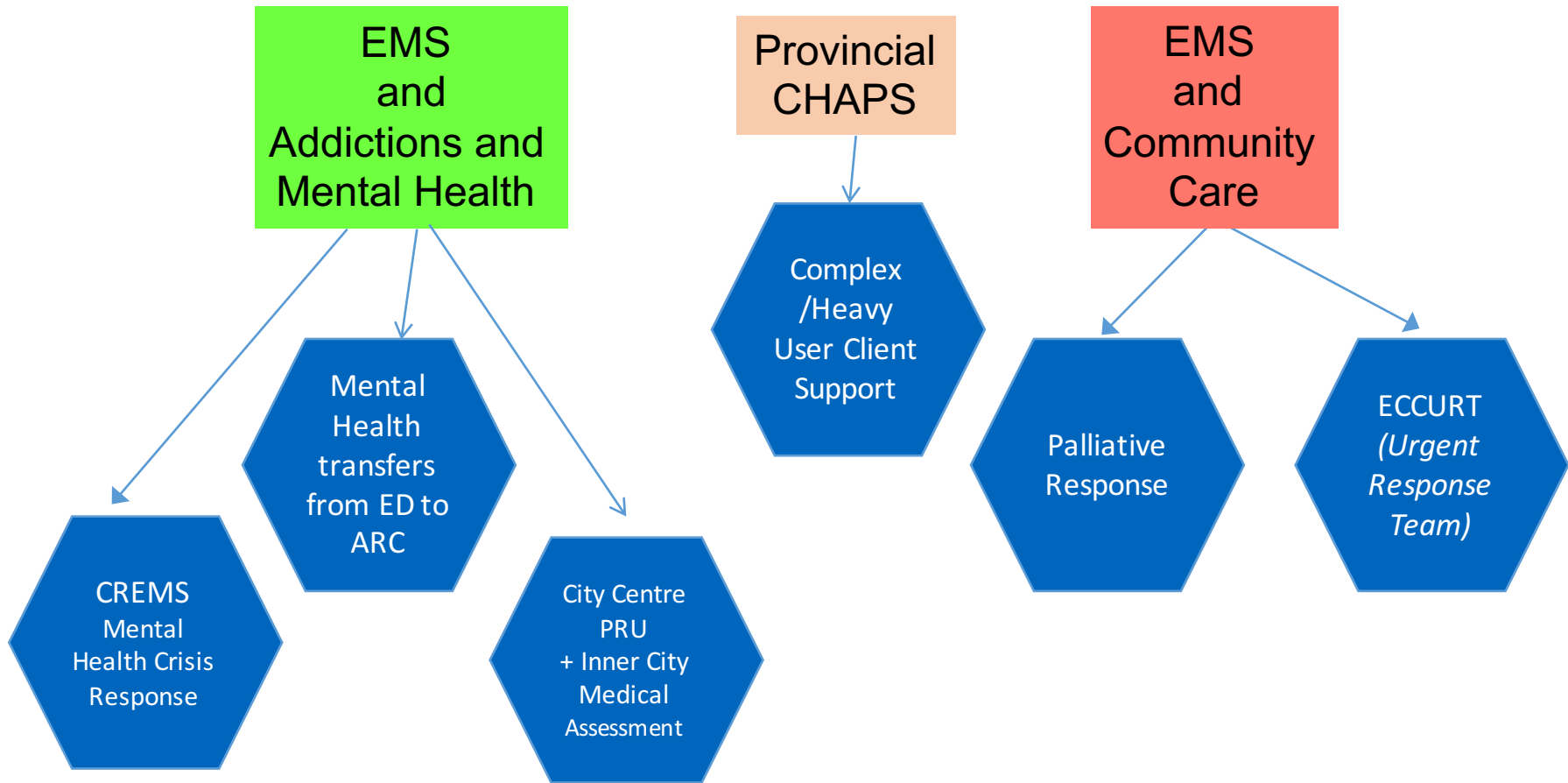
Project Goals

- Reduce the clients attending the Zone ED's.
- Reduce the number of events emergent EMS operations attends.

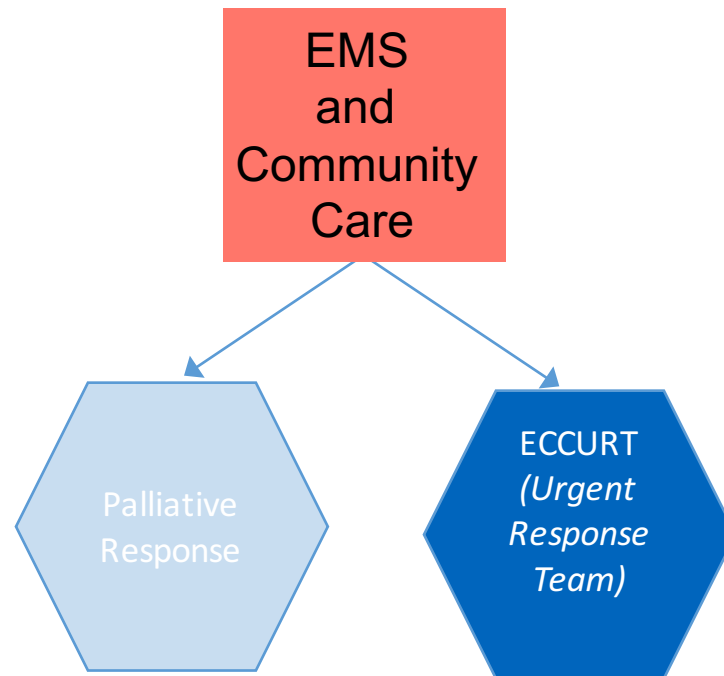
The Missing Aim



Projects and Partners



Projects and Partners



Community Care

Why does it work in our favor to be inside healthcare:

- Executive Sponsor is the Senior VP for AHS for the province.
- Steering Committee is the Executive Directive of Addiction & Mental Health; EMS: and Continuing Care.
- Targets are zone wide and all departments understand what we are striving for.

URT Staffing:

- Currently staffed up to 18 hours a day – weekdays and 12 hours on weekends.
- ~ 20 Paramedics, Nurse Practitioners and Mental Health Therapists including RN, Social Workers and Psychologist's.

Urgent Response Team

- Provide advanced clinical assessment, diagnostic testing and treatment without the need for use of an ED.
- Current Consult Model in 65
Supportive Living and Facility Living Sites

Urgent Response Team

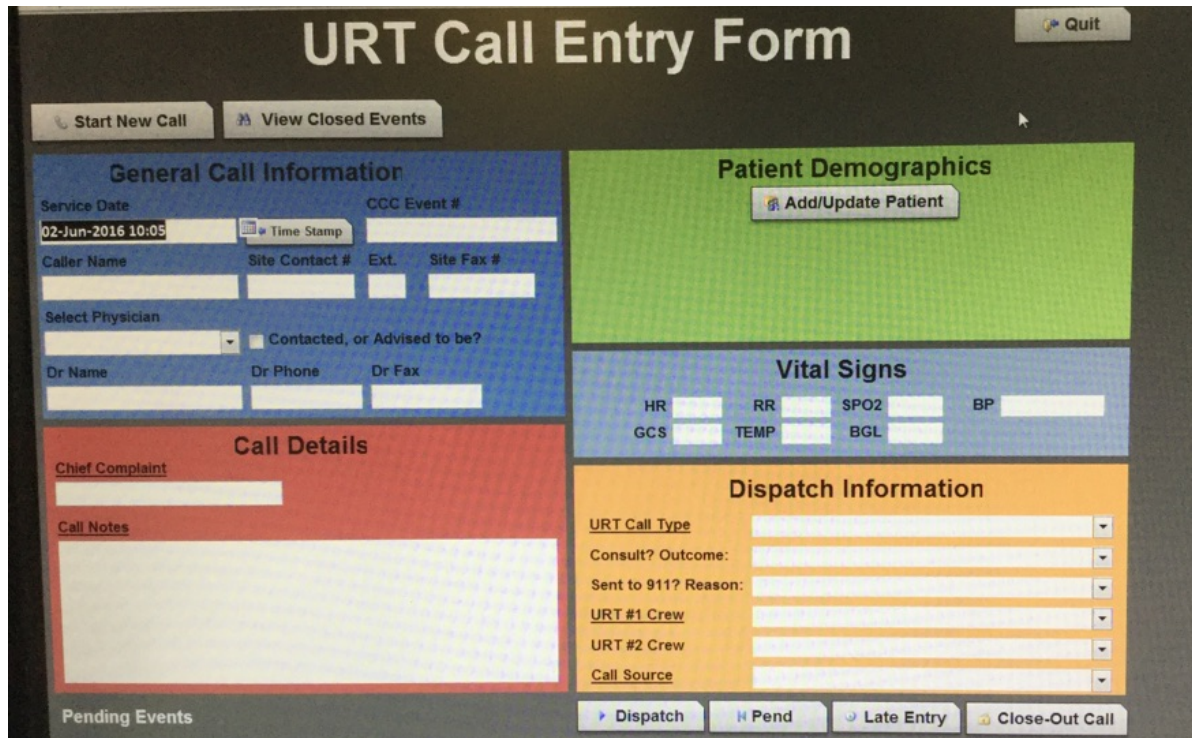
NEEDS:

- Increased formulary
- IV, Transdermal, PO, SL
- Point of Care Lab Testing
- Bedside Lytes, CBC and Blood Gas
- Direct (priority) access to additional lab and DI services.
- Full scope of practice for both provider groups.



Urgent Response Team

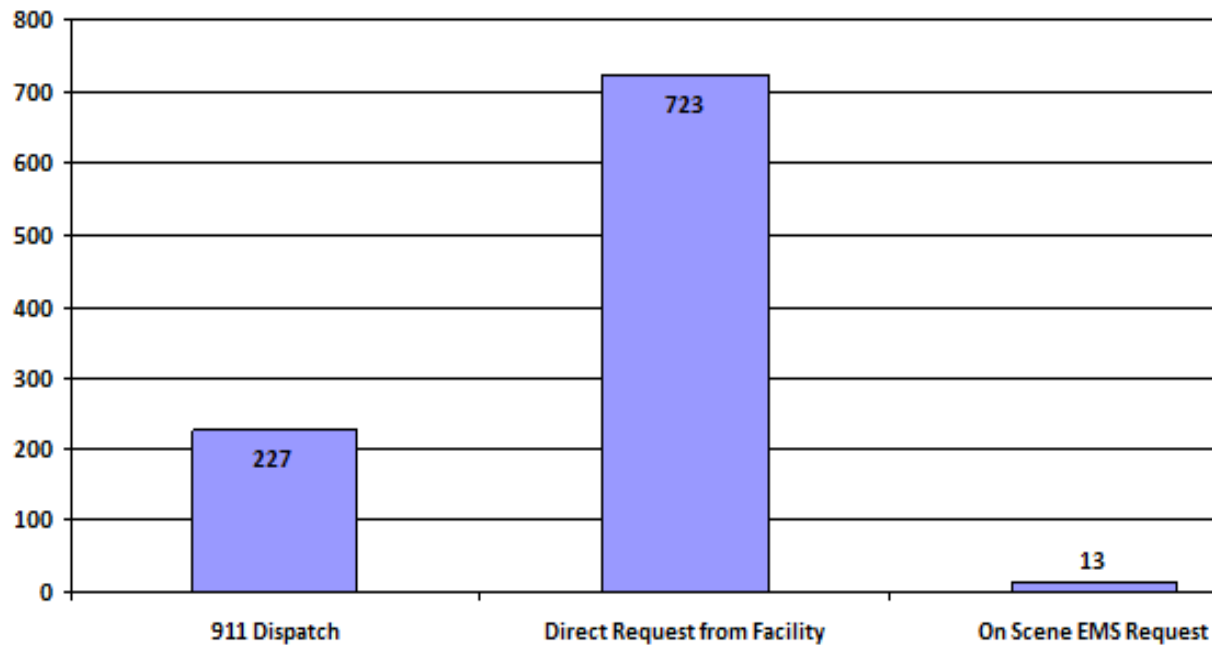
- Call intake primarily from Site Nursing Staff



The screenshot displays the 'URT Call Entry Form' interface. At the top, there are buttons for 'Start New Call' and 'View Closed Events', and a 'Quit' button in the top right corner. The form is divided into several colored sections: a blue 'General Call Information' section on the left, a green 'Patient Demographics' section on the top right, a blue 'Vital Signs' section on the middle right, a red 'Call Details' section on the bottom left, and an orange 'Dispatch Information' section on the bottom right. The 'General Call Information' section includes fields for 'Service Date' (02-Jun-2016 10:05), 'CCC Event #', 'Caller Name', 'Site Contact #', 'Ext.', 'Site Fax #', 'Select Physician' (a dropdown menu), a checkbox for 'Contacted, or Advised to be?', 'Dr Name', 'Dr Phone', and 'Dr Fax'. The 'Patient Demographics' section has an 'Add/Update Patient' button. The 'Vital Signs' section includes input fields for HR, RR, SPO2, BP, GCS, TEMP, and BGL. The 'Call Details' section has a 'Chief Complaint' field and a larger 'Call Notes' text area. The 'Dispatch Information' section includes dropdown menus for 'URT Call Type', 'Consult? Outcome:', 'Sent to 911? Reason:', 'URT #1 Crew', 'URT #2 Crew', and 'Call Source'. At the bottom of the form, there is a 'Pending Events' label and a row of buttons: 'Dispatch', 'Pend', 'Late Entry', and 'Close-Out Call'.

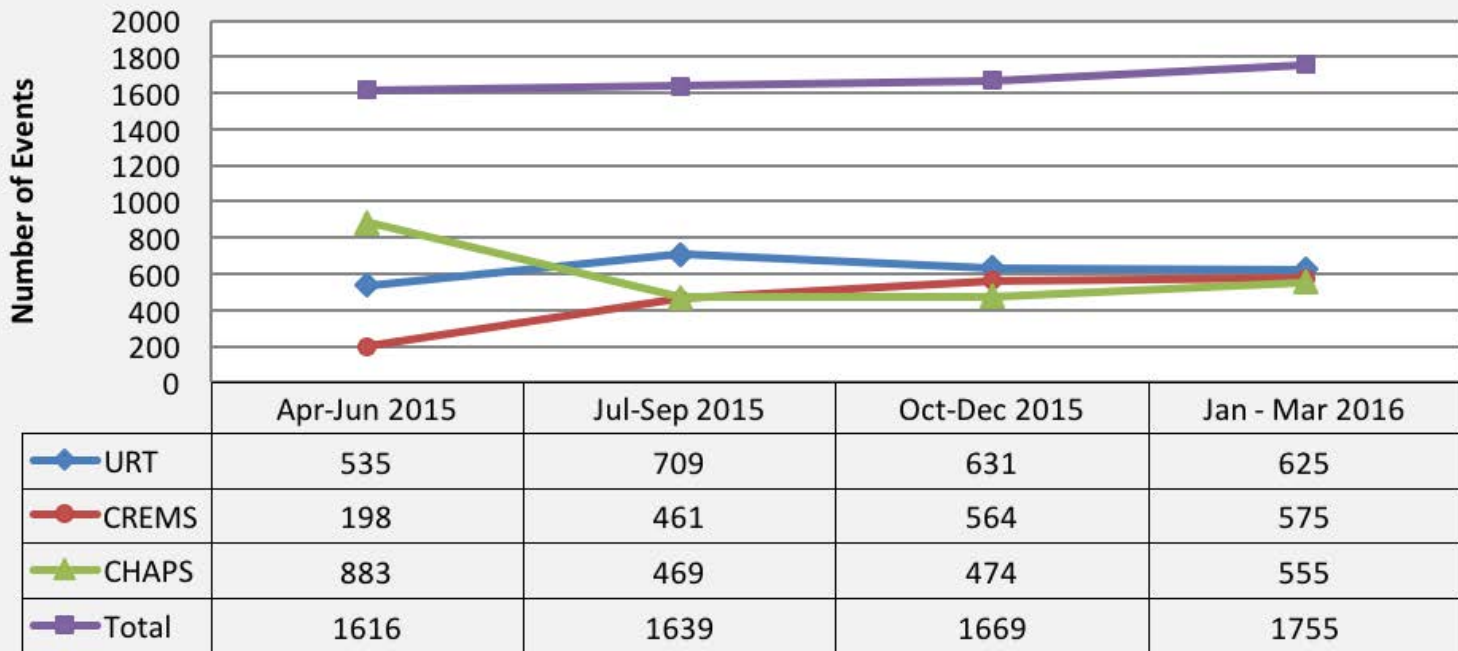
Urgent Response Team

Jan to Mar 31 2016 URT Call Intake



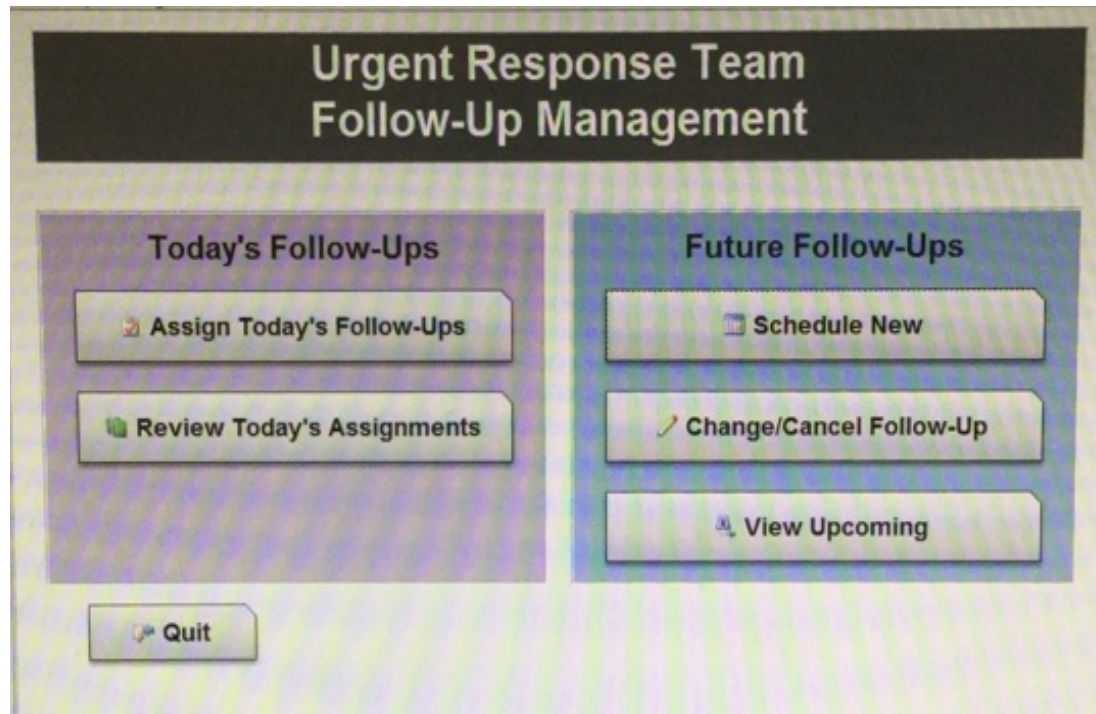
Urgent Response Team

**Total Client Contacts
Apr 1, 2015 - Mar 31, 2016**

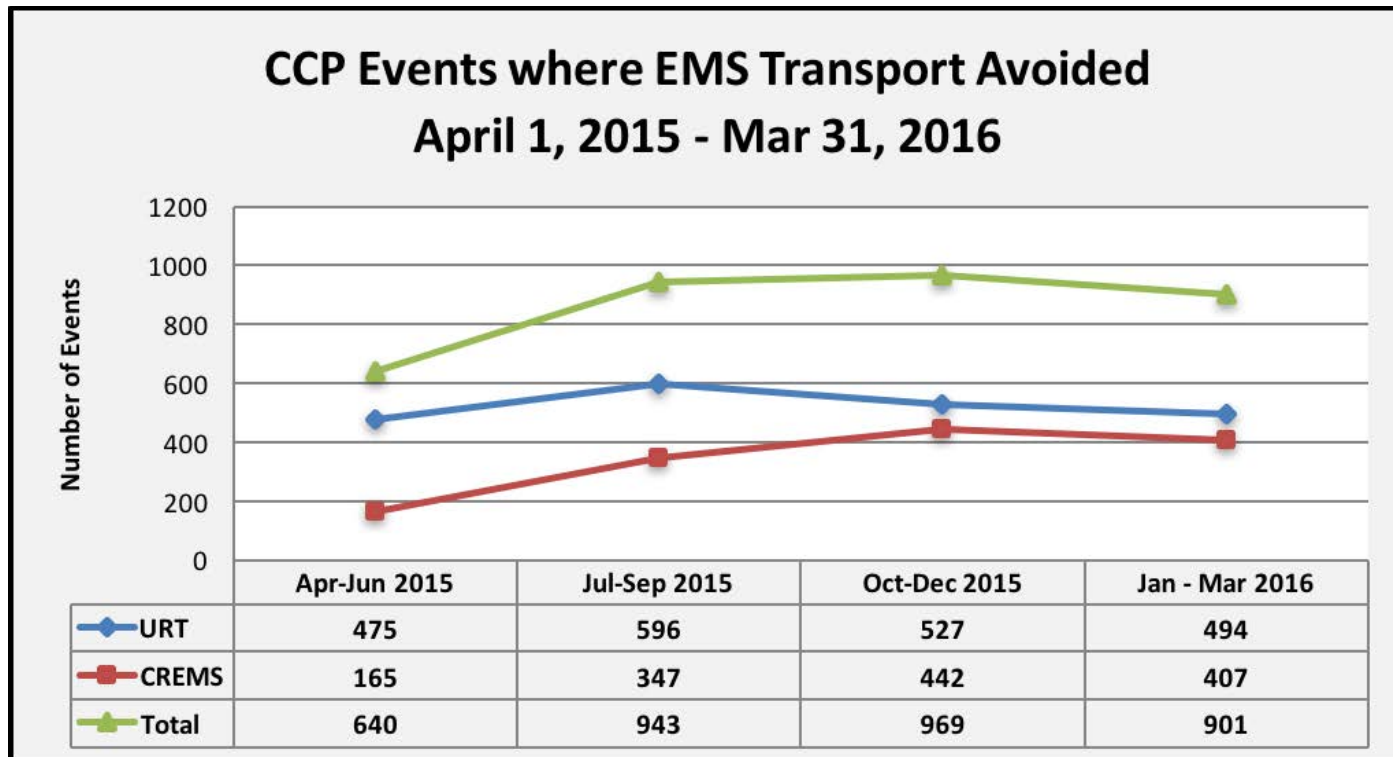


Urgent Response Team

- Follow-Up

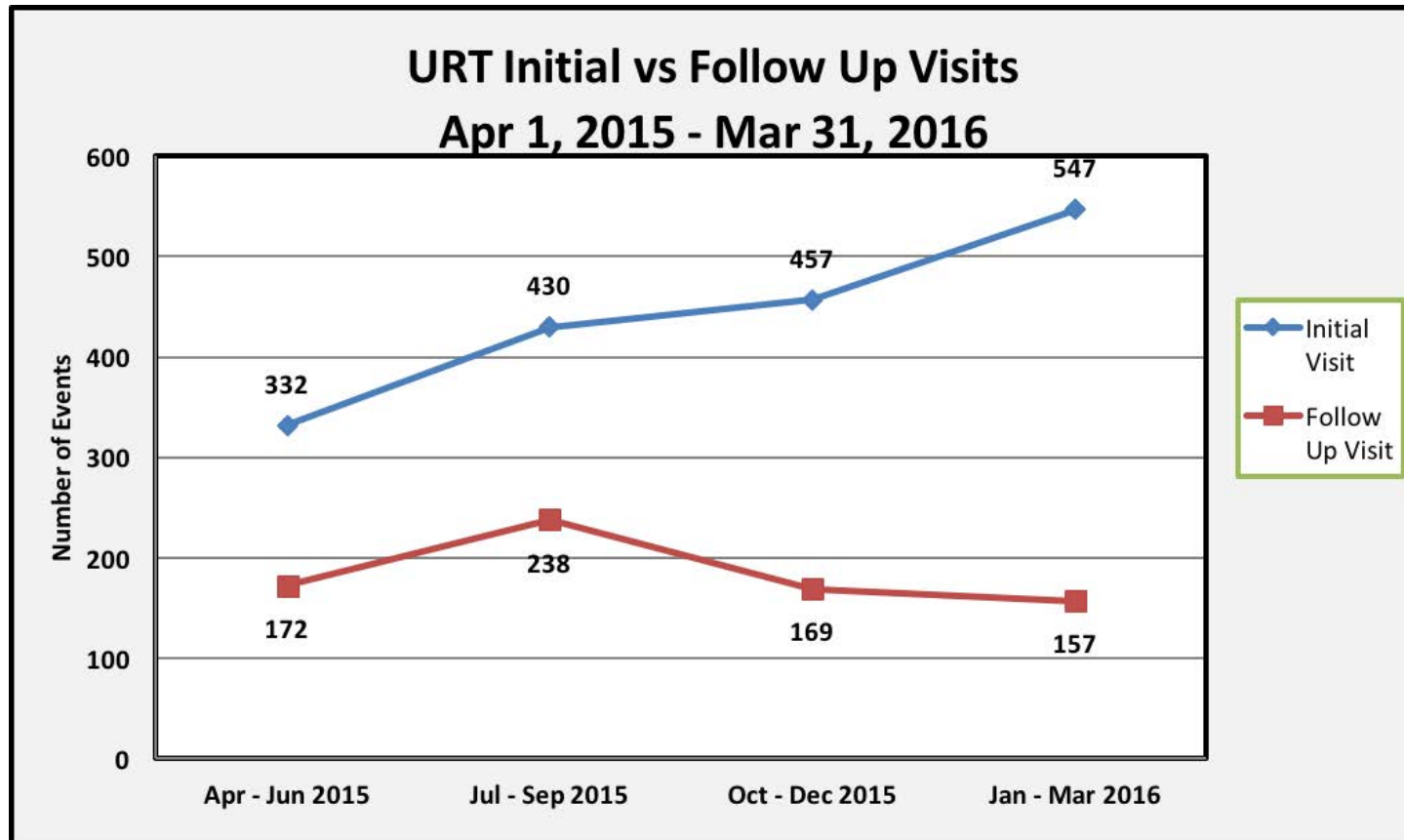


Urgent Response Team



Total events where EMS Transport was avoided for the fiscal year April 1, 2015 to March 31, 2016 is 3453 of 4298 Events (URT and CREMS)

Urgent Response Team



Urgent Response Team

ICD Codes and CTAS

Most common calls

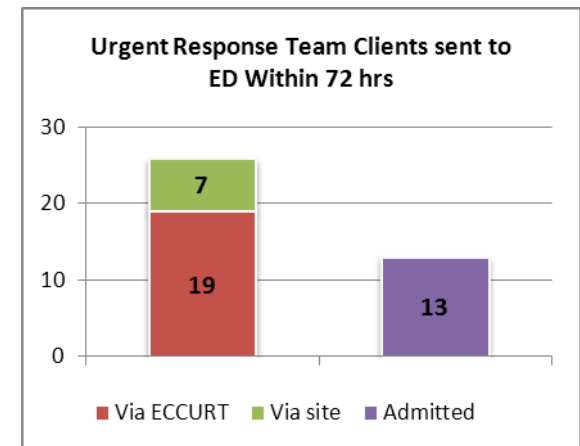
- Respiratory
- Trauma
- Dehydration
- Cellulitis
- Wound care
- Failure to thrive

Most common Skills

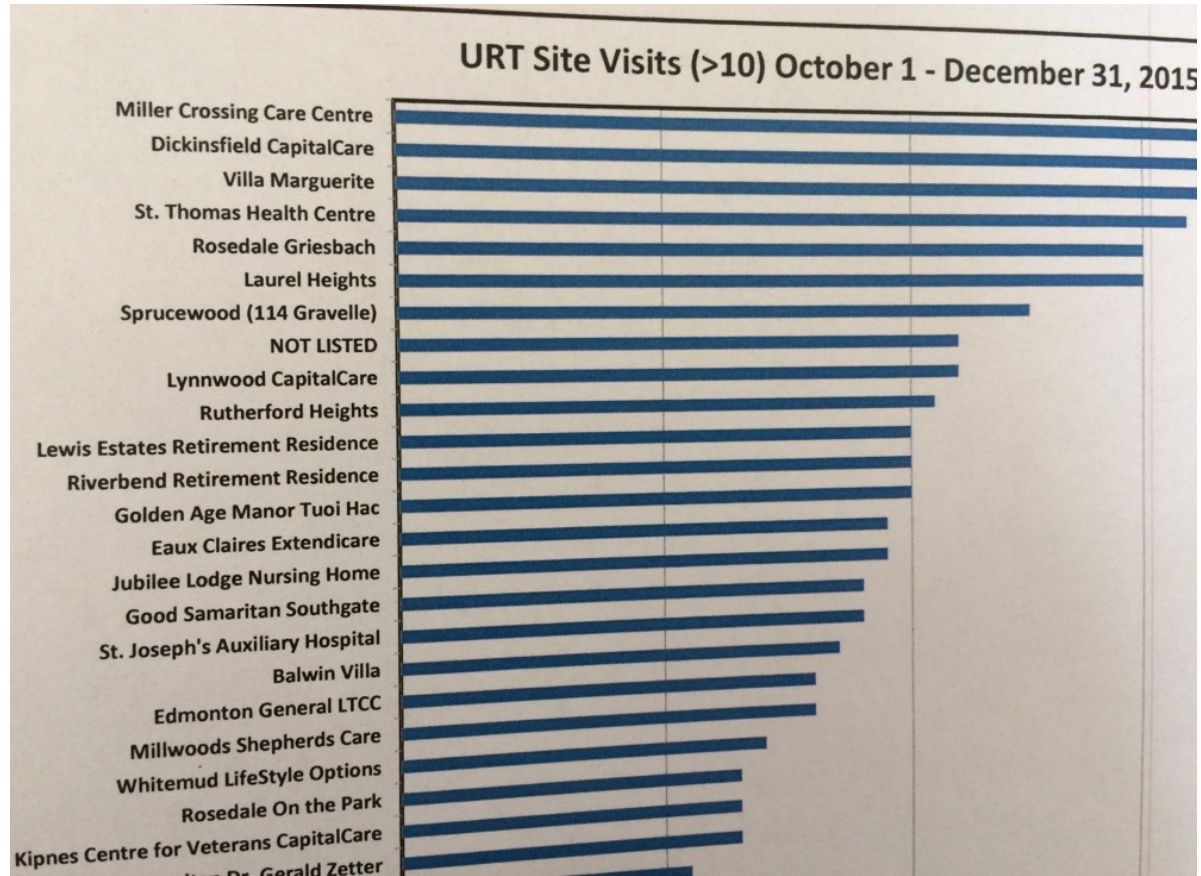
- Blood Draws / Lab interruption
- IV Skills
- Wound care
- IV antibiotics
- Palliative / Goals of Care

Learnings URT

- Of the initial clients transported there was a 50% admission rate into *In-Patient* beds.
 - As initial 3 months was operated 8 hours a day, 5 days a week.
 - This resulted in Friday transports knowing that follow-ups were not available for several days.
 - Sites moved patients primarily off hours.
 - Specific skills, casting, bladder scanners, PICC, suprapubic catheters etc.



Learnings URT



Moving Forward

- Secure Senior Leadership Support
- Be specific in your Targets and Client Groups
- Build close and supportive partnership
- Develop your reporting measures early
- Keep the elevator stories flowing to senior leaders
- Find targets that not only benefit the client or system but also EMS
- Be open to change as you learn

Seniors Urgent Response Team

- Moving Forward:
 - Begin co-responding (*out-side EMS system*) to all Continuing Care Sites with EMS in later May 2015.
 - Replace EMS ambulance response to “A” calls within Continuing Care Sites replacing them with URT resources in July 2015.
- Next Questions:
 - Allow EMS ambulances to call in URT for “C & D” calls within Continuing Care Sites?
 - Palliative Response?



Questions?

rob.sharman@ahs.ca



Respect.

*It's not so much the journey that's important;
as is the way that we treat those we encounter
and those around us along the way.
- Jeremy Aldana*



Alberta Health
Services

Emergency
Medical
Services