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DSB to introduce paramedicine in Gore Bay and Gogama

ESPANOLA—The Manitoulin Sudbury District Services Board (DSB) is introducing a pilot Community Paramedicine program through its existing EMS resources in Gore Bay and Gogama, but larger communities such as Espanola and Little Current are not likely to see the program soon due to higher call volumes taxing emergency services resources in those communities.

Under the pilot program paramedics will utilize the traditional skills mandated under provincial legislation (to conserve life, alleviate pain and suffering and to promote health) in “non-traditional community based environments.”

DSB Chief of Emergency Medical Services (EMS) Michael MacIsaac, who presented a short video on how the program operates in Norfolk County to the March 26 meeting of the DSB board in Espanola, provided details on how the program will roll out in Gogama and Gore Bay.

“According to the Paramedic Conduct Standard located in the Ministry of Health’s basic life support patient care standards, the paramedic ‘will conserve life, alleviate pain and suffering and promote health’,” he quoted from the regulations, adding that the DSB’s EMS service “have traditionally done a good job of the first part, but prevention and promotion of health is often an overlooked facet of the role of the paramedic.”

Mr. MacIsaac explained to the DSB members that the community paramedicine program presents an improvement on promoting health through public relations and public education and proactive illness and injury prevention.

Through the program, paramedics in the two pilot communities will arrange follow up visits with patients who have been involved in a recent emergency issue to assess issues that might lead to the patient requiring those services again in the short term. Statistics from similar programs in Norfolk County and other jurisdictions show a remarkable improvement in eliminating many of the return calls to the same individuals by helping them to access services, such as Community Care Access Centres and preventing reoccurrences in emergency calls.

Although the program was initially investigated, and some provincial funding provided for planning and assessment last August, the completion of partnership agreements with

CCACs and other services were necessary in order for the EMS services to begin implementing the program in targeted communities.

The program will also involve paramedics taking part in community clinics to provide information and education in proactive illness and injury prevention through early detection and health promotion of seniors, the reduction of emergency department visits, hospitalizations and demand for long-term beds—essentially assisting seniors to age at home safely. “And, most importantly to the DSB, the reduction of 911 calls,” said Mr. MacIsaac.

A joint implementation plan was established for the Algoma, Cochrane and Manitoulin Sudbury DSBs and funded primarily with a \$212,000 grant from the Ministry of Health and Long-Term Care (the original budget submission was for \$272,000).

The implementation program was put together by a team made up from the three DSBs; Deputy Chief Paul Geurtin (Algoma), Commander Derrick Cremin (Cochrane) and lead by Commander David Wolff from the Manitoulin Sudbury DSB who looked at four initiatives where the paramedics would take part.

Those four initiatives included community referrals, where paramedics would refer patients to other care providers; Circle of Care partnerships and paramedic directed home services (grouped together as they basically encompass the same procedures in dealing with patients); and community driven paramedicine wellness clinics.

Training of paramedics for the new program has largely been completed and the program was anticipated to begin on April 1 in the Manitoulin Sudbury DSB.

The communities of Gore Bay and Gogama were chosen for the roll out of the program due to the low call volumes generated by those communities and the high volume of chronic illness calls in Gogama pointed to a good return on investment of resources in that community.

“Both these communities have call volumes that are not so overwhelming that the paramedics can perform community paramedicine initiatives while on regular duty,” noted Mr. MacIsaac. “In addition, it is felt that the DSB should see some improvements in call volumes with the implementation of these initiatives and, possibly, a reduction in call outs at night.”

“Since there is no additional funding for this program, we felt it was important to implement the program where it would not require a significant investment of additional funds from our

DSB,” said DSB CAO Fern Dominelli. “This would not be possible in other communities such as Little Current and Espanola where there is a much higher volume of calls.”

“The DSB will operate these programs using regular on duty paramedics, when not otherwise occupied by emergency calls and the cost to the DSB will only be nominal ancillary costs,” confirmed Mr. Maclsaac.