



Community Paramedicine

Application Package

*March 11, 2014
Ministry of Health and Long-Term Care*

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Introduction – *What is Community Paramedicine?*

Community Paramedicine (CP) refers to a broad and developing field of paramedic practice focused on proactive and non-emergent activities (within the scope of a paramedic) that better influences health outcomes.

CP allows paramedics to apply their training and skills in “non-traditional” roles, largely outside the usual emergency response and transportation to the emergency department.

There are approximately 14 CP programs in Ontario. While these programs include unique elements shaped by local needs and support systems, four broad elements have become common to many of them:

- Strong Partnerships with local community services providers to help connect patients to additional home care or community supports.
- Patient Assessments by Paramedics responding to or following-up on 911 calls.
- Patient Referrals by Paramedics to community providers for follow up assessments and care.
- Elective Home Visits and “In-Home” Interventions provided by Community Paramedics

Examples of Existing CP Programs:

- **CREMS – “Community Referrals by EMS”:** *Paper-based or electronic referral processes used by Community Paramedics to submit a formal referral to a local CCAC or another community agency for additional assessments and supports on behalf of patients with unmet needs identified during 911 calls.*
- **Routine Preventative Home Visits – “Renfrew Aging at Home Model”:** *Elective home visits focusing on improving the quality of life of frail older adults known to be high utilizers of 911 services and who are eligible, or waiting in the community, for long-term care home placement.*
- **Enhanced Chronic Disease Management – “Expanding Paramedicine in the Community” (EPIC):** *Integration of Community Paramedics into inter-disciplinary Family Health Teams to specifically help manage three chronic diseases: Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, and Diabetes. Patients identified by their family physician are then supported by community paramedics who conduct home visits to assess the patient and provide education and treatment support through a Medical Directives framework, and in consultation with the family physician.*

Information to Applicants

The provincial government is supporting community-led Community Paramedicine (CP) initiatives through a \$6M investment in 2014/15.

To this end, the Ministry of Health and Long-Term Care (Ministry) is inviting applications from the stakeholders listed below for the expansion and development of local CP activities that will improve health outcomes for older Ontarians and other patients with unmet needs and achieve system efficiencies.

Stakeholders:

- Upper Tier Municipalities / Designated Delivery Agents, Chief Administrative Officers
- Emergency Medical Services (EMS) Chiefs
- Local Health Integration Networks (LHINs), Chief Executive Officers
- Community Care Access Centres (CCAC), Chief Executive Officers
- Ontario Community Supports Association, Chief Executive Officer
- Primary Care Physician LHIN Leads
- Emergency Department Physician LHIN Leads
- Ontario Base Hospital Group, Chair
- Emergency Health Services Branch Medical Advisory Committee, Chair
- Ontario Long-Term Care Association (OLTCA), Chief Executive Officer
- Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS), Chief Executive Officer
- Addictions and Mental Health Ontario, Chief Executive Officer
- Canadian Mental Health Association (CMHA), Chief Executive Officer
- Ontario Association of Community Care Access Centres (OACCAC), Chief Executive Officer
- Ontario Hospital Association (OHA), President and Chief Executive Officer
- Ontario Public Health Association (OPHA), President
- Health Links Leads

Objectives

The proposed funding is intended to support community-driven CP activities that contribute to:

- Improved patient access to the right care in the right place
- Improved delivery and coordination of services in the community for older adults and other patients with unmet needs
- System partnerships, collaborations, and resource sharing among service providers

Logistics

Funding

The \$6M investment will be allocated as **one-time funding of up to \$300,000 per proposal for the 2014/15 fiscal year only**. Proposals must meet the eligibility funding criteria outlined below.

The funding is to be used for start-up costs in support of new/expanded CP activities.

Examples of eligible costs include:

- CP service delivery
- Project management
- Development and implementation of program policies, procedures, shared resources
- Development and implementation of patient information sharing agreements, collaboration agreements with system partners (e.g., HHR staffing and program resource sharing, clinical guidelines, etc.)
- Data collection and evaluation of program impact on patient and system outcomes
- Investigation, data collection, design, and evaluation of new or proposed CP programs

This funding must not interfere with, wages, collective agreements, or other associated costs.

Application Process

Interested stakeholders are required to complete the Application Template provided in this package and submit it to the Ministry by mail or e-mail by **Thursday, April 17th, 2014** at **5:00 P.M.** to:

Michael Di Tommaso
E:mail: Michael.DiTommaso@ontario.ca
Ministry of Health and Long-Term Care
1075 Bay, 10th Floor
Toronto, ON, M5S 2B1

Applicants are required to obtain approval for their submission from their EMS Chief (see Application Declaration).

Disclaimer

It is the applicant's responsibility to ensure that all information provided by the applicant is up-to-date and correct to the best knowledge of the applicant.

By submitting an application, applicants acknowledge that this is not a competitive procurement process and that determination of the successful applicants shall be made at the Ministry's sole and absolute discretion.

Consent

All parties involved in the development and submission of the application must consent to the release of the information contained in the application.

Eligibility Criteria

The information submitted should provide a clear description of the proposed CP activity/activities and details on how each activity would meet the following eligibility criteria:

1. There is a demonstrated need for the proposed CP activity and a defined cohort population that will be addressed:
 - a. An analysis was completed in collaboration with local health system partners that identified service gaps in relation to a defined cohort population that cannot be addressed through established resources and could be best addressed through expanded/enhanced CP activities.
 - b. The cohort population may include: older adults with COPD, CHF, Diabetes, older adults waiting in the community for placement in a long-term care home, frequent older users of 911 services, or other patients who have limited access to primary health care.
2. There is a high degree of cooperation and partnership among the health care providers that will participate in the proposed CP activities that leverage to the greatest extent possible existing HHR and programming resources:
 - a. Partnerships could include: EMS, Health Links, CCACs, CSS Agencies, CHCs, Family Health Teams, Long-Term Care Homes
 - b. Resources that could be leveraged: paramedics with low 9-1-1 demand, nursing staff, programming and services such as Telehomecare, Nurse-Led Outreach Teams, Rapid Response Nurses.
3. There is a mechanism to promote timely and ongoing communication among partner providers and between providers and patients (e.g., information sharing among the core members of the team involved in the proposed CP activity such as community paramedics, physicians, CCAC care coordinators, community and long-term care home nursing staff, other).
4. There is a mechanism to track and monitor key performance metrics reflecting the contributions of the proposed CP activity to improved patient and system outcomes (e.g., reduced avoidable emergency department visits and hospital admissions, reduced need for long-term care placement, high patient and caregiver satisfaction, improved health outcomes, etc.).
5. There is a CP activity sustainability plan, including funding sources.
6. There is a clear governance and accountability process (e.g., physician delegation/medical directives, quality reviews, etc.) and activities fall within existing legislative parameters.

Selection Process

Assuming the proposal demonstrated that the CP activity will not interfere with core emergency response and service delivery, a stakeholder-led CP Steering Committee will evaluate each application according to the following scoring:

Scoring

1. Demonstrated need for the proposed CP activity and target population	15 Points
2. Cooperation and partnerships that leverage resources	15 Points
3. Promote communication among core team members and the system and patient	15 Points
4. Tracking and monitoring key performance metrics	10 Points
5. Sustainability plan	20 Points
6. Established governance and accountability	<u>10 Points</u>
Total Score:	85 Points

The applications will be ranked according to their total scores and will be awarded the funding requested, up to \$300,000 per proposal, and up to a total budget of \$6 million.

Timelines and Key Milestones

- Week of March 10, 2014 – Ministry issues to stakeholders the Application Package
- Week of March 31, 2014 – Technical Briefing
- April 17, 2014 – Stakeholders submit their completed applications to the Ministry
- May – Onwards – Ministry notifies all applicants of the results of the selection process and issues funding letters and Transfer Payment Agreements to successful applicants.

Once an application has been approved, the successful applicants will:

- Be advised in writing that their application has been approved and will be asked to confirm their continued interest.
- Enter into a funding agreement with the Ministry, and will be expected to provide regular status reports to the Ministry as specified in the agreement.
- The Ministry will provide a reporting template outlining the information requested
- The template could request:
 - A detailed implementation plan, including timelines and key milestones.
 - Identification of potential challenges / barriers / risks as well as risk mitigation solutions and options to overcome challenges / barriers.
 - Monthly status reports on progress, any barriers in implementing the proposed CP activity, and performance on key metrics.
 - Detailed Interim and Final Reports.

Application Template

Sections to be completed by applicants

Applicants are required to appoint a lead as a point of contact who will speak on behalf of the group/partner organizations for the purpose of this application process. The lead contact will be responsible for providing the Steering Committee with any supporting information that may be requested during this application process.

Applicants are encouraged to answer each of the questions identified below clearly, completely, and concisely. Applicants may update their applications by resubmitting them up until the closing date. It is the applicant's responsibility to ensure that the ministry is aware of the new submission to ensure the most up-to-date application is evaluated.

Applicants are required to obtain approval for their submission from their EMS Chief (see Application Declaration).

For each section below, applicants must indicate the implementation readiness, as follows:
Now, <3 months, >3 months.

Section 1: Contact information for lead is provided.

Lead contact:
Name
Mailing address:
Phone number:
Email address:

Section 2: Describe the proposed CP activity / activities.

The description should clearly identify:

- The types of services that will be provided through the proposed activity
- A list and description of the roles and functions of the core members of the team who will be implementing the proposal, including the roles and functions of community paramedics

Section 3: Demonstrated need for the proposed CP activity/activities.

- What types of needs assessments have been conducted to determine any local service gaps?
- Have relevant system partners, including Health Links, LHINs, others been involved or consulted on this analysis?
- How could existing, established resources effectively support identified gaps? Please explain.
- How will the proposed CP activity meet these gaps?
- Is there support / consensus among local service providers that the proposed CP activity is advisable to meet the identified gaps?
- Other (please specify)

Section 4: Target population to be addressed by the proposed CP activity.

- What is the anticipated volume and type of patients/older adults who will benefit from the proposal?
- What methods have you used to determine the target population for this proposal?
- What data/evidence have you analyzed to determine the service utilization patterns of this target population?
 - Volume of repeat 911 calls
 - Volume of ED visits for non-urgent needs
 - Wait times for community services
 - Other (please specify)
- How are existing local resources currently serving this target population?
- What are the specific gaps that this proposal will help to address?

Section 5: Cooperation and partnerships that leverage resources.

- How will existing resources support the implementation of the proposal?
- Which organizations will be partners in the delivery of the proposed CP activity?
- What is the specific role / function of each partner with respect to the proposed CP activity / activities?
- How were the organizations that will be involved in the delivery of the proposed CP activity engaged in the development of the proposal?
- Have letters of support/collaboration been obtained from each partner? Please include them with the application.
- Is there a plan to share resources among partner organizations?
- What types of resources will be leveraged:
 - HHR – please specify (e.g., nursing, CCAC coordinators, paramedics experiencing down-time)
 - Health Links resources – please specify
 - Programming resources – please specify (e.g., Telehomecare, Nurse-Led Outreach Teams, Rapid Response Nurses, Nurse Practitioners, other).
 - Other (please specify)
- How will partner organizations stay connected throughout the lifecycle of the project (e.g. communicate, problem solve, reach consensus on key decisions, etc.)

Section 6: Promote communication among core team members and the system and patients.

- How were the core team members identified in the description of the proposed CP activity engaged in the development of the proposal?
- How were the core team members engaged in the development of operational processes relating to the proposal?
- What mechanism has been established to promote timely communications and information sharing among the core members of the team and the system and patients?

Section 7: Tracking and monitoring key performance metrics.

- What are the anticipated results and the timing for achieving them?
- What mechanism has been established for tracking key performance metrics?
- Are the core members of the team/partner organizations supportive of this mechanism?
- How will data be collected across multiple sectors (e.g., EMS, CCAC, other)?
- What type of quantitative and qualitative information will be collected that will demonstrate the following outcomes?
 - Reduced Emergency Department visits
 - Reduced 911 calls for issues that can be managed in the community
 - Improved health outcomes
 - Improved access to home care and community supports
 - Cost savings/cost containment

Examples of data:

- Response time to patient needs (by types of disease/conditions)
- Volume/Trends in 911 calls for issues that can be managed in the community
- Volume/trends in emergency visits, hospital admissions among patients who could be cared for in the community
- Volume/trends in admissions to Intensive Care Unit (ICU)
- Volume/trends in long-term care home placements
- Volume/trends in home care and community supports
- Cost savings or cost containment to the health system
- Cost savings or cost containment to EMS system
- Patient Satisfaction
- Other (please specify)
- How will performance be monitored and evaluated?

Section 8: Sustainability plan.

- What potential funding sources have been explored or identified?
- Are there any funding commitments from other partners that could help sustain the proposed CP activity? Please explain and provide details on these commitments.
- What are the risks and mitigation strategies to ensuring sustainability?

Section 9: Established governance and accountability.

- What is the governance structure for the proposed CP activity?
- How will the governance and accountability structures ensure that all proposed CP activities fall within current legislative parameters?
- Will any of the following structures be included?
 - Primary Care Physician delegation/Medical directives
 - Base hospital involvement
 - Quality reviews
 - Other (please specify)

Section 10: Ensuring that there is no interference with emergency response.

- Is there a risk that the proposed CP activity could interfere with the core business of providing emergency response?
- Will paramedics experiencing down-time be fulfilling a dual role in the proposed activity? If yes, how will the proposed CP activity be operationalized to ensure there is no interference with their ability to provide emergency response?
- What measures have been taken to ensure that core emergency service delivery is protected? Please provide details.
- What evidence/data will be tracked and monitored in order to evaluate any impact on the core business of providing emergency response?

Section 11: Funding requested.

- Provide a well-defined budget, with a clear outline of all costs and their corresponding description; e.g. project management staff, training, equipment needs etc.

Section 12: Additional information.

- If there is additional information to include in support of the application, please provide it here.
- Note that additional information will not be scored.

Application Declaration

An applicant declaration, below, should be attached to the application.

On behalf of and with the authority of the Applicant, I/we:

1. Certify that the information that the Applicant has supplied in support of its application is true, correct, and complete in every respect.
2. Certify that the proposed CP activity does not interfere with core emergency response and service delivery.
3. Agree that if this Application to deliver a community paramedicine initiative is selected, the Applicant will agree to amend any applicable Service Accountability Agreement or other relevant funding agreement that the Ministry may provide or enter into a new Service Accountability Agreement or other funding agreement as applicable relating to this initiative.

Name(s), Title(s), and Signature(s) of Authorized Project Leads: _____

Name and Signature of EMS Chief: _____

Name of Partner Organizations: _____

Date: _____