



Algoma District Services Administration Board
Conseil d'administration des services du district d'Algoma



Cochrane District Social Services Administrative Board
Conseil d'Administration de Services Sociaux du
District de Cochrane



Conseil des Services du District de
Manitoulin-Sudbury
District Services Board

Algoma, Cochrane, Manitoulin-Sudbury Community Paramedicine

Three Emergency Medical Service providers joining together for the betterment of the medical needs of the vulnerable population living within a vast majority of North Eastern Ontario.

April 17, 2014



*Partners in
Healthcare with a
Common Goal of
Community Wellness*

Section 1: Contact Information for the lead

NAME: Michael MacIsaac, Chief of EMS

MAILING ADDRESS: 210 Mead Blvd, Espanola, ON P5E 1R9

PHONE NUMBER: (705)862-7850 X 600

EMAIL ADDRESS: michael.macisaac@msdsb.net

Section 2: Describe the proposed CP activity/activities

Currently, not including community Public Access Defibrillation (PAD) programs, none of three districts have a Community Paramedicine program in place. The reason for this is not due to lack of desire to move forward but is however strictly out of the lack of an available concrete resource who can be devoted to the development, implementation, and review of such an important endeavour.

Our proposal is intended to enable us to develop and evaluate an effective and valued Community Paramedicine program which meets the unique needs of the population in rural northern Ontario.

In a report by the Health Innovations Group in March 2014, an analysis of the descriptive data surrounding current Community Paramedicine programs has allowed for a breakdown into 5 separate streams or channels. They are:

- ❖ Paramedic Referrals
- ❖ Circle of Care Partnerships
- ❖ Community Paramedicine Clinics
- ❖ Community Paramedicine Directed Home Services
- ❖ Community Education

Understanding that the Paramedic Referral channel is being reviewed by a provincial working group and also believing that a common direction and approach to this matter will be released shortly in the format of a Paramedic “toolkit” for the Community Referral by EMS (CREMS) program, it is not the goal of this proposal to deal with Paramedic Referrals. It is however the intention of each of the three EMS partners listed in this project to move forward on CREMS internally using current resources once the group of our peers has released a final version with all associated training.

Additionally, understanding that the stream of Community Education has many benefits when delivered in conjunction with the other channels, we will not be focusing on this as a standalone stream but rather as part of the other areas of our focus.

The focus of this proposal will be on the remaining three of the channels; Circle of Care Partnerships, Community Paramedicine Clinics, & Community Paramedicine Directed Home Services. While these are

three distinct activities, each one works in conjunction with the other and each one is crucial to the integrity of the program as a whole.

Circle of Care Partnerships

We will determine the need and establish the process for home visits originating from hospital discharges and hospital based programs such as Health Links, as well as those originating from other primary care providers. It is our current opinion that Community Paramedicine providers may become an extension of the circle of care through this program enabling home visits. Partnerships we will engage includes: NELHIN, Hospitals and hospital based programs such as Health Links, Community Care Access Centre (CCAC), Community Health Centres (CHC), Family Health Teams (FHT) & Rural Northern Physician Group Agreements (RNPGA).

Core team members of this part of the program will be aforementioned partners as well as the Community Paramedics. Examples of Community Paramedic involvement could include in home assessments of blood pressure and glucose monitoring, medication reconciliation, social connectivity and wellbeing, the provision of education and falls prevention assessments as well as Instrumental Activities of Daily Living (iADL's) and Safe Discharge Assessments i.e. home safety. Results would be reported back to the partners for review and any required follow up. The global healthcare partners would provide oversight of any patient care.

Community Paramedicine Clinics

As part of District Social Services Administration Boards (DSSAB's) the three partners have access to Social Housing properties within each of our districts. The demographic makeup of these residences often includes a larger number of the elderly population. The establishment of wellness clinics within Social Housing complexes will enable the ability to effect a greater positive outcome on an already identified group of population in need. The aim of Community Paramedicine Clinics will be to provide identification of health problems (Blood Pressure and Glucose monitoring), referrals to stakeholders and Community Paramedicine Directed Home Services, health teaching and preventative interventions. It is also within the clinics where we will integrate components of the Community Education stream of Community Paramedicine.

Core team members of this part of the program will be Social Housing staff (internal employees), and Community Paramedics. Social Housing staff will organize their facilities and promote the clinics internally (recommend to those they are aware of that would benefit) and Community Paramedics will provide blood pressure and glucose monitoring, medication reconciliation, social connectivity, and wellbeing, as well as the provision of education and injury prevention assessments. Community Paramedics will then make referrals as necessary. CCAC will then be involved on the referral and act appropriately. Additionally, other organizations involved in these types of clinics will include the Red Cross, Diabetes Association, CNIB, Ontario Heart & Stroke Foundation, etc.

Community Paramedicine Directed Home Services

The most basic way to implement this arm of Community Paramedicine will be through ad hoc visits originating from operational knowledge of patient dispositions, known acquaintances, quasi-referral out of Community Paramedicine clinics, and overall statistical analysis. The goal of directed home services is to monitor a patient's health and living status and can also include interventions, assessments or treatments such as blood pressure monitoring, falls prevention and assessments for Basic Activities of Living (BADLs) such as dressing, eating, ambulating, toileting, and hygiene and assessments for instrumental Activities of Daily Living (iADLs) i.e. shopping, housekeeping, accounting, food and medication preparation telephone/transportation (SHAFT). Social wellness will be included in the iADL assessment. These visits will work in conjunction with and augment current discharge planning and phone calls where possible.

Core team members of this initiative include Hospital partner and hospital based programs (Health Links, Red Cross) as well as CCAC and of course the Community Paramedics. Community Paramedics will provide blood pressure and glucose monitoring, medication reconciliation, social connectivity and wellbeing, as well as the provision of education, falls prevention, iADL assessments and Safe Discharge Assessments i.e. home safety. Community Paramedics will make referrals and report back to the discharge agency as necessary. CCAC and other agencies will then be involved on the referral and act appropriately.

To assess the effectiveness of any new program there must be a component of evidence/results based research. To accomplish this the Northern Policy Institute was consulted with and the early perspective of Dr. Elizabeth Wenghofer PhD., Associate Professor & Director, School of Rural & Northern Health has been sought. Eager to assist on this project much of Dr. Wenghofer's comments and input have been incorporated drawing on her experiences as an educator and researcher. It must be stated that our proposed Community Paramedicine program will be evaluated in a manner consistent with approved research methodology and the metrics established will have a clear rationale for inclusion. The research body, while not in terms of delivery of the program, must be taken as a core team member in the development and evaluation of the program.

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

What types of needs assessments have been conducted to determine any local service gaps?

Formal needs assessments have not commenced within our area however this program aligns with provincial recommendations for rural areas. Part of our proposal is to conduct needs assessments which is in actuality one of the current gaps.

To date the greatest aspect of our proposed program lies in response from our community partners in such short periods of time regarding their demonstrated needs. Understanding once again that we

currently have very limited internal capacity to develop or evaluate such a large program, we have been able to reach out to regional stakeholders in healthcare to solicit their thoughts on the general framework of a Community Paramedicine program. As a result we have been able to secure a remarkably high number of letters of support that indicate the current needs of the stakeholders. Although the needs are numerous, the activities contained in our proposed Community Paramedicine program aim to address many of the needs that are indicated within these letters of support.

In 2012, the Minister of Health appointed director of gerontology at Mount Sinai and University Health Network hospitals, Dr. Samir Sinha, to lead the provinces seniors care strategy. In his report to the Minister, Living Longer, Living Well, he made the following recommendation:

Networks such as Local Health Integration Networks (LHINs) and local municipal Emergency Medical Services (EMS) programs should explore the development and expansion of Community Paramedicine programs across Ontario, especially in northern and rural communities. These programs could better support high-users of EMS to avoid emergency department (ED) visits and hospitalizations and potentially delay entry into a long-term care home as well.

Dr. Sinha has been a key player in promoting Community Paramedicine and has successfully gained the support of the Minister of Health in obtaining her buy-in and funding for Community Paramedicine programs. Furthermore, in relation to the potential future of Paramedicine he states:

Evidence is showing that Community Paramedicine Programs can meaningfully reduce 911 demands on paramedic services which can thus reduce emergency department visits. Establishing Community Referrals by EMS Programs could become a standard of care across Ontario.

It is extremely important to note the relation of Community Paramedicine to **northern** and **rural** communities. This proposal encompassing the area of three DSSAB's not only makes up a large majority of Northern Ontario, but makes up the geographic landmass of over 25% of Ontario as a whole. This information cannot be overlooked.

Lastly, within the short period of time allotted to bring a proposal to fruition, a brief statistical analysis was done for each EMS provider's geographical area to assess the potential impact of introducing a program such as Community Paramedicine.

Have relevant system partners, including Health Links, LHINs, others been involved or consulted on this analysis?

In evaluating the potential of a Community Paramedicine program we have been in discussion with many healthcare stakeholders. In order to gain a greater understanding and to seek whether support would be warranted, the following have been contacted:

- ❖ North East LHIN
- ❖ DSB Social Housing
- ❖ Northern Policy Institute
- ❖ Community Health Centres (CHC)
- ❖ Family Health Teams (FHT)
- ❖ Rural Northern Physician Group Agreements (RNPGA)
- ❖ Health Sciences North Centre for Prehospital Care (HSNCPC)
- ❖ Notre Dame Hospital
- ❖ M.I.C. Group Hospitals
- ❖ Smooth Rock Falls Hospital
- ❖ Sensenbrenner Hospital
- ❖ St Josephs Hospital (Elliot Lake)
- ❖ Alzheimer's Society
- ❖ Canadian National Institute for the Blind
- ❖ Blind River District Health Centre
- ❖ Thessalon Hospital
- ❖ Nurse Practitioner Clinic Thessalon
- ❖ Matthews Memorial Hospital
- ❖ Lady Dunn Health Centre
- ❖ Timmins District Hospital
- ❖ Chapleau Hospital
- ❖ Espanola Regional Hospital
- ❖ Manitoulin Health Centre
- ❖ Dr. E Wenghofer PhD. Associate Professor & Director, School of Rural & Northern Health, Laurentian University
- ❖ CCAC
- ❖ Community Mental Health
- ❖ Health Links
- ❖ Diabetes Association
- ❖ Red Cross
- ❖ Canadian Mental Health Association
- ❖ Northern College
- ❖ Sault Area Hospital
- ❖ VON Palliative Care
- ❖ Timmins Central Ambulance Communication Centre
- ❖ Mamawesen-North Shore Tribal Council
- ❖ Mississauga First Nation
- ❖ Serpent River First Nation
- ❖ Thessalon First Nation
- ❖ Misiway Milopemahtesewin Community Health Centre
- ❖ Constance Lake First Nations
- ❖ Municipalities of Timmins, Smooth Rock, Cochrane, Kapuskasing, Hearst, Iroquois Falls & Matheson

Many of the above noted agencies have contributed to this program via letters of support. Please see the appendices at the end of this submission for the list in its entirety.

How could existing, established resources effectively support identified gaps? Please explain.

Utilizing existing and established resources will effectively support identified gaps however a Community Paramedic program can be the "tie that binds" all efforts together. DSSAB Social housing programs can identify those in need within their facilities. Hospitals can indicate recently discharged

patients requiring a discharge home visit. FHT/CHC/RNPGA will receive reports and monitor care to ensure medical needs are being met. CCAC will provide the required referred care. The NELHIN will ensure funding and sustainability to the identified successful program. Northern College has committed to our proposal to design a modular online Community Paramedicine educational package in order to provide the required training for our Paramedics. Utilizing their expertise in adult education within their Paramedic and Nursing programs, Northern College will be able to customize training from the identified needs of EMS service providers. The Northern Policy Institute (NPI) can provide guidance on an evidence-based and purpose-driven review of the program understanding the unique challenges of Northern Ontario. Dr. Elizabeth Wenghofer PhD., Associate Professor & Director, School of Rural & Northern Health, had been brought in to provide expertise in research and developing metrics to assist in ensuring the results of the program initiatives are evidence based. Organizations such as Diabetes Association, Canada Mental Health, Red Cross, Victorian Order of Nursing (VON), Canadian National Institute for the Blind (CNIB) and Alzheimer's Society will assist in the provision of specialized knowledge for Community Paramedics in terms of prevention, pitfalls and evidence based research into chronic disease management.

How will the proposed CP activity meet these gaps?

Utilizing Community Paramedics within the full healthcare community will assist in identifying and assisting those who may have fallen through the cracks of the healthcare system and/or identify those whose conditions may have changed since their last assessments and who subsequently require additional care. The activities of the Community Paramedic may originate as a result of Community Paramedic Directed or Circle of Care Directed programs. Again follow up with appropriate referral and report to the CCAC and FHT or Healthlink would be required. Some of the anticipated "hard" outcomes of this program include decreased hospital readmissions, improved patient quality of life, etc.

Is there support / consensus among local service providers that the proposed CP activity is advisable to meet the identified gaps?

There is immense support from community providers regarding the concept of Community Paramedicine as evidenced in the letters of support. Community Paramedicine exists as an attempt to augment a system already in place and to make it more globally proactive and efficient. It has been identified by the CCAC, FHT, CHC, and RNPGA that they are struggling to meet the needs of their patients in a timely fashion. They welcome the possible addition of Community Paramedics to a team dedicated for the best possible care for all of those in need, and more specifically the vulnerable target population.

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?

In order to be able to see who could benefit from a Community Paramedic program a review of local data had to be completed. Before entertaining ideas on creating a Community Paramedicine program we reviewed a series of data points that then drove our decision to proceed with this massive undertaking.

We first reviewed a breakdown of patient age of those using an ambulance to see what our demographic makeup of users was. The following table details those results.

Patient Age	Algoma	Cochrane	Man-Sud	TOTALS	%
0-10	53	195	200	448	2%
11-20	214	532	305	1051	5%
21-30	223	750	473	1446	7%
31-40	189	732	357	1278	6%
41-50	367	1027	507	1901	10%
51-60	657	1200	743	2600	13%
61-70	1126	1350	750	3226	16%
71-80	1467	1542	768	3777	19%
81-90	1064	1560	575	3199	16%
91-100	225	393	130	748	4%

} 55%

It is evident that the largest age demographic making up ambulance calls is those over the age of 60. This is the known vulnerable population target identified through provincial studies and these internal statistics fall in line with the rest of the province in terms of healthcare utilization.

We then reviewed some of our internal Electronic Patient Charting records. There is a data field on each chart entitled “Final Primary Problem Code”. Reviewing data from this code gives us an idea of the types of patient conditions that necessitated an ambulance call. Consequently, this also enables the ability to evaluate where the focus is in terms of EMS usage and allows us to determine whether these conditions could be considered acute or rather more chronic. The following table details the top 10 final problem codes.

#	Final Primary Problem Code	TOTALS
1.	Other Medical/Trauma	1866
2.	General Illness/Weakness	1748
3.	Musk./Skel. Trauma	1552
4.	Resp. Distress	828

5.	Abd Pain NYD	806
6.	No Complaints	664
7.	Ischemic Chest Pain	662
8.	Behaviour/Psychiatric	485
9.	Back Pain	453
10.	GI Problems/Pain/Vomiting/Nausea	393

The above list indicates that many of the top reasons for utilization of an ambulance in relation to chronic or short term type conditions. These are the areas where a Community Paramedic will make a difference through prevention practices and follow up care.

We then reviewed the concept of a “repeat” patient. We looked at whether a same patient used an ambulance more than twice in one year understanding that the general population does not use an ambulance at all over the course of a year. This helps to further the review of the numbers of chronic illness that could be possibly better treated in a preventative or non-urgent type setting.

Algoma	Cochrane	Man-Sud	TOTAL
86	340	249	675

Throughout 2013, a total of 675 patients utilized EMS on two or more occasions in our districts. This tends to indicate the potential for numerous forms of chronic illness that may not currently be managed as optimally as needed. These patients may be suffering from illnesses such as diabetes, COPD, CHF, mental illness, seizure disorders and other conditions that a Community Paramedicine program will be able to assist in caring for and monitoring.

Lastly, we looked at patient acuity upon arrival at a patient who called 911. We gathered this from the Canadian Acuity Triage Scale (CTAS) listed on the EMS Electronic Patient Chart. This gives us the sense of patient condition prior to any treatment by the responding Paramedics which will again lend itself to whether a patient could better use a more robust preventative care type system in place of an emergency response model.

CTAS	Algoma	Cochrane	Man-Sud	TOTALS
3	1122	1241	2181	4544
4	581	3024	1312	4917
5	495	2416	566	3477

Nearly 13,000 emergency responses involved patients whose CTAS score was 3 (urgent), 4 (less urgent) or 5 (non urgent). These scores again indicate a lessened level of seriousness of patient acuity. From this information it can be extrapolated that the visit may have been prevented with an enhanced model

of public healthcare involving a Community Paramedicine program. Although we assume from the data above that it is the lower acuity patients who would benefit most, this does not preclude the notion that Community Paramedic programs could potentially reduce emergency call volumes and address higher acuity patients through early recognition of potential health issues and referring to the right care at the right time thus addressing the issue before it becomes an emergency situation

Additionally a review of demographics in the province of Ontario as a whole will indicate the needs of the general population. Realizing that we have an aging population it is also apparent to all who understand healthcare that it is the elderly who are the highest user as well as the highest cost to healthcare. Throughout the province, seniors account for nearly 50% of annual healthcare spending and use EMS five times more than non-seniors (60% of Paramedic response) use. Our statistics are very close to what is reported throughout the rest of the province. Currently, seniors account for only 14% of the population. This will balloon to 24% over the next 20 years, tripling the cost to provide long-term care and increasing EMS call volumes (and therefore budgets) proportionally. A review of healthcare in Ontario was essential.

What methods have you used to determine the target population for this proposal?

Currently reaching out to healthcare providers across Northern Ontario has resulted in giving us the ability to conduct an informal needs analysis as indicated above which was derived by a review of the letters of support.

Within the letters of support are identified gaps. The largest identified area by far is the need for in home care health checks as well as home safety assessments. This falls directly within our plan to assess patients both in terms of follow up and prevention.

Additionally, an analysis of internal data suggests not only the target population but also the target illnesses/disorders.

What data/evidence have you analyzed to determine the service utilization patterns of this target population?

An analysis of identified needs as indicated in letters of support has driven a large part of our plan to move forward. The analysis of current EMS data as presented previously suggests the illnesses/disorders where focus will be given. Furthermore, as this program moves forward a more detailed analysis and review will occur creating a pan North Eastern Ontario solution.

How are existing local resources currently serving this target population?

Currently there are a few ways that local providers are serving this population. The CCAC provides home visits and care, and the hospitals and family health teams treat patients but due to the rural demographic and limited resources, there are times where they are unable to provide for home visits in a timely manner and therefore need to prioritize services. In reality, services are at times simply not available. Instituting a Community Paramedicine program will fill the void and allow for a greater level of service.

What are the specific gaps that this proposal will help to address?

As mentioned above, Community Paramedics will be able to provide Community Paramedicine Directed Ad Hoc or Circle of Care directed home visits and provide assessments to assist in prioritizing home care services or referral to other more appropriate services for vulnerable seniors and other vulnerable community members. Becoming a partner in preventative and follow up healthcare helps to fill identified gaps as well as helping to address unidentified issues that were previously not realized all the while improving healthcare in the under-served rural and north areas of Ontario. Additionally, with the evolution of a fully functioning CREMS type of program will allow for reports back to the circle of care ensuring the right care is received at the right time thus potentially avoiding future calls to EMS and ED visits.

Section 5: Cooperation and partnerships that leverage resources

How will existing resources support the implementation of the proposal?

The most unique item to note in regards to this application is that it involves a joint strategy with regards to a regional Community Paramedicine initiative being made by three EMS Providers; Algoma District, Cochrane District and Manitoulin-Sudbury District. Together, the geography covered by the services accounts for approximately 25% of the whole of Ontario covering over 235,000 square kilometers of a mix of under-served rural and small northern urban communities. It is through leveraging this partnership we can offer a standardized Community Paramedicine program to the residents of our districts in the most efficient and cost effective manner.

With a standardized program across such a large area, there is a greater ability for existing resources to be able to support the Community Paramedicine program. Multiple letters of support attached to this proposal indicate willingness for allied healthcare providers to support this endeavor in many ways so as to result in a greater level of patient care. Just some of the listed ways existing resources are interested in support include; accepting referrals (CCAC), directing Community Paramedic visits and receiving Paramedic reports (FHT/CHC/RNPGA, Health Links), providing education (Alzheimer's Society, Red Cross, Diabetes Association, Northern College), Paramedic skill oversight (HSNCPC), and fundamental program evaluation (Northern Policy Institute, School of Rural & Northern Health). This program, as detailed, has strong community involvement across the broader healthcare spectrum.

Which organizations will be partners in the delivery of the proposed CP activity?

Development of formal partnerships is one of the core activities of our group should we be successful in obtaining funding however preliminary discussions have us believing that our partners will be many, if not all of the appropriate players in healthcare in Northern Ontario. Having engaged the CCAC, we see them as playing a pivotal role in the referral process. Looking at circle of care partnerships we believe FHTs, CHCs, and RNPAs will all join in support functions to ensure continuity of care across the regions. Looking to the local hospitals we understand the challenges of safe, informed discharges and believe that follow up information provided to the Community Paramedics can assist further in the continuance of appropriate aftercare.

What is the specific role/function of each partner with respect to the proposed CP activity/activities?

In collaboration, the multi-organizational group of three EMS providers will provide a Community Paramedicine program that encompasses the three previously identified streams. DSSAB Housing Departments will assist with tracking, arranging of “wellness” clinics, and identification of needs. The different primary care providers (FHT/CHC/RNPGA, Health Links) who are in need of Community Home visits will provide referrals to our Community Paramedics within the Circle of Care partnerships. Our Community Paramedics will perform both ad hoc as well as referred home visits and assessments while ensuring the continuity of care by reporting their findings back to the primary care provider. CCAC will act as a follow up care provider (accept referrals). The three EMS Providers will continue to monitor and supervise activities and ensure program evaluation accomplishments through quality assurance and quantity improvement activities.

How were the organizations that will be involved in the delivery of the proposed CP activity engaged in the development of the proposal?

All appropriate healthcare providers have been engaged in the development of this proposal. We have again received multiple letters of support indicating a willingness to assist and participate in our program. Contact was initiated with these providers to assess whether there was a willingness to participate. The partners were also asked to identify any current gaps as they see them. Achieving the perspective of the greater healthcare team as a whole as well as our own internalized research has helped to develop this proposal. Although the above describes the semi-formal approach for the purpose of this application, formal meetings with each of the communities and stake holders will be conducted. This will serve as follow up to our initial contact and will identify contact information, team leads, and services provided to ensure that work is not duplicated but is rather synergistically enhanced.

Is there a plan to share resources among partner organizations?

One of the best points of our proposal is the collaborative effort being put forth by a multi-organizational group of three EMS providers who encompass a large geographic area. Utilizing the skills and experiences of three separate organizations allows for a standardized singular approach to an issue effecting the whole of Ontario. Not only are we looking out for the best interests of our communities but it is our intent to not only share resources amongst our development team but also other communities and external partners identified earlier. As part of the development of our program we will be looking to other more advanced Community Paramedic programs such as can be found in Renfrew County and the Region of York for guidance on what works for them and what they have tried and found not to be efficient. We will take the information that we gather and modify it to fit the needs of our specific regions all the while doing it from greater geographic perspective. We will be taking the best of what we can find and extrapolating it for use in our areas in addition to utilizing our own regional resources and findings to come up with a truly made in the north solution. Lastly, it is our intent should we be successful in achieving funding not only to share resources amongst our partners but also to share our concept amongst other Northern services with similar challenges. The core of our proposal

revolves around trying to not reinvent the wheel, but rather to join in a partnership that can result in the greatest good being done for the greatest whole. Sharing information, experiences and resources is at the core of this proposal.

What types of resources will be leveraged:

Paramedic Program Instructors, Community Educators, Paramedics not otherwise occupied by emergency calls, Health Links Resources in utilization of their ability to identify high risk and frequent users and ensure that community partners and services are informed. Programming resources such as Rapid Response Nurses, Nurse Practitioners FHT, etc. allow for furthering circle of care partnerships and working together to assist the under-serviced vulnerable persons and older adults living in the North.

As previously mentioned some of the ways existing resources are interested in support include; accepting referrals (CCAC), directing Community Paramedic visits and receiving Paramedic reports (FHT/CHC/RNPGA , Health Links), providing education (Alzheimer's Society, Red Cross, Diabetes Association, Northern College), Paramedic skill oversight (HSNCPC), and fundamental program evaluation (NPI, School of Rural & Northern Health)

We have strong statistical information that we will look to leverage through a commitment of sharing with those who already have strong contact within the communities. These partnerships are strategically located within several communities in North Eastern Ontario.

How will partner organizations stay connected throughout the lifecycle of the project (e.g. communicate, problem solve, reach consensus on key decisions, etc.)

There are two focus areas requiring effective communication; within the multi-organizational development group of three EMS providers (internal communication) and the greater group of healthcare stakeholders (external communication).

Throughout the creation of this proposal the internal development group of three EMS providers have engaged in weekly teleconferences and one face to face meeting to discuss and arrange details of this submission. Understanding that while we come from three different organizations we have the same focus on improvement of patient care. Decisions have thus far come easily with all involved participating and amazingly thinking quite similarly in approach. A project lead has been identified but this group of three has functioned democratically. In coming together to discuss a concept of joining together in this proposal, consideration was given to ask for others to join. It was felt by the group that the number of three was manageable and lent itself to the greatest level of coordination. If successful on this proposal the group will hold regular meetings and continue in a collaborative way. The idea of a review of current successful Community Paramedic programs will involve all internal partners so as to gain three different perspectives. After information is gathered a series of both face to face meetings, and video/teleconferences will take place. The sharing of documentation relating to this proposal has already occurred through the use of the online storage drives. Additionally should this proposal become successful there are other internal web based solutions that will easily be developed to aid in the flow of

data. This methodology is currently being successfully utilized in a NELHIN sponsored non-urgent patient transportation project. Internal communication is has already been proven successful and will continue to do so.

In communicating with the greater external healthcare stakeholders, this group will seek to develop and implement a multidisciplinary, multi-agency advisory committee to provide overall guidance during the Community Paramedicine program development, implementation and operational stages. This group potentially will be made up of representatives from each of the three EMS Providers, the Circle of Care partners, Base Hospital, CCAC, and others whose input will be invaluable.

Section 6: Promote communication among core team member 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?

Throughout the creation of this proposal the internal multi-organizational development group of three EMS providers have engaged in weekly teleconferences and one face to face meeting to discuss and arrange details of this submission. Understanding that while we come from three different organizations we have the same focus on improvement of patient care.

How were the core team members engaged in the development of operational processes relating to the proposal?

First there was cooperation with three EMS providers that had common service needs and similar demographics with a common goal. That engagement arose out of geographic proximity (the three services all neighbour each other), and the idea that knowledge is best when shared amongst a greater group. Once interest was gained immediate action in terms of development of a plan took hold. The three services have been fully engaged throughout the development of this proposal. The benefits of this group work are shared workload and specialties, further opportunities for shared resources, ideas, improved communication and improved patient care and access for NE Ontario.

Each of the three internal partners engaged local healthcare stakeholders to further the project. Meetings were conducted and phone calls were made. Information on the concept of Community Paramedicine was delivered and the stakeholders were asked to identify any gaps as they saw within the current healthcare system. Arising out of that engagement are the numerous letters accompanying this proposal. It must be noted that the external stakeholders are eagerly anticipating moving forward in this project.

What mechanism has been established to promote timely communications and information sharing among the core members of the team and the system and patients?

The program assures confidential (PHIPA compliant) two-way communication of patient care records related to the program's care between the program providers and the affiliated agencies utilizing the

online reporting tool previously mentioned above. This tool allows for secure two way communication between the Circle of Care partners and Community Paramedics to provide direction and receive reports.

Utilization of clean data and linkages to internal reporting programs ensures accurate information sharing. Developing comprehensive protocols that guide personnel to ensure consistency of care delivered, to decrease unwarranted variations and to ensure patient care activities remain within the scope of practice boundaries. The establishment of clear lines of communication through protocols and creation of a steering committee will be the most effective way of doing business within this large geographic area.

Section 7: Tracking and monitoring key performance metrics

What are the anticipated results and the timing for achieving them?

The anticipated results are ensuring the right care, at the right time for older adults living in rural Northern Ontario through active monitoring, education and home visits. The timing surrounding our program revolves around four phases: Development, Implementation, Operationalization, & Evaluation.

The timing of the above noted phases can be broken down as follows:

- 0 – 4 months – Development
 - Formal identification of gaps
 - Expansion of allied agency contact
 - Development of priorities and planning for pilot projects
 - Development of evaluation metrics and indicators
- 4 – 6 months – Implementation
 - Negotiating of formal partnerships
 - Identifying members of an advisory committee
 - Rolling of pilot project within the already identified areas or needs.
 - Community Paramedic Education
 - Identification of formal statistical metrics with associated tracking tools
 - Ensuring appropriate data collection for evaluation
- 6 – 18 months – Operationalization
 - Fully functional program within specific pilot sites
 - Roll out of policies and procedures for specific program goals
 - Ongoing data collection for evaluation
- 12 months – Evaluation (interim)
 - Preliminary evaluation of pilot project and further expansion of the program with review of the global training system
- 18 months – Evaluation (comprehensive)
 - Review of the program both internally and externally by an independent organization

- Final report and formalization of a rural Community Paramedicine program.
- Sharing of program results with other EMS providers in Northern Ontario.

What mechanism has been established for tracking key performance metrics?

The involvement of Dr. Elizabeth Wenghofer has been crucial to this sector of the program. An evaluation using outcome, or results-based methods; that is, assessing the ability of programs to achieve their desired outcomes is essential. Continued involvement of the School of Rural & Northern Health at Laurentian University will ensure not only the final evaluation but the methodology for evaluation is sound. Our results-based approach will examine program inputs, outputs, outcomes and impact in order to determine whether the desired outcomes can, and/or are likely to be achieved through the implementation of the program. This includes assessments of the:

- Rationale (the internal logic of the program)
- Efficiency (timeliness quality and quantity of the intervention)
- Effectiveness (immediate changes in practice resulting from the interventions)
- Impacts (long term changes or impacts resulting from the interventions)
- Equity (are all those implicated equally well served?)

EMS, public health, community health systems, and primary care leaders have established linkages including programs with an emphasis on population-based public health surveillance and evaluation for acute and chronic disease prevention and health promotion. Involving HSNPC and outside agencies (Laurentian University, CHAP program); further assists in developing and monitoring metrics. Additionally, as mentioned above internal web based systems exist that can ensure timely and consistent data tracking, communication, and report generation.

Are the core members of the team/partner organizations supportive of this mechanism?

The core team members all have indicated performance measures are a high priority. Any method such as the CHAP research model and the ability to track data through the online tracking tool all provide the mechanisms required.

How will data be collected across multiple sectors (e.g., EMS, CCAC, other)?

Internally the three partners each have strong data collection systems already established through their emergency response operations. Expansion of those techniques and software is a given. There are two large providers of electronic patient care reporting (InterDev, ZOLL) within the province of Ontario, and the three services utilize both. These systems allow EMS services to track performance metrics such as 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, and cost savings/cost containment. Both the aforementioned companies are also submitting proposals to strengthen their ability to assist and have been openly participating in provincial working groups

regarding Community Paramedicine. Interdev, in particular, has committed to building a comprehensive user interface to be used by Paramedics for documentation of call data for Community Paramedicine visits and will also develop a dashboard tool in order for EMS services to be able to monitor and evaluate the impact of Community Paramedicine programs related to patient and system outcomes.

Additionally, through the development of formal relationships and agreements there will be built in access to data in both directions. Examples of data to be shared includes NELHIN wait times, CCAC data, LTC bed information. Data sharing is essential to evaluating the effect of Community Paramedicine on the citizens of Ontario. Lastly, involvement by The Northern Policy Institute and School of Rural & Northern Health, in evaluating the program as a whole will provide for clear unbiased assessment of the merits of this program.

What type of quantitative and qualitative information will be collected that will demonstrate the following outcomes?

Reduced Emergency Department visits

In partnership with our local hospitals we will utilize data gathered on their end in conjunction with Electronic Patient Charting data on the EMS end.

Reduced 911 calls for issues that can be managed in the community

Again a review of EMS call data will reveal the quantitative results of this metric. Additionally from a qualitative standpoint the perspective of the Paramedic delivering this new form of healthcare must be measured. It is important to measure how the Community Paramedic feels about what they are doing. This can be accomplished through the use of job satisfaction surveys detailing not only involvement in the community, but also feelings on the effect of their role on healthcare as a whole. Assessing whether the Community Paramedic feels they have been able to make a difference medically to a vulnerable member of the community is essential in measuring the success of this program.

Improved health outcomes

The quantitative measure of this metric is again gathered through hospital and EMS data. The qualitative measurement of this will be dealt with through the use of surveys indicating point related to quality of life.

Improved access to home care and community supports

This is most easily reflected in patient satisfaction surveys. Measuring the perception of the patient matters especially in areas where large swings in data are unlikely to be measurable. Simply put, from a quantitative measurement, the addition of a Community Paramedic resource will improve access to home care and is another example of a community support.

Cost savings/cost containment

The cost savings to a program such as this will become evident. Utilizing otherwise unoccupied Paramedics in this endeavour costs nothing but provides a service. The provision of a service from within will only improve the ability to see a cost savings. One area not yet mentioned is the cost to the individual patient. Maintenance of healthcare at home is costly to the individual. The ability to secure an additional resource with no cost is of immense benefit to the end user of the service. Overall, an addition such as Community Paramedicine to the healthcare system in terms of follow up care and prevention adds greatly to the ability of the system to function more efficiently thus reducing overall costs. In terms of healthcare costs, “an ounce of prevention is worth a pound of cure”.

How will performance be monitored and evaluated?

The online reporting tool allows for secure two way communication between the Circle of Care partners and Community Paramedics to provide direction and receive reports. Through quality assurance methods, including the dashboard tool, the data will be continually reviewed and analyzed to ensure safe and consistent practices. Additionally, Community Paramedic activities will be monitored through normal supervisory structures within their respective EMS Services.

Once the program is functional, overall evaluations will be conducted at regular intervals to ensure that it is operating at an efficient pace. Again, the addition of Northern Policy Institute and the School of Rural & Northern Health to the team will help assist in this regard through fundamentally proven evaluation techniques.

Section 8: Sustainability plan

What potential funding sources have been explored or identified?

The currently proposed programs are sustainable with minimum to no funding requirements and flexibility to account for specific community needs thus allowing data to be collected to show where future savings can occur assisting in securing funding for future expansion.

Are there any funding commitments from other partners that could help sustain the proposed CP activity? Please explain and provide details on these commitments.

Upon approval of our program as listed herein we see no additional costs needed in the long term therefore no funding commitments are required. The proposed Community Paramedicine program is self-sustaining.

What are the risks and mitigation strategies to ensuring sustainability?

We do not see any risks to ensuring sustainability as the program as presented is self-sustaining. Utilizing Paramedics not otherwise occupied by their core mandate of emergency response allows the healthcare system to leverage provider time that would otherwise be quite costly. Strategically it is the intent of this program to study the effectiveness of Community Paramedicine under this model however

should there be a benefit to the healthcare system as a whole, expansion of the program can easily be sought.

Section 9: Established governance and accountability

What is the governance structure for the proposed CP activity?

Performance agreements with partners and stakeholders, oversight of HSNPC and Employer based Quality Assurance.

How will the governance and accountability structures ensure that all proposed CP activities fall within current legislative parameters?

Our Community Paramedics will only work within their current scope of practice. They will work under the guidance and supervision of their employers and Base Hospital. The regional Base Hospital program is endorsing this endeavour and as such will be strongly involved in its development.

Will any of the following structures be included?

❖ Primary Care Physician delegation/Medical directives

Not currently being evaluated.

❖ Base hospital involvement

Yes. We have received a letter of support and commitment to assist in this endeavour. We will further involve our Base Hospital in the development of our program and ensure care is provided within a Primary Care Paramedics scope of practice.

❖ Quality reviews

Yes. We will establish client satisfaction surveys based upon our success in obtaining valid data from previous satisfaction surveys. Part of the role of the Steering Committee will be to review data and allow for basic data to be shared with all allied resources. The EMS providers currently have robust quality assurance processes which can easily be utilized in the delivery of a Community Paramedicine program. Lastly, the key reason for the involvement of the Northern Policy Institute and School of Rural & Northern Health as third parties to review the success of our program is the desire for a quality review.

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?

No, the design of our program actually provides for the opposite. Utilizing Paramedics to roam throughout their communities delivering Community Paramedicine has the potential to decrease emergency response times. Both the involvement of the Central Ambulance Communications Centres

(CACC's) as well as the development of well-defined policies and procedures will ensure best practices in response are adhered to.

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?

Yes. Interference with core EMS roles will not occur by ensuring deployment plans reflect the emergency priority. By reviewing peak utilization times and trending, proper utilization can be built into existing deployment plans. Again, involvement of the CACC's at the planning stages will ensure appropriate communications for emergency purposes.

What measures have been taken to ensure that core emergency service delivery is protected? Please provide details.

As mentioned above, interference with core EMS roles will not occur by ensuring deployment plans reflect the emergency priority. The duties of the Community Paramedics within this program will occur only within their deployment area. As mentioned earlier, having the Community Paramedics out in the communities can actually enhance response times. Furthermore, it is anticipated that success of this program will reduce emergency call volumes. By reducing call volumes, ambulance crews become more available. Generally, it is expected that this program will have a net positive effect on ambulance response.

What evidence/data will be tracked and monitored in order to evaluate any impact on the core business of providing emergency response?

EMS call volumes, EMS non-urgent transfer volumes, and EMS Response Time Performance Plans will all be monitored as a means of tracking impact on core business. Additionally, surveys on job satisfaction as mentioned previously can be useful tools in measuring impact on core EMS business.

Section 11: Funding requested

From a funding perspective it must be noted once again that this proposal encompasses a request by three EMS providers working as one in an effort to gain the greatest level of continuity without program duplication. In doing so there is a great level of efficiency as three separate areas making up 25% of Ontario will benefit from the joint effort displayed by this group. Many synergies and benefits can be, and already have been achieved through this approach.

I. Project Research & Development

This area of funding will enable the internal research and development committee made up of member of the multi-organizational development group of three EMS providers to make the formal community links, further identify potential needs, and formulate a program direction to address those needs.

This will be achieved by the secondment of a dedicated staff member for four months within each of the three DSSABs. This group will share tasks, coordinate a group effort and analyze successes of other

existing Community Paramedicine programs. Included in this section is a budget for travel within districts, between districts, and into other districts for analysis of existing Community Paramedicine programs.

EMS Commander level wage rate for 4 months x 3 DSSABs (including benefits)	\$117,760
Travel costs as detailed above (\$10,000 per each DSSAB)	\$30,000
Total Project Research & Development	\$147,760

II. Global Education

These costs arise out of development of a comprehensive on-line, turnkey training program for working Paramedics to utilize to upgrade their knowledge and assessment skills. This program will be focused on a rural EMS setting and will be made available to all Ontario EMS Services. In discussion with Northern College the cost per online module would be estimated at between \$7000-\$8000. With our knowledge of adult online education that estimate falls in line with what would be expected. A total of 5 modules would be necessary for this program.

Total Global Education	\$40,000
-------------------------------	-----------------

III. Paramedic Training

Costs in this section surround the need to train internal Paramedics to an introductory level allowing the services as a whole to gain a level of knowledge into the broader spectrum of Community Paramedicine. It has been determined that 4 hours of training will suffice to introduce this topic to all Paramedics of the three EMS providers. The costs below are calculated with a Paramedic hourly rate of \$46.52 (includes salary plus benefits).

Algoma District EMS:	70 Paramedics	\$13,326
Cochrane District EMS:	96 Paramedics	\$17,863
Manitoulin-Sudbury EMS:	125 Paramedics	\$23,260
Total Paramedic Training		\$54,449

IV. Northern Policy Institute Analysis & Review

A key outcome of our proposal involves an analysis and evaluation by an independent agency. We have informally engaged the Northern Policy Institute on this matter and have sought their opinion on the matter of Community Paramedicine. It is their opinion that this matter could be analyzed by members of their organization. Should this proposal be successful in obtaining the required funding a more formal arrangement will be made.

As previously mentioned Dr. Elizabeth Wenghofer has been instrumental in the development of the research and evaluation end of this proposal. She is a Director and Associate Professor at Laurentian University in the School of Rural & Northern Health, with a cross appointment at the Northern Ontario School of Medicine. She has shown great interest in this program as it relates to her specialties in Northern healthcare. Continued involvement on a more formal front utilizing systems within the educational framework will be indispensable in the evaluation of this program as a whole.

As noted previously, due to the short time frame, we have not been able to further discuss options or evaluations however we are very pleased with the level of expertise and amount of interest shown to date.

Total Northern Policy Institute Analysis & Review **\$30,000**

V. Costs for Steering Committee & Administration

The associated costs for this section will be for policy writing, Chief and Deputy Chief Meetings, stakeholder meetings, software development, office supplies, travel and scheduling. It is anticipated that these costs could approach **\$20,000**. It is the intent of the submission group that these costs will be “in kind” and absorbed by the respective partners.

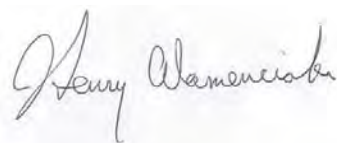
Total Steering Committee & Administration **\$0**

Grand Total Application Cost Submission **\$272,209**

Application Declaration

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.



Mr. Henry Alamenciak, Chief of EMS
Algoma District Services Administration Board

April 17, 2014

Date



Mr. Jean Carriere, Director and Chief of EMS Services
District of Cochrane Social Service Administration Board

April 17, 2014

Date



Mr. Michael Maclsaac, Chief of EMS
Manitoulin-Sudbury District Services Board

April 17, 2014

Date

Letters of Support

1. Algoma District Services administration Board - Chantal Normand, Manager of Residential Properties
2. Algoma Manor - Donna Latulippe, Board Chair and Barbara Harten, Administrator
3. Community Care Access Centre - Frankie Vitone, Senior Director, Care Coordination
4. Canadian Red Cross – Carole Timm, Timmins District Branch Manager
5. Chapleau & District Family Health Team - Janet Broomhead, Executive Director
6. Chapleau Health Services, Chapleau General Hospital – Gail Bignucolo, Chief Executive Officer
7. Chapleau Health Services – Dr. Kendra Saari, Chief of Staff
8. Cochrane District Social Services Administration Board, Housing Services – Lee-Anne St. Jacques, Area Manager
9. Cochrane District Social Services Administration Board, Municipalities
10. Counselling Centre of East Algoma – Shelley Watt Proulx, MSW, RSW Executive Director
11. Dr. Harold S. Trefry Memorial Centre – Barb Jackson, Chair, Advisory Committee
12. Elliot Lake Family Health Team – Jeff Moulton, Executive Director
13. Espanola Regional Hospital and Health Centre – Ray Hunt, CEO
14. Gore Bay Medical Centre – Shelagh McRae MD CCFP FCFP
15. Health Sciences North, Centre for Prehospital Care – Nicole Sykes, Regional Manager
16. Manitoulin Health Centre – Derek Graham, President and CEO
17. Manitoulin-Sudbury District Services Board – Donna Moroso, Director of Integrated Social Services
18. MICs Group of Health Services – Karen Hill, Chief Nursing Officer
19. Mississauga First Nation – Linda Ambeault, Health and Social Services Director
20. North Channel Nurse Practitioner-Led Clinic – Mary Anne Beith, Administrative Lead

21. North East LHIN – Louise Paquette, Chief Executive Officer
22. Northeastern Manitoulin Family Health Team – Judy Miller, Director
23. Northern College – Judy Rantala, Director
24. Notre-Dame Hospital (Hearst) – Michel Pomerleau, Chief Financial Officer
25. Premergency
26. Sault Area Hospital – Ron Gagnon, President and CEO
27. Sensenbrenner Hospital – Al Yarush, Chief Executive Officer
28. Smooth Rock Falls Hospital – Fabien L. Hebert, CEO
29. St. Joseph’s General Hospital Elliot Lake – Mike Hukezalie, CEO
30. St. Joseph’s General Hospital Elliot Lake – Sandra Pilon-Nicholls, BSW RSW, Manager Social Work Dept.
31. Sudbury East Community Health Centre – Michel Mayer CPM CRF PMP, Executive Director
32. The Corporation of the Town of Smooth Rock Falls – Michel Arsenault, Mayor
33. The Corporation of the Township of St. Joseph – Carol O. Trainor, AMCT, Clerk Administrator
34. The Royal Canadian Legion – Hugh Hamilton, President, Branch 374
35. Westwinds Shores – Alice Radley, Executive Director



March 26, 2014

Mr. Henry Alamenciak
Chief, Algoma EMS
2 Elizabeth Walk
Elliot Lake ON P5A 1Z5

Dear Mr. Alamenciak:

Subject: Support for a Community Paramedicine Program

As the owners and administrators of approximately 300 social housing units throughout 11 northern communities, property managers for over 186 non-profit units and service manager for the district of Algoma, we would like to extend our full support of a community paramedicine program throughout our portfolio. Our northern Ontario communities have identified shortages in home care services, health care professionals/specialists and community supports resulting in daily challenges in gaining supports and services for our residents.

As social housing landlords, we house some of the most vulnerable members in our communities which include people with mental health issues, addictions and aging in place. Our residents are low income earners making it difficult to attain professional care or to find outreach in-home programs to assist with their needs. Living in small northern Ontario communities is proving a challenge in finding specialized services and supports to maintain tenancies and remain a healthy part of their communities.

As a public housing landlord, we see the community paramedicine program as an enhancement to the health care system which will address the unmet needs in our small communities. Community based patient care such as planned home visits, patient education, injury/disease prevention, mental health supports and community referrals will improve access to the right services, improve health outcomes and improve the overall quality of life to those in need.

A community paramedicine program in our small communities will help provide efficient and effective one-on-one personalized services to vulnerable members of our communities which will in turn ensure a better quality of life.

Yours truly,

Chantal Normand
Manager of Residential Properties
Algoma District Services Administration Board



Come Live With Us

Algoma Manor
145 Dawson Street
Thessalon, ON
P0R 1L0
T: (705)842-2840
F: (705)842-2650

March 25th, 2014

Paul Guertin, AEMCA
Deputy Chief | Chef adjoint
Algoma EMS | SMU d'Algoma

Re: Community Paramedicine

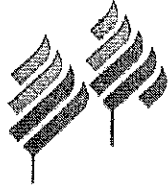
This is a letter of support for the proposal requesting the implementation of a Community Paramedic program. The Not for Profit Board of Algoma Manor agrees that this Community program would be beneficial to the residents located in the areas of the Algoma District.

The delivery of health care is inevitably very different between urban and rural settings due to factors such as availability of resources, differing population health needs, geography and economies of scale.

Accordingly, these differences require that care be given to organizing and delivering integrated services such that the needs of rural residents are met in an effective and efficient manner while ensuring adherence to best practices, quality and safety.

This type of program can bring similar advantages as proven by other established programs in Ontario and other provinces. Those programs were successful at decreasing the number of emergency visits by performing wound care, patching up and suturing minor injuries, administering immunizations and antibiotics, and checking patients' adherence to prescriptions. They assisted hospital staff at particular times or with specific skills in the absence of other appropriate medical or nursing staff.

In Calgary, there is a program in which paramedics visit nursing homes and long-term care homes and do all sorts of routine care on-site, including EEGs, collecting specimens, catheterization, rehydration, wound care and the like. In the first year, they avoided 700 ambulance trips to the ER.



Come Live With Us

Algoma Manor
145 Dawson Street
Thessalon, ON
P0R 1L0

T: (705)842-2840

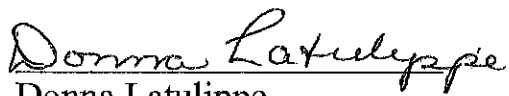
F: (705)842-2650

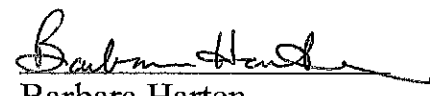
If we want to keep seniors in the community and out of hospitals and long-term care facilities – and that should be our goal for financial and humanitarian reasons – then we need to provide better community-based health care.

EMS practitioners are trained professionals with a skill set that is under-utilized. As attempts are made to meet the challenges of delivering Health Care in our rural community, we support that the EMS augment current services or fill in some gaps.

Therefore, the Not For Profit Board supports the Algoma EMS submitting the Community Paramedicine proposal.

Yours Sincerely,


Donna Latulippe
Board Chair


Barbara Harten
Administrator



Connecting you with care
Votre lien aux soins

CCAC **CCASC**
Community Care Access Centre
Centre d'accès aux soins communautaires

HEAD OFFICE
40 Elm Street, Suite 41-C
Sudbury ON P3C 1S8

SIÈGE SOCIAL
40, rue Elm, bureau 41-C
Sudbury ON P3C 1S8

Tel/Tél : 705 522 3461
800 461 2919

Fax/Télé : 705 522-3855

TTY/ATS : 711

(ask operator for / veuillez demander le téléphoniste pour le 1-888-533-2222)

healthcareathome.ca/northeast/

April 14, 2014

Jean Carriere, CMM III EMS Professional
Director and Chief
Cochrane District EMS

Cochrane District Social Services Administration Board
500 Algonquin Blvd. East
Timmins, Ontario
P4N 1B7

Email: carrierj@cdssab.on.ca

Dear Mr. Carriere:

RE: Algoma, Cochrane, & Manitoulin-Sudbury District Emergency Medical Services
Community Paramedicine Application

The North East Community Care Access Centre (CCAC) is pleased to provide this letter in support of the Community Paramedicine application by the Algoma, Cochrane & Manitoulin-Sudbury District Emergency Medical Services, which has the potential to impact thousands of high risk patients and their families in our region.

As the largest provider of home care services in North Eastern Ontario, our CCAC fully supports the implementation of a Community Paramedicine In- Home Program in the Algoma, Cochrane, Manitoulin-Sudbury district. This program will provide a structured process for paramedics to provide an in-home visiting program, working with the NECCAC and supporting referrals of patients to alternative care, including the in-home nursing, personal support and rehabilitation services provided by the North East CCAC.

The North East CCAC would welcome the opportunity to work with you on this project to identify and provide services to vulnerable residents within the District. We look forward to confirmation of Ministry funding to pursue this program in the Cochrane area.

Sincerely,

Frankie Vitone
Senior Director, Care Coordination
North East CCAC



Canadian Red Cross
201-60 Wilson Avenue
Timmins, Ontario
P4N 2S7
Ph. 705 267 4900
Fax. 705 268 6388
redcross.ca

Thursday, April 17, 2014

Mr. Jean Carriere
Director and Chief
Cochrane District EMS
CDSSAB
500 Algonquin Blvd. East
Timmins, Ontario
P4N 1B7

Dear Mr. Carriere,

The Timmins District Branch of the Canadian Red Cross would like to take this opportunity to endorse the implementation of a Community Paramedic (CP) program within the Cochrane District. We support the goal of a CP program to *"help older adults and other patients receive the care they need in their homes, while reducing unnecessary emergency room visits and hospital admissions"*.

Elderly patients who are isolated in rural communities and have limited family support would benefit from checks by EMS since many may have chronic illnesses which, if not monitored, can progress to serious conditions which result in long term admissions to hospital. Anxiety in this population may be high and may result in frequent visits to the Emergency department which we feel could be reduced through the Community Paramedic program. This program can work hand in hand with and possibly enhance our current Red Cross PATH Program.

The PATH program targets seniors who live in the City limits of Timmins and who would benefit from or require support to be safely discharged from hospital (acute care or emergency department) back to their home, due to a lack or limited availability of supports, resources, family and/or transportation. The intent is to facilitate a timely and effective transition from hospital to home for these patients, and also to assist in preventing re-admissions to hospital.

In the rural areas of the Cochrane District, the CP program could provide a broad range of services by developing a field of paramedic practices focused on proactive and non-emergent activities (within the scope of paramedic) that better influences health outcomes. These individuals would benefit from home visits by Paramedics as they could provide the following services; collecting information on vital signs to prevent catastrophic circumstances, assessing cognitive capacity, conducting walking assessments to prevent falls, point of care testing equipment, administering and/or cueing for medication, conducting medication reconciliation, collecting and delivering laboratory specimens, and completing in-home safety assessment to ensure the older adult is safe and has not fallen outside or encountered another hazard.



Canadian Red Cross
201-60 Wilson Avenue
Timmins, Ontario
P4N 2S7
Ph. 705 267 4900
Fax. 705 268 6388
redcross.ca

We at the Red Cross are committed to and passionate about our clients and would like to thank you for considering the Community Paramedicine Program throughout our rural communities as part of a larger plan to provide better quality care. Mr. Carriere, we look forward to collaborating with you and your team and want to thank you for pursuing this wonderful initiative. We are committed to creating a strong partnership with local community service providers and agree to help connect patients to additional community supports.

Sincerely,

A handwritten signature in blue ink that reads "Carole Timm".

Carole Timm
Timmins District Branch Manager



ÉQUIPE DE SANTÉ FAMILIALE DE
CHAPLEAU & DISTRICT
FAMILY HEALTH TEAM

PO Box / CP 757
2, chemin Broomhead Road
Chapleau, ON P0M 1K0

Tel: 705.864.0210
Fax: 705.864.0149

April 3, 2014

David Wolff
EMS Commander
Manitoulin-Sudbury DSB - EMS
210 Mead Blvd.
Espanola, ON P5E 1R9

Dear Mr. Wolff:

On behalf of the Chapleau and District Family Health Team (CDFHT), please accept this letter of support for the Manitoulin-Sudbury DSB – EMS Community Paramedicine Initiative.

The Chapleau and District FHT is committed to collaboration with other community health care partners for the provision of quality patient-centred care. We are a very small Family Health Team with limited personnel and resources; an integrated approach to health care delivery is a strong step toward improving the quality of programs and services offered in our community.

The Community Paramedicine Initiative would be of great benefit to Chapleau and area residents by providing improved patient access to care through home visits. Frail and elderly patients enrolled in the CDFHT's Seniors Wellness Program would benefit from this enhanced service by receiving the care they need in their own homes.

Similarly, the CP Initiative would also enhance the CDFHT's chronic disease management programs through home visits to our most vulnerable patients, including those with Diabetes, COPD and CHF. The aim of these programs is to reduce ER visits and hospital admissions through a higher level of education and self-management; paramedics could be a valuable support to CDHFT patients in these programs.

On behalf of the patients in our care, we look forward to a successful outcome of the proposed Manitoulin-Sudbury DSB – EMS Community Paramedicine Initiative.

Sincerely,

Janet Broomhead
Executive Director
jbroomhead@cdfht.ca

April 8, 2014

*Come grow with us!
Un avenir prometteur chez nous!*

Mr. Michael MacIsaac
Chief of EMS
Manitoulin-Sudbury DSB
210 Mead Blvd.
Espanola, ON, P5E 1R9

Dear Michael:


RE: Chapleau – Community Paramedicine Program

I am happy to provide Service de santé de Chapleau Health Services' (SSCHS) support for Manitoulin-Sudbury District Services Board (MSDSB) Community Paramedicine Program for the Chapleau Area.

Chapleau would be an ideal community to offer this program given the centralized and aging population, and existing collaborative local health provider partnerships. SSCHS, the Chapleau and District Family Health Team and the Rural & Northern Physician Group already work collaboratively on many primary care initiatives. The Chapleau Ambulance Paramedics would be an excellent and valuable addition to this partnership and allow for the expansion of services.

If you require any further information, please do not hesitate to contact me at 705-864-3050 or via email at gbignucolo@sschs.ca.

Sincerely,



Gail Bignucolo
Chief Executive Officer

GB/md

April 17, 2014

*Come grow with us!
Un avenir prometteur chez nous!*

Mr. Michael MacIsaac
Chief of EMS
Manitoulin-Sudbury DSB
210 Mead Blvd.
Espanola, ON, P5E 1R9

Dear Michael:

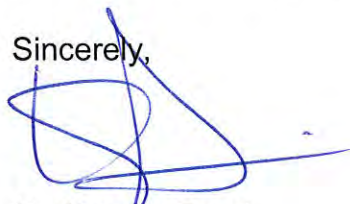
RE: Chapleau – Community Paramedicine Program

I am happy to provide the Chapleau Physician Group's support for Manitoulin-Sudbury District Services Board (MSDSB) Community Paramedicine Program for the Chapleau Area.

In collaboration with the Chapleau and District Family Health Team, we have several primary care initiatives underway, specifically directed towards our senior and chronic illness populations. We would look forward to the opportunity to discuss with MS-DSB ways in which the Chapleau Ambulance Paramedics could participate in these programs, further enhancing primary care services to our vulnerable populations.

If you require any further information, please do not hesitate to contact me at the Chapleau Clinic at 705-864-0210 or via email at ksaari@nosm.ca.

Sincerely,



Dr. Kendra Saari
Chief of Staff



HOUSING SERVICES / SERVICES DE LOGEMENT

March 24, 2014

Mr. Jean Carriere
Director and Chief of EMS Services
500 Algonquin Blvd East
TIMMINS, ON P4N 1B7

Dear Mr. Carriere:

Subject: Housing Services Endorsement to Community Paramedicine Program

As the owners and administrators of over 1,200 social housing units, property managers for over 260 non-profit units and service manager for the district of Cochrane we would like to extend our full support of a community paramedicine program throughout our portfolio. Our northern Ontario rural communities have identified shortages in home care services, health care professionals and community supports resulting in a larger volume of 911 calls and emergency department visits.

As rent-geared-to-income landlords we house some of the most vulnerable members in our communities including people with mental health issues and addictions. Our residents are typically low income earners and sometimes fall victim to social stigma which affects their quality of life. Even though the CDSSAB encourages social inclusion many residents are considered shut-ins and have a difficult time obtaining regular medical attention due to a lack of specialized services and community supports. A great majority of our tenants are aging in place and the length of their tenure is increasing, thus providing challenges to us as a housing provider.

As a social housing landlord we see the community paramedicine program as an enhancement to the health care system which will address the unmet needs in our rural communities. Community based patient care such as planned home visits, patient education, injury/disease prevention, mental health supports and community referrals will improve access to the right services, improve health outcomes and decrease demand for emergency department visits. Community paramedics have a unique skill to assess the patient's living environment which will also result in improved patient care.

A community paramedicine program will help fill some of the gaps in health care services in our communities and provide personalized service to our vulnerable and at-risk residents. We would appreciate the opportunity to work with you on a customized community paramedicine plant to meet our community needs.

Regards,

Lee-Ann St.Jacques, Area Manager

Board Office/Bureau du conseil

500 Algonquin Blvd East
Timmins, ON
P4N 1B7
Tel: (705) 268-7722
1-877-259-7722
Fax: (705) 268-8290

Housing Offices/ Bureaux de logement

P.O. Box / C.P. 1028
69, rue Main St.
Iroquois Falls, ON P0K 1G0
Tel.: (705) 232-4095
1-800-461-2009
Fax: (705) 232-5471

6, rue Ash Street
Kapusking, ON
P5N 2C8
Tel.: (705) 335-6179
1-800-667-2143
Fax: (705) 335-8199



**COCHRANE DISTRICT SOCIAL SERVICES ADMINISTRATION BOARD
CONSEIL D'ADMINISTRATION DES SERVICES SOCIAUX DU DISTRICT DE COCHRANE**

500 Boul. Algonquin Blvd. E.
Timmins, ON P4N 1B7

Tel: (705) 268-7722 Fax: (705) 268-8290 Toll Free / sans frais 1-877-259-7722
www.cdssab.on.ca

April 3, 2014

Mr. Jean Carriere
Director and Chief of EMS Services
500 Algonquin Blvd East
Timmins, ON P4N 1B7

Dear Mr. Carriere

RE: Community Paramedicine Program Application

We are writing this letter of support for the collaborative initiative Regional Community Paramedicine Program, by Cochrane District EMS and both the Algoma District EMS and Manitoulin-Sudbury EMS.

Spanning 141,244 km², the District of Cochrane is part of the James Bay Frontier travel area and boasts a wide variety of activities for all seasons: fishing, snowmobiling, hunting, golfing, canoeing and shopping. The major industries of forestry, mining and service delivery employ a highly educated and bilingual workforce. The Cochrane District is a true cultural mosaic of First Nations people, French Canadians and English Canadians celebrating their cultural diversity in the fresh air of Northern Ontario.

The District of Cochrane Social Services Administration Board was established in February 1999 by provincial legislation as part of the Local Services Realignment. The CDSSAB was created through the consolidation of the Cochrane District Welfare Board and the City of Timmins Department of Social and Family Services to deliver Ontario Works and Children's Services throughout the District. In 2000, the CDSSAB gained responsibility for the contract management and direct delivery of Emergency Medical Services in Cochrane District. In 2001, Social Housing became CDSSAB's newest responsibility.

Community based patient care such as planned home visits, patient education, injury/disease prevention, mental health support and community referrals will improve access to the right services and improve health outcomes. Community paramedics will have an opportunity to assess the patient's living environment which would result in some major prevention initiatives as well as improved patient care. A community

paramedicine program will help fill some of the gaps in health care services in our municipalities and provide personalized service to our vulnerable and at-risk residents.

We would appreciate the opportunity to work with you on a customized community paramedicine plan to meet our needs.

Sincerely,



Grant Adams



M. Milinkovich



Gilles Forget



Kapuskasing *Alan Spach*



Roger Sijon



[Signature]



April 7, 2014

Henry Alamenciak
Chief, Algoma EMS
Algoma District Services Administration Board
2 Elizabeth Walk
Elliot Lake, ON P5A 1Z5

Dear Henry;

I am pleased to offer support of your plan to work collaboratively with two adjoining DSSAB's related to the paramedicine initiative.

As you know, the Counselling Centre of East Algoma is a community based counselling agency offering professional counselling services in the areas of addictions, problem gambling, sexual abuse/assault (female and male specific), violence against women, partner assault response, general counselling and community crisis response services. The breadth of our programming and the types of services we provide have given us a unique vantage point to observe the overall health of our community. In our crisis program especially, we are attempting to work with individuals *before* they may need to attend at the emergency department in hopes of wrapping community supports around them so that they may not need the more costly services of the hospital.

I would imagine that the paramedicine initiative would be an additional enhancement to the health system by offering individuals options in home that may prevent unnecessary visits to the ER. Additionally, regular health screening could identify incidents where an individual may be best served at the hospital, but an earlier presentation may mean a less lengthy stay and additional savings to the health system. Separate and apart from cost savings, I would fully support a program that could offer individuals peace of mind and provide a check point for those who may be more vulnerable and living alone. In our community, with the high proportion of seniors, I believe that a program such as the paramedicine initiative could have untold social benefits for individuals accessing the program. The simple act of having a caring professional attending to one's needs, can be the link that is missing for so many at present. Additionally, with the opportunity to attend in the home, additional services can be leveraged which may allow for folks to age in place with the supports necessary to allow them to do so safely.

I would welcome the opportunity to meet with you once the initiative is in place so that we may discuss ways in which our agency could further support the work of your EMS staff and the clients you will be supporting.

Sincerely,

Shelley Watt Proulx, MSW, RSW
Executive Director

DR. HAROLD S. TREFRY MEMORIAL CENTRE

THE CORPORATION OF THE TOWNSHIP OF ST. JOSEPH
Seniors and Disabled Persons Programs



Tuesday, March 25, 2014

Paul Guertin, AEMCA, Deputy Chief, Algoma EMS
1180 Richards Street, Box 188
Richards Landing, ON P0R 1J0

Dear Paul,

We at the Dr. Harold S. Trefry Memorial Centre are delighted to hear that there is the possibility of seeing paramedicine come to our communities. This centre currently services eight townships, with the mission of "providing services to seniors and persons with disabilities which will assist them to remain in their own homes and allow them to maintain their dignity". We feel that this in-home service would be a wonderful addition in helping the seniors we serve.

We feel that paramedicine helps to meet the objective of our mission statement of helping people in their own home by providing three things. The first is that it provides an "in-house safety check", enabling paramedics to ensure that a senior is safe and has not fallen outside or encountered another hazard. The second is by providing a "health check", which would enable paramedics to check vitals and in doing so hopefully to prevent catastrophic circumstances that often require seniors to leave the freedom of their own home for the care of a nursing home. The third is by providing "a friendly visit" enabling paramedics to not only monitor health status, but also to lift spirits—and in doing so helping seniors maintain a positive outlook.

Regarding the geography of the population this centre services, we felt it was important to note that some of the seniors are located rurally. While we realize that additional funding may be needed to have a paramedic team closer to base while another paramedic team services more remote clients, we would suggest that checks for these rural seniors is very needed due to their remote location. As you look at implementation, we just wanted to mention these harder to reach seniors.

Thank you for considering paramedicine for these communities, as part of a bigger plan to provide better care. We feel that this would be a great answer for the seniors we serve and want to say thank you for pursuing this!

Sincerely,

A handwritten signature in cursive script that reads "Barbara Jackson".

Barb Jackson, Chair, Advisory Committee

rbs

PO Box 158, 1209 Catherine St. Richards Landing, ON P0R 1J0 * phone: 705-246-0036 * fax: 705-246-0249 * email:
dr.trefrycentre@one-mail.on.ca

Providing services to seniors and persons with disabilities which will assist them to remain in their own homes and allow them to maintain their dignity. Operating in memory of Dr. Harold S. Trefry and his service to this community.



ÉQUIPE SANTÉ FAMILIALE
ELLIOT LAKE
FAMILY HEALTH TEAM

31 Nova Scotia Walk
Elliot Lake, Ontario P5A 1Y9
Fax: 705 848-2862
Phone: 705 461-8882

April 1, 2014

Paul Guertin, AEMCA
Deputy Chief, Algoma EMS
1180 Richards Street, Box 188
Richards Landing, ON P0R 1J0

Mr. Guertin,

The Elliot Lake Family Health Team fully supports your application to the Ministry of Health and Long Term Care for funding of the Community Paramedicine Program. As you are aware Elliot Lake has a very high senior population. Over 55% of the 11,000 patients rostered to the Family Health Team are over 60 years old. Although Elliot Lake is not participating in a formal health link as per the MOHLTC guidelines this program would play part of that role by identifying the higher needs patients in Elliot Lake and providing the most appropriate care and appropriate resources for these patients.

Some of the paramedical services that could be offered are home wellness checks on the more frail patients as well as appropriate referrals to the family physician or allied health member at the Family Health Team. The reduction of ambulance calls, emergency room visits and hospital admissions would have a positive impact on the healthcare system financially allowing these dollars to be spent on patient diagnosis and treatment.

I am available anytime to speak with you about the benefits of this program should you be successful in securing the funding. I can be reached at 705-461-8882 extension 284.

Sincerely,

Jeff Moulton
Executive Director
Elliot Lake Family Health Team



April 14, 2014

Mr. Fern Dominelli
Chief Administrative Officer
Manitoulin-Sudbury District Services Board
210 Mead Blvd.
Espanola, ON P5E 1R9

Re: Application for Funding under the Community Paramedicine Program

Please accept this letter as our support for Manitoulin-Sudbury District Services Board's (DSB) proposal to establish a Community Paramedicine (CP) Program. This funding will enable improved access to healthcare services and will result in better patient outcomes for high risk residents within our local communities.

In keeping with the goals of the Ministry of Health and Long-Term Care's (MOHLTC) *Action Plan for Healthcare*, funding of the CP program, in our area, will further promote strategic partnerships that currently exist with the DSB, hospitals and CCAC. Over the past two years, we have working together to integrate services, where possible, which has resulted in better coordination of care, between our organizations. Having access to this enhanced service will yield benefits such as better hospital discharging and reduced length of stay.

The services provided by a CP are greatly needed in our area due to an aging population and significant need for better chronic disease prevention and management programs. We are currently underserved for family physicians and other primary care providers. Having access to a PC will greatly increase our community's ability to address population health needs in both the short and long-term.

We currently have a physician who works under the MOHLTC's Care of the Elderly (CofE) Program providing most of the care in the patient's home. This model focusses on the frail and complex seniors' population. With the addition of a CP, these patients will get enhanced access to care resulting in less hospital visits. For instance, after the age of 65, ambulance use increases dramatically. Health and safety promotional initiatives that teach seniors how to accident-proof their homes can put the DSB in a position of being proactive in preventing at home injuries. This initiative could be provided in partnership with our CofE physician.

../2

In summary, we fully support the establishment of a PC to be sponsored by the DSB and look forward to partnering with them as they work to enhance primary health care services. In keeping with the MOHLTC's new Seniors Strategy, the DSB's PC position would be integral in helping our collective teams in advancing new initiatives and models of care across the Manitoulin-Sudbury area. This funding would further allow the DSB to strengthen and align their current partnership with area hospitals and CCAC, enabling all organizations to respond more effectively and efficiently to the growing needs of our aging population that requires specialized geriatric services.

We fully support this collaborative venture and look forward to the opportunity to work with the DSB in implementing this extremely important initiative. We encourage you to look favourably at the DSB's proposal.

In the meantime, should you have any questions or require additional information, please do not hesitate to contact me at (705) 869-1420 (ext. 3001) or by e-mail at: rhunt@esphosp.on.ca.

Yours truly,

A handwritten signature in black ink, appearing to read 'Ray Hunt', is positioned above the typed name.

Ray Hunt
CEO
Espanola Regional Hospital and Health Centre

Gore Bay Medical Centre

70 Meredith St

Gore Bay ON

POP 1H0

ph 705 282 2262 fax 705 282 2370

Thursday, April 03, 2014

David Wolff, AEMCA (PCP)
EMS Commander
Manitoulin-Sudbury DSB - EMS
210 Mead Blvd
Espanola, ON
P5E 1R9

Dear Mr Wolff,

Subject: Letter of Endorsement for Community Paramedicine Initiative

Thank you for including us in your effort to increase services to patients on Manitoulin Island.

The Gore Bay Medical Centre provides primary care for the population of Western Manitoulin. We have an aged and aging population and there many individuals living alone in our catchment area. A significant number of those have insufficient available friends or family to monitor their health. Having a trained health care professional willing to regularly check in and monitor such things as blood sugars, blood pressure, medication compliance, nutrition etc would help these people safely maintain their independence and should reduce ER visits and admissions.

Naturally such a program would have to coordinate closely with existing services, not only physicians' offices but with CCAC, DEC etc. We look forward to futher involvement with this initiative.

Yours sincerely,



Shelagh McRae MD CCFP FCFP



April 8, 2014

Kathryn McCulloch, Interim Assistant Deputy Minister
Health Systems Accountability and Performance Division
Ministry of Health and Long-Term Care
5th Floor, Hepburn Block, Queen's Park
Toronto, ON M7A 1R3

Dear Ms. McCulloch:

Re: Community Paramedicine in Ontario

Health Sciences North Centre for Prehospital Care (HSNCPC) is proud to support Cochrane District EMS (CDSSAB) in its proposal for the expansion and development of Community Paramedicine. This program could encompass the entire Cochrane District which includes seven different communities between Matheson, Timmins, and Hearst.

In collaboration with Algoma EMS and Manitoulin-Sudbury EMS, CDSSAB's leadership is developing a joint strategy which will provide a solution to service gaps presently identified within the various communities. This program is being designed to address the needs of various groups, including older adults, those with chronic disease, and those at risk of hospital admission. The goal is to provide these people the care they need in their own homes thereby reducing emergency room visits and hospital readmissions. The client base may include but is not limited to patients who have COPD, CHF, Diabetes and others who have limited access to primary health care. Improved access to home care and community supports equal greater patient satisfaction with improved health outcomes.

We believe that the implementation and evolution of a Community Paramedicine Program will benefit the people of Cochrane District. This program should not interfere with core emergency response and service delivery since there is a demonstrated need for the proposed Community Paramedicine activity (i.e. wellness checks) in the target populations.

Health Sciences North Centre for Prehospital Care endorses Cochrane District EMS's funding request for the MOHLTC's Community Paramedicine Program. Currently, we are not aware of funding commitments from other partners to sustain this important Community Paramedicine activity.

Should you require anything further, please feel free to contact us.

Yours sincerely,

Nicole Sykes
Regional Manager



MANITOULIN HEALTH CENTRE

April 14, 2014

Mr. Michael MacIsaac
Chief of EMS
Manitoulin-Sudbury DSB
210 Mead Blvd
Espanola, ON
P5E 1R9

Dear Michael:

RE: Proposed application for a Community Paramedicine Program

Manitoulin Health Centre would like to articulate our alignment with and support for the proposed service augmentation being explored by your organization. The integration of a Community Paramedicine Program within our region could be a very important service gap mitigation strategy.

As you well know, the challenges of providing home care services across a rural-remote geography are many. With a sparse density of population, coupled with a higher proportion of at risk clients (i.e. elderly with chronic health needs, little or no public transportation, mental health concerns), the current matrix of service providers, particularly at the home care level, are severely challenged to meet escalating care demands.

A Community Paramedicine Program could be integrated into the North-East Region in a manner that best addresses these needs. Working in partnership with hospitals, FHT's, other primary care providers, First Nations health services, and the NE-CCAC, this new service could focus upon vulnerable clients who are not accessing services sufficiently from these partners and help fill in gaps.

Thank you for these innovative efforts on behalf of our Northern residents.

I believe that the Manitoulin Region, in particular, is well positioned to partner with you in the design and delivery of such a program. Utilizing the Manitoulin Health Collaborative partnership, with over 15 agencies already at the table, including the CCAC, 3 FHT's and many First Nations services, we are poised to act with you rapidly in this regard.

Sincerely,

Derek Graham
President and CEO

Little Current Site
Box 640, Little Current, ON P0P 1K0
(705) 368-2300

Mindemoya Site
Box 170, Mindemoya, ON P0P 1S0
(705) 377-5311

April 13, 2014

Michael MacIsaac
Chief of EMS
Manitoulin-Sudbury DSB
210 Mead Blvd.
Espanola, ON P5E1R9

Chief MacIsaac:

Subject: Support for a Community Paramedicine Program

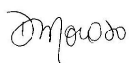
As the owners and administrators of 288 social housing units throughout 13 northern communities, property managers for over 94 non-profit units and service manager for the districts of Manitoulin and Sudbury, we would like to extend our full support of a Community Paramedicine program throughout our portfolio. Our northern Ontario communities have identified shortages in home care services, health care professionals/specialists and community supports resulting in daily challenges in gaining supports and services for our residents.

As social housing landlords, we house some of the most vulnerable members in our communities which include people with mental health issues, addictions and aging in place. Our residents are low income earners making it difficult to attain professional care or to find outreach in-home programs to assist with their needs. Living in small northern Ontario communities is proving a challenge in finding specialized services and supports to maintain tenancies and remain a healthy part of their communities.

As a public housing landlord, we see the Community Paramedicine program as an enhancement to the health care system which will address the unmet needs in our small communities. Community based patient care such as planned home visits, patient education, injury/disease prevention, mental health supports and community referrals will improve access to the right services, improve health outcomes and improve the overall quality of life to those in need.

A Community Paramedicine program in our small communities will help provide efficient and effective one-on-one personalized services to vulnerable members of our communities which will in turn ensure a better quality of life.

Thank you,



Donna Moroso
Director of Integrated Social Services



April 2, 2014

Mr. Jean Carriere
Director and Chief
Cochrane District EMS
500 Algonquin Blvd. East
Timmins, ON
P4N 1B7



*Caring For Our Community
Aux soins de notre communauté*



Bingham Memorial Hospital
Hôpital mémorial Bingham
507 Eighth Avenue, Box 70/C.P. 70
Matheson, Ontario P0K 1N0
Tel/Tél: (705) 273-2424
Fax/ Téléc: (705) 273-2515



*Personal Quality Care
Des soins personnalisés de qualité*



Anson General Hospital
Hôpital général Anson
58 Anson Drive
Iroquois Falls, Ontario P0K 1E0
Tel/Tél: (705) 258-3911
Fax/ Téléc: (705) 258-3221



South Centennial Manor
Manoir South Centennial
240 Fyfe Street/240, rue Fyfe
Iroquois Falls, Ontario P0K 1E0
Tel/Tél: (705) 258-3836
Fax/ Téléc: (705) 258-3694



*Caring Together
S'unir pour soigner*



Lady Minto Hospital
Hôpital Lady Minto
241 Eighth Street, Box 4000/C.P. 4000
Cochrane, Ontario P0L 1C0
Tel/Tél: (705) 272-7200
Fax/ Téléc: (705) 272-5486

Dear Mr. Carriere,

RE: Community Paramedicine Initiative Application

Thank you for the opportunity to write this letter of support for the North East Community Paramedicine Program Initiative.

The communities of Matheson, Iroquois Falls, and Cochrane often struggle with the paucity of services and care providers needed to support older adults age in their homes. This has impacted the MICs Group of Health Services directly as evidenced by increased visits to the Emergency Room Departments, increased lengths of stay while in hospital and delays in discharge home, if possible at all.

I feel strongly the residents of our communities would benefit from the proposed Rural Community Paramedicine Service Program. I believe this program would prevent reliance on and unnecessary visits/admission to the local hospitals wherein Paramedics could provide our older adults with the supports necessary related to Activities of Daily Living and Independent Activities of Daily Living (telephone calls, house work, etc). Such supports could include hospital discharge follow up (home visits/checks) to ensure the planning and resources put in place are effective and appropriate. These visits could include assessments, referrals and assistance to seniors with navigating the systems and services they need to remain at home successfully. This program would be in tandem with CCAC and in the future, Healthlinks (which does not exist within the MICs Group of Health Services catchment areas at this time).

I am very excited about the opportunity for community paramedicine services and look forward to working with you on this initiative. I wish you every success in your proposal.

Sincerely,

A handwritten signature in black ink, appearing to read "KHill".

Karen Hill
Chief Nursing Officer
MICs Group of Health Services

cc Hal Fjeldsted, Chief Executive Officer
Diane Stringer, Executive Leader, Long Term Care



March 28, 2014

Mr. Paul Guertin, Deputy Chief
Algoma EMS
1180 Richards Street, Box 188
Richards Landing, P0R 1J0

Dear Paul:

Re: Community Paramedicine

Please accept this letter as support for your application for implementation of a Community Paramedicine program for Algoma district.

We are very interested in begin part of this project as we have many community members of Mississauga First Nation that would benefit. Currently, we assist many community members to visit the hospital on a regular basis for treatment that would not be considered emergency, but necessary. Besides being a cost to get the member to the hospital, there are many costs with the visit and I believe there would be many financial savings to the hospitals and Ministry of Health with emergency room reductions in visits.

We absolutely endorse this program and would be willing community partners to work with your staff to make this possible.

Sincerely,

Linda Ambeault
Health and Social Services Director.

MISSISSAUGA FIRST NATION

North Channel
Nurse Practitioner-Led Clinic

135 Dawson Street
P.O. Box 658
Thessalon, ON P0R 1L0
Tel: 705 842-9898
www.northchannelnplc.org

March 26, 2014.

Paul Guertin, AEMCA
Deputy Chief
Algoma EMS

RE COMMUNITY PARAMEDICINE

To Whom It May Concern:

Please accept this letter of support for the application to secure the Community Paramedic Program.

We are a Nurse Practitioner-Led Clinic that is closely associated with Algoma Manor and can attest to the reality that delivery of health care in a vast geographic area possesses many challenges. Of these include geographic remoteness, low population densities, inclement weather conditions, to mention a few.

The proposed program would assist many residents who do not have the ability to reach health care facilities by providing both preventative and necessary services that would keep residents safely in their own homes with quality care.

Communities such as those inhabiting the North Channel rely on innovative ways to receive services and care that programs such as the Community Paramedic Program offers.

Please give special consideration and support to this application.

Yours truly,



Mary Anne Beith
Administrative Lead
North Channel Nurse Practitioner-Led Clinic
mbeith@northchannelnplc.org

April 16, 2014

Mr. David Wolff
EMS Commander
Manitoulin-Sudbury DSB - EMS
210 Mead Blvd, Espanola, ON P5E 1R9
david.wolff@msdsb.net

Dear David,

Thank you for providing the North East Local Health Integration Network (NE LHIN) with a copy of the Algoma, Cochrane, Manitoulin-Sudbury Community Paramedicine Proposal.

The joint development of the service processes and models in the areas of Circle of Care Partnerships, Community Paramedicine Clinics and Community Paramedicine Directed Home Services by three EMS departments serving a significant portion of the North East is impressive. The diverse nature of the communities you serve (urban, rural, isolated) is truly reflective of the make-up of the boarder LHIN region. This will undoubtedly provide valuable lessons that can be leveraged across the North East and province going forward.

I am pleased to provide the NE LHIN's support for the joint Algoma, Cochrane, Manitoulin-Sudbury proposal and look forward to the services demonstrating positive outcomes for area residents. I would appreciate receiving regular updates should your proposal be successful in securing funding.

Please do not hesitate to contact Philip Kilbertus, NE LHIN Senior Officer, at 705-840-1080 or philip.kilbertus@lhins.on.ca if you have any questions.

Sincerely,



Louise Paquette
Chief Executive Officer

LP/pk

Cc: Henry Alamenciak, Algoma EMS
Jean Carriere, Chief, Cochrane EMS
Michael MacIsaac, Chief, Manitoulin-Sudbury EMS
Terry Tilleczek, NE LHIN Senior Director
Philip Kilbertus, NE LHIN Senior Officer

From: Judy Miller [JMiller@mhc.on.ca]

Sent: April-04-14 8:02 AM

To: Wolff, David; Paula Fields; Dr. Dieter Poenn

Cc: jbroomhead@cdfht.ca; Municipality of Assiginack Family Health Team; rhunt@esphosp.on.ca; manitoulincentralfht@amtelecom.net; gbmc@onlink.ca; faithmartell@masseyclinic.ca; carine.fortin@cscsudest.ca; khcnurse@vianet.ca; MacIsaac, Michael; carrierj@cdssab.on.ca; Paul Guertin; Henry Alamenciak

Subject: RE: Community Paramedicine Initiative - Call for Interest

Good morning David

The Northeastern Manitoulin Family Health Team (NEMFHT) would support this initiative for the following reasons:

1. In our strategic plan we have identified home visits, end of life care, reduction of hospitalizations for our patients and we have no resources within the existing team to expand services in this area.
2. Servicing patients across Manitoulin Island in their communities is a priority for us.
3. Limiting unnecessary visits to the emergency department is also a priority.

My recommendations to implement this initiative would be:

1. To partner with the Manitoulin Island Health Care Provider Network (the old Manitoulin Discharge Planning Committee chaired by Paula Fields at the MHC) with your implementation plans and outcomes so you have the island wide and area providers giving you input to meet your objectives.
2. To partner with existing health provider services such as Aging at Home, Home visits for the Frail and Elderly, Community Health Nursing Services and Long Term Care and the Telehomecare program for patients with COPD and CHF.

We support your submission and would welcome this opportunity to work with you in implementing a Manitoulin Island and area initiative for our patients. Feel free to add these ideas into your submission on behalf of the NEMFHT

Judy Miller
Director
Northeastern Manitoulin
Family Health Team
705-368-1488, ext 257
Cell- 705-968-0091

March 27, 2014

RE: Community Paramedicine

Northern College fully supports the expansion of Community Paramedicine (CP) programming in our region and throughout the province. We also encourage and support agency and educational institution partnerships and this is evidenced by our strong relationships and long-time partnerships with a large number of health care and health care-related agencies in our catchment region. The Cochrane District EMS (CDEMS) has a longstanding partnership with Northern College, providing practicum placement opportunities for students in our Paramedic diploma programs. It is with this partnership in mind that Northern College is committed to investigate the development and implementation of training materials designed to support the expansion of CP programming in the province.

Working closely with the CDEMS, we will leverage the expertise of both faculty in the School of Health Sciences and practicing paramedics from throughout the region to design a series of training modules focusing on, but not limited to, aspects of Health Promotion, Care for the Geriatric Population, and Mental Health.

As the role of the paramedic evolves in the province, so too must the educational underpinnings and curricula of paramedic instruction. We envision that these materials will not only form the basis of a discrete, and much needed course in Community Paramedicine that can be added to the current program of study for new paramedics in the diploma program, but should be made available to all EMS services in the catchment and throughout Ontario to serve as a core component in successfully realizing the positive impact that CP initiatives potentially offer target populations.

Paramedics involved in CP initiatives have the potential to positively influence the cycle of care for a great number of Ontarians. Northern College firmly believes that paramedic trainees and practicing paramedics in the province can benefit greatly from additional training focused on aspects of CP and we are committed to working with our partner agencies to realize this potential.

Sincerely,



Judy Rantala,
Director,
Health Sciences, Human, and Emergency Services



Aaron Klooster,
Paramedic Program Coordinator

Community Paramedicine

Core Training Modules – Draft

- 1. Health Promotion to Target Populations**
 - a. Concepts and Definitions
 - b. Theories of Health Promotion
 - c. Health Promotion Models
 - d. Strategies in Health Promotion
 - e. Building the Practice

- 2. Care of the Geriatric Patient**
 - a. Concepts and Definitions
 - b. Cognitive Impairment and Dementia
 - c. Physical Frailty and Fall Hazards
 - d. Chronic Pain Management

- 3. Mental Health**
 - a. Concepts and Definitions
 - b. Recognizing Mental Health Issues
 - c. Strategies for Managing Patients with Mental Illness

- 4. Community Supports**
 - a. Examination of Community Agencies and Mandates
 - b. Risk Assessment: PERIL study
 - c. Community Referrals: CREMS and PACCT
 - d. Opportunities for Expansion

Costing Estimate

Cost per module is approximately \$7,000 to \$9,000 and includes release time for faculty, curriculum developer costs, ancillaries, and third-party post-production. Final product will be a series of modular digital training content packages, importable into most major learning management systems.

Hôpital Notre-Dame Hospital (Hearst)

1405 RUE EDWARD STREET
HEARST, ONTARIO P0L 1N0

April 10, 2014

Mr. Jean Carrière
District & Chief
Cochrane District EMS
500 Algonquin Blvd. East
Timmins, ON
P4N 1B7

Dear Mr. Carrière :

Please consider this letter as our support to the proposal for a regional community paramedic support program initiative.

Hôpital Notre-Dame Hospital (Hearst) has strived over the past years to provide direct service delivery to its aging community population. Through partnerships such as: the Aging at Home Program, the Nord-Aski Diabetes Education Program, the Family Health Team and the Red Cross Volunteer Program, to name just a few, we have managed to reduce our emergency annual visits and even prevent some hospital readmissions.

As Hôpital Notre-Dame Hospital (Hearst) also manages the Land Ambulance Service, we strongly believe, the paramedics' team could help play a key role in further improving the quality of life of the community residents by preventing emergency calls, identifying and removing hazards, ensuring medications are being taken correctly as prescribed by the family physician, taking monthly vital signs, collecting medical histories and educating the clients on their medical conditions.

We sincerely believe that such an initiative would definitely benefit our community residents throughout the entire region.

Sincerely,



Michel Pomerleau
Chief Financial Officer

PREMERCENCY

Paramedic Training Anywhere, Anytime

April 14, 2014

To all interested parties of Community Paramedicine.

We at Premergency Inc. have extensive experience in designing online and experiential education and training specifically for Paramedics.

We have also created Community Paramedicine training programs over the past year including the Paramedic Referral Training Program sponsored by the MOHLTC / OAPC. This online web enabled environment is designed for paramedics to access anywhere at anytime.

We have a proven track record in assisting Paramedic Services in developing their education/operational systems utilizing our web-enabled tools. Our client's include paramedic services across Ontario, Manitoba, Saskatchewan and Alberta.

We would be happy to partner with your organization to provide any training that you require. If you are preparing a Community Paramedicine proposal for the MOHLTC please let us know if we can help you fulfill your training requirements in any way.

Let me know if you would like us to provide a demo of our services. We look forward to working with you.



March 25, 2014

Mr. Paul Guertin, Deputy Chief
Algoma EMS
1180 Richards Street - Box 188
Richards Landing, ON
P0R 1J0

Dear Mr. Guertin,

Re: Community Paramedicine Initiative - Call for Interest

Thank you for the opportunity to support your proposal for a regional community paramedic initiative. We certainly agree that discharged patients from Sault Area Hospital would benefit from follow up by EMS staff. Elderly patients who are isolated and have limited family support would benefit from checks by EMS since many have chronic illness which, if not monitored, can progress to serious decline and resulting admissions to hospital. Anxiety in this population is high and causes frequent visits to the Emergency department and we expect these visits could be decreased by having EMS visits. We are interested in exploring with you how we can make this happen.

I wish you luck with the approval of your proposal and look forward to collaborating to improve the lives of people in Algoma district.

Sincerely,

Ron Gagnon, President and CEO
Sault Area Hospital

copy – M. Paluzzi

April 4, 2014

Mr. Jean Carriere
Director & Chief
Cochrane District EMS
500 Algonquin Blvd. East
Timmins, ON
P4N 1B7

Dear Mr. Carriere:

Sensenbrenner Hospital is a small community hospital serving approximately 13,000 residents who reside in the communities of Fauquier/Strickland, Moonbeam, Kapuskasing, Val-Rita/Harty and Opatatika. In addition to providing an array of primary care services, as you are aware Sensenbrenner Hospital is also a land ambulance operator under contract with the local Social Services Administration Board.

Please accept our support for a proposal by the Cochrane District EMS to access funding to develop a Community Paramedicine Program. While we appreciate a needs assessment will be conducted as part of the program development, we are confident that many initiatives at the local level will positively contribute to a goal of reduced readmission following discharge, as well as reduced emergency department visits. Post discharge visits as an example, would allow monitoring of vital signs, medication reconciliations, and with training, assessments of environment and client mobility as well.

Thank you for your initiative in developing such a proposal under relatively tight timeframe and best wishes for success on behalf of all the residents we serve.

Sincerely,



Al Yarush,
Chief Executive Officer

AY/ctc

R:\Admin Ass't\C E O\Letters\J Carriere (Support Proposal EMS Paramedicine Program) - Apr. 4'14.docx



April 3, 2014

Mr. Jean Carriere
Director and Chief of EMS Services
500 Algonquin Blvd East
TIMMINS, ON P4N 1B7

Dear Mr. Carriere:

Subject: Housing Services Endorsement to Community Paramedicine Program

The Smooth Rock Falls Hospital would like to extend its full support of a community paramedicine program. It is very well documented that northern Ontario communities have shortages in home care services and community supports. Many residents are isolated and often go days and weeks without seeing or talking to anyone. It is clear that a community paramedicine program would be an enhancement to the health care system which would help address the unmet needs in our community.

Community based patient care such as planned home visits, patient education, injury/disease prevention, mental health supports and community referrals will improve access to the right services, improve health outcomes. Community paramedics will have an opportunity to assess the patient's living environment which would result in some major prevention initiatives as well as improved patient care. A community paramedicine program will help fill some of the gaps in health care services in our communities and provide personalized service to our vulnerable and at-risk residents.

We welcome the opportunity to work collaboratively with you on a community paramedicine plan that would meet the needs of the population of Smooth Rock Falls and all other communities of your catchment area .

Regards,

Fabien L. Hebert
CEO
Hopital Smooth Rock Falls Hospital

St. Joseph's General Hospital Elliot Lake
L'hôpital général St-Joseph d'Elliot Lake
70 Spine Road – 70, rue Spine
Elliot Lake, ON, P5A 1X2

OFFICE OF THE CEO
Phone (705) 848-7182 Ext. 2420 -- Fax (705) 848-6239
E-mail –mhukezalie@sjgh.ca

March 24, 2014

Paul Guertin
Deputy Chief
Algoma EMS
1180 Richards Street
P.O. Box 1188, Richards Landing
ON, P0R 1J0

Re: Community Paramedic Program


Dear Mr. Guertin:

In response to your letter asking for support for the North East Community Paramedic Program application I wish to respond that the contemplated service is so ill defined at the moment that I can only make suggestions on what services the EMS operators might provide to reduce hospital services.

I believe that individuals in North Eastern Ontario would benefit from home visits by Paramedics wherein Paramedics would assess the individuals including collecting information on vital signs; cognitive capacity, walking assessments and other tests that can be performed within the person's home with point of care testing equipment. The Paramedics could also complete medication reconciliations to ensure that the individual is taking their medications as prescribed. There is also an opportunity to collect laboratory specimens and deliver them to the laboratories.

These services would be especially beneficial during winter months so elderly and/or frail individuals can avoid making unnecessary trips to clinics when surface conditions are slippery and the risk of falls is high.

Yours truly,


Mike Hukezalie
CEO

Copy Pierre Ozolins, AED Patient Care and CNO



ST. JOSEPH'S GENERAL HOSPITAL ELLIOT LAKE

L'hôpital général St-Joseph d'Elliot Lake

70 Spine Road • 70, rue Spine
Elliot Lake, Ontario P5A 1X2

March 24, 2014

Mr. Paul Guertin, AEMCA
Deputy Chief, Algoma EMS
1180 Richards Street, Box 188
Richards Landing, ON P0R 1J0

Dear Mr. Guertin,

RE: Community Paramedicine Program Application

I am writing this letter of support for the collaborative initiative Regional Community Paramedicine Program, by Algoma EMS and both the Cochrane District and Manitoulin-Sudbury EMS.

The St. Joseph's General Hospital Elliot Lake is experiencing a drastic change in service provision from various community partners, most notably the NorthEast CCAC, that directly impacts on visits to the Hospital Emergency Department, subsequent admits to Hospital and significant challenges with respect discharge planning back to the community.

These changes have been progressive and sustaining, such that there has been reductions in health and medication monitoring, decreases in personal care assistance and an absence of assistance with Independent Activities of Daily Living (i.e. housekeeping, meal preparation). While local programs are funded to provide such services – for example Huron Lodge Assisted Living for High Risk Seniors (campus and outreach), Meals on Wheels, Adult Day programs – waiting lists for these services are such that community members are not getting the help they need which is leading to increased visits to the ER department admission to Hospital.

Physician recruitment and retention remains a challenge in this area with individuals seeking primary non-emergent care in the Emergency Department. The Globe and Mail article of February 17 2014 highlighted the benefits and opportunities of the Community Paramedicine Program (CP) in urban and rural communities across the country. The CP Program shifts the role and skill set of paramedics from “respond and transport” to prevention, treatment, maintenance and advocacy for consumers.

.../2

Elective home/wellness visits and in-home interventions and health monitoring can be key components of a successful community management plan for many consumers. Such a program may mitigate the anxiety and worry experienced by many patients who cannot access their physician (if they have one) and those who choose not to attend to their local clinics or hospital to address acute or chronic conditions.

I appreciate your efforts and commitment to this initiative and wish you every success in your bid to secure funding.

Respectfully;

Sandra Pilon-Nicholls, BSW, RSW
Manager, Social Work Department
Chair, Elliot Lake Seniors at Risk Committee



Sudbury East Community Health Centre

April 8th, 2014

Mr. David Wolff, AEMCA (PCP),
EMS Commander
Manitoulin-Sudbury DSB-EMS
210 Mead Blvd.
Espanola, ON P5E 1R9
O(705) 862-7850 x609

RE: Letter of Support for the Community Paramedicine Initiative

Dear Mr. Wolff,

On behalf of the Sudbury East Community Health Centre, please accept this letter of support for the funding application to the Community Paramedicine Program Initiative.

As the Executive Director of the Sudbury East Community Health Centre, I witness on a daily basis the growing needs of an aging population. Our specific underserved Sudbury East area welcomes this initiative which will start bridging some of the gaps in health care services to our residents.

I can think of numerous ways your organization and ours could work together to provide improved health services to the residents of this area, such as coordinated timely home visits, assistance for COPD clients, and housing assessments (accessibility needs, security, etc.). Such a program would have a very positive impact on residents of this area, and it would go a long way in reducing unnecessary 9-1-1 calls or emergency department visits.

In a world where we are more and more sedentary, it is crucial for our aging and frail population to continue to benefit from services geared to their needs in a timely fashion. Rest assured that the SECHC would welcome the opportunity to develop this program with you in an effort to improve the services to the residents of Sudbury East.

Sincerely,

Michel Mayer CPM CRF PMP
Executive Director
Sudbury East Community Health Centre



THE CORPORATION OF THE TOWN OF SMOOTH ROCK FALLS

P.O. BOX 249
142 FIRST AVENUE
SMOOTH ROCK FALLS, ON P0L 2B0
(705) 338-2717

April 7, 2014

Mr. Jean Carriere
Director and Chief of EMS Services
500 Algonquin Blvd East
Timmins, ON P4N 1B7

Dear Mr. Carriere:

As the municipal leader of the Town of Smooth Rock Falls, I can attest that the the health and strength of our community is a priority and the Community Paramedicine Program would be a prodigious step for the enhancement of our health care system.

Our Corporation would like to extend full support on the Community Paramedicine Program. Smooth Rock Falls would benefit from this program vastly as our community keeps growing more into an "Age-Friendly Community", and sees a higher demand in health care services. Our community needs exactly what this program has to offer.

There is nothing more assuring than knowing the program offers three essential services: Firstly, "In-house safety check" a paramedic ensuring the safety of a senior and is not in a threat. Secondly, "Health Check" a paramedic to examine vitals in intent to prevent tragic events that could require a senior to leave the comfort of their home, to a nursing home. Thirdly "Friendly Visit" supporting paramedics to not only examine their health, but to help them stay optimistic and positive about their lives. These are all important necessities that our health care system has been neglecting.

I would like to thank you for considering the implementation of a Community Paramedicine Program in the north. On behalf of the Corporation of the Town of Smooth Rock falls we welcome the opportunity to work collaboratively with you on a Community Paramedicine Program planning process so we can finally meet the health service needs our community and other communities in the north deserve.

Kind Regards,

Mayor, Michel Arsenault
Corporation of the Town of Smooth Rock Falls



THE CORPORATION OF THE TOWNSHIP OF ST. JOSEPH

P.O. Box 187
1669 Arthur Street
Richards Landing, ON P0R 1J0
Telephone: 705-246-2625
Fax: 705-246-3142
www.stjosephtownship.com

March 25, 2014

Paul Guertin, AEMCA
Deputy Chief, Algoma EMS
1180 Richards Street, Box 188
Richards Landing, Ontario
P0R 1J0

Dear Mr. Guertin:

The Township of St. Joseph was excited to receive your e-mail of March 21 advising that ADSAB will be seeking a collaborative agreement with the Cochrane District and Manitoulin-Sudbury EMS Services to apply to the Community Paramedicine Program.

As noted in my original letter of support dated February 6, 2014, St. Joseph Island is home to a very large demographic of seniors living in rural areas. Our residents would benefit greatly from the Community Paramedicine program which would serve our residents in their homes thereby reducing the need to travel to the local hospital or health centre for simple diagnostics such as blood pressure checks, as well as providing education and helpful advice so they can live happier, healthier lives at home. The efficiencies to be gained from this proposal are too numerous to mention.

The opportunity for paramedics to be involved in connecting our residents to local support services is fundamental to the continued health of our rural seniors population and reducing the strain on emergency departments and the health care system. The friendly visit in itself will provide an immeasurable benefit to many people whose alternative would be institutional care.

The Township offers our unequivocal support to this program. Please do not hesitate to contact the undersigned if we can be of any assistance.

Yours truly,

Carol O. Trainor, A.M.C.T.
Clerk Administrator



The Royal Canadian Legion



ST. JOSEPH ISLAND (ONT. NO. 374) BRANCH
R.R. #2
RICHARDS LANDING, ONTARIO
P0R 1J0

March 25, 2014

Mr. Paul Guertin, Deputy Chief
Algoma EMS
Matthews Memorial Hospital
1180 Richards Street
Richards Landing, ON P0R 1J0

Dear Mr. Guertin

Branch 374, of the Royal Canadian Legion on St. Joseph Island is very pleased to learn that the Province of Ontario is expanding the Community Paramedicine Program that will improve access to community support and home care services. Our Branch hosts a variety of programs for our seniors, veterans and disabled citizens.

Ontario's Action Plan for Health Care will allow paramedics to apply their skills and training beyond their normal role and allow our seniors and veterans to remain in their homes and maintain their independence with the result that they are happier and healthier. Branch 374 of the Royal Canadian Legion, by itself or in cooperation with other community organizations, such as the Dr. H. S. Trefry Memorial Centre, hosts a number of seniors' and veterans' programs. The concept that paramedics become involved in educating seniors and veterans, and connecting them to a variety of home care support agencies and services must be promoted.

Branch 374 of the Royal Canadian Legion fully supports this program and we urge you to do all you can to allow Algoma EMS to become involved in at least a pilot project, if not the Community Paramedicine Program.

Please do not hesitate to ask if our Branch can be of any assistance in your endeavours.

Yours truly,

Hugh Hamilton, President, Branch 374

Susan Strader, Secretary, Branch 374

cc. Matthews Memorial Hospital
NE Local Health Integration Network
Northeast Community Care Access Centre
Minister of Health Deb Matthews
MPP Michael Mantha
MP Carol Hughes
Algoma Public Health
Blind River District Health Centre
Matthews Memorial Hospital Association



Physically Handicapped Adults Rehabilitation Association- Westwinds Heights

Westwinds Shores

March 26th, 2014

Paul Guertin, AEMCA
Algoma EMS
Deputy Chief

To Whom It May Concern:

RE: Community Paramedic Program

Please accept this letter of support for the application to secure the Community Paramedic Program in your area.

This program would be an efficient and effective addition to services to meet the need of the communities along the North Shore. The staff are trained professionals who are under utilized within current system. The addition of this program would enhance the quality of life to the citizens of the communities while meeting the desire to keep people living in their homes longer and diverting visits to the hospitals and early admission to the Long Term Care Homes.

PHARA – Westwinds Shores works very closely with Algoma Manor and the North Channel Nurse Practitioner-Led Clinic. We have currently retrofitted the property at 135 Dawson Street in Thessalon, which is connected via the over head link to Algoma Manor. As well the Nurse Practitioner Clinic and Thessalon Area Hospital are located in our building.

We wish you success with your application and if we can assist in any manner please feel free to give me a call.

Sincerely

Alice Radley
Executive Director

135 Dawson Street, P.O. Box 507 Thessalon, Ontario, P0R 1L0
Phone: (705) 842-2070 Fax: (705) 842-5314

Registered Charitable No.
85126 8144 RR0001