# Community Paramedicine

# Algoma DSAB Cochrane DSSAB Manitoulin-Sudbury DSB

A partnership in

Community Paramedicine

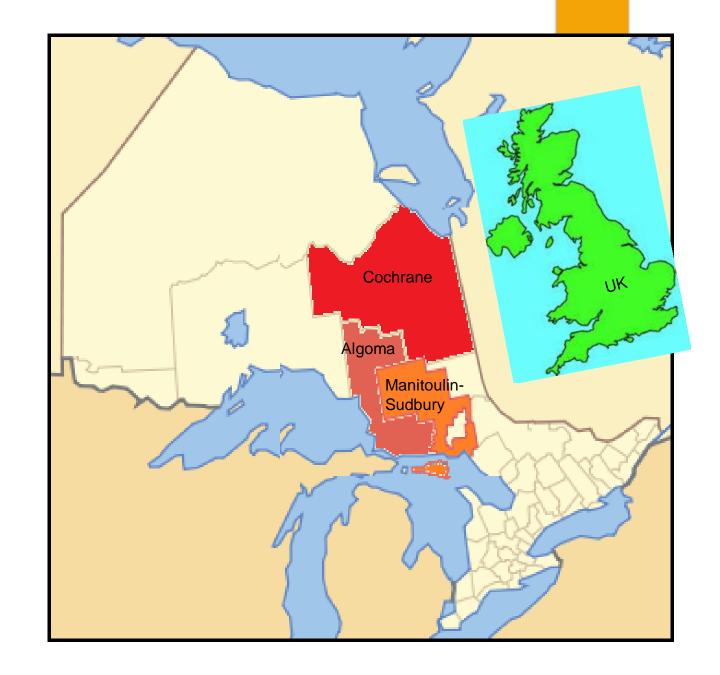


### Coverage Area

- Algoma, Cochrane and Manitoulin-Sudbury Districts combined:
  - Total Population 123,000
  - Total Coverage of 234,000 square km

Approximately the same size of the UK (GB, Scotland and Northern Ireland) who BTW has a Population of 64 million!

 25% of the total geographic area of the Province of Ontario but only 1% of the population



### Issue

### Factors affecting the ability of seniors to remain living in their homes

### Our Demographics

- Northern rural
- Many small and isolated communities

### Create Health Care Gaps

- Difficult to provide timely services
- > Patients ultimately enter and stay longer in the healthcare facilities

# Our Proposal

### Community Paramedicine

To develop and evaluate an effective and valued Community Paramedicine Program which meets the unique needs of the population in rural Northern Ontario

# Mitigating the Issue

### Community Paramedicine

### Mandate **BLSPCS**

"... conserve life, alleviate pain and suffering and promote health".

### Guidance ALSPCS

"... provision of timely and appropriate care to ill and injured patients in the prehospital setting, in accordance with the paramedics' training and authorized skill set

### Joint Initiatives

### **Community Referrals**

System wide

### Wellness Clinics

Wherever seniors gather

### Paramedic Directed Ad Hoc Home Services (Located in pilot communities)

- > Known community members with needs, or
- Those recently discharged from hospital

### Circle of Care Partnerships (Located in pilot communities)

Discharge Follow-up and Health Team/Agency referrals

# All initiatives are provided by on-duty PCP crews

### Additional Initiatives

- Measures and Evaluation (by Dr. S. Ritchie, Laurentian University)
  - Comprehensive literature review
  - Collection, compilation, and analysis of the data necessary to fulfill the MoHLTC program evaluation and reporting requirements for the funding period.
  - Collaboratively develop the plan and tools necessary for ongoing formative evaluation beyond the funding period;
  - Disseminate research and evaluation at academic fora (i.e. at least one conference presentation and submitted academic paper)

### Additional Initiatives

- Education
  - Northern College has been contracted to create 5 online modules
  - Foundational information for PCP's practicing Community Paramedicine
  - Once all modules are finalized, they will be made available to the whole Province (similar to the first provincially available module Community Referrals Toolkit)

# Successes and Challenges

### Community Referrals

- Successes
  - Positive paramedic buy-in
  - Patients in need are being referred
- Challenges
  - CCAC's ability to provide service in remote northern communities
  - First Nations have separately funded health services (not CCAC)

# Successes and Challenges

### Wellness Clinics

- Successes
  - Positive paramedic buy-in in some areas
  - Large community response
- Challenges
  - > Paramedic motivation in some areas

# Successes and Challenges

### Ad Hoc / Circle of Care visits

- Successes
  - Hospitals and Health Teams are engaged and making referrals
  - Positive paramedic feedback (mostly)
- Challenges
  - Currently high volume of Circle of Care referrals in some areas creating high demands on paramedic time
  - Paramedics so far are hesitant in initiating Ad Hoc services
  - Ability to document in a manner where data from three Paramedic Service providers can be analyzed together

### General Issues and Lessons Learned

- Issues
  - Language Barriers
  - > Patients in need do not have a telephone, a requirement of CCAC
  - Patients requiring more help than what CCAC provides
  - Training is difficult due to geography
  - Paramedic buy-in
  - Internal road blocks (Labour/Management ensuring smooth integration)
- Lessons Learned
  - Change is a lengthy process Community Paramedicine is an EMS culture change and will take time for paramedics to become more proactive rather than solely reactive.

### Contacts

Algoma DSAB, Cochrane DSSAB, Manitoulin-Sudbury DSB Joint Community Paramedicine Initiative

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### **Local Contacts**

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