

# Developing a Sustainable Model of Community Paramedicine for Northern Ontario, CANADA: Lessons Learned

**Jordan Nixon, MHK Candidate**

*Centre for Research in Occupational Health and Safety*

**Chad Prevost, M.Sc. Candidate**

*Centre for Rural and Northern Health Research, Laurentian University*

*Laurentian University, Sudbury, Ontario*

**David Black, Primary Care Paramedic**

*Rainy River District EMS*

*Fort Frances, Ontario*

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# Co-Authors

## Manitoulin-Sudbury EMS

David Wolff, EMS Commander

## Cochrane District EMS

Derrick Cremin, EMS Commander

## Superior North EMS

Jim Greenaway, Research Analyst  
Marika Listenmaa, ACP

## Rainy River District EMS

David Black, Former CP  
Coordinator

## Laurentian University

Jill Sherman, MPH  
Research Associate

Stephen Ritchie, Ph.D.  
Assistant Professor

Chad Prevost  
M.Sc. INDH Candidate

Jordan Nixon  
M.H.K. Candidate

# Purpose

- Share the **lessons learned** from a year of implementing pilot CP programs using regular duty primary care paramedics in rural communities across northern Ontario, **with the goal of developing a sustainable model for CP in Northern Ontario.**

# Agenda/Outline

- Background
  - CP in Northern Ontario; Rural & Northern Context; 4 Districts;
- Method: Collaborative Evaluation
- Results: Lessons Learned
  - Challenges; Benefits; Opportunities
- Discussion
- Next Steps

# What is Community Paramedicine?

- New model of community-based health care
- Use of paramedics' skills and training in non-traditional situations to meet non-emergent care needs of patients
- **Goals:**
  - Reduce avoidable use of 911 emergency services, ED services
  - Prevent/reduce hospital readmissions
  - Fill gaps in local health and community services
  - Improve health and wellbeing of seniors, other vulnerable members of community

# Community Paramedicine In Ontario Healthcare Policy

## Living Longer, Living Well

Report Submitted to the Minister of Health and Long-Term Care and the Minister Responsible for Seniors on recommendations to Inform a Seniors Strategy for Ontario.

Dr. Samir K. Sinha, MD, DPhil, FRCPC  
Provincial Lead, Ontario's Seniors Strategy

December 20, 2012



# Vision of Community Paramedicine:

## Patients First Action Plan (2015):

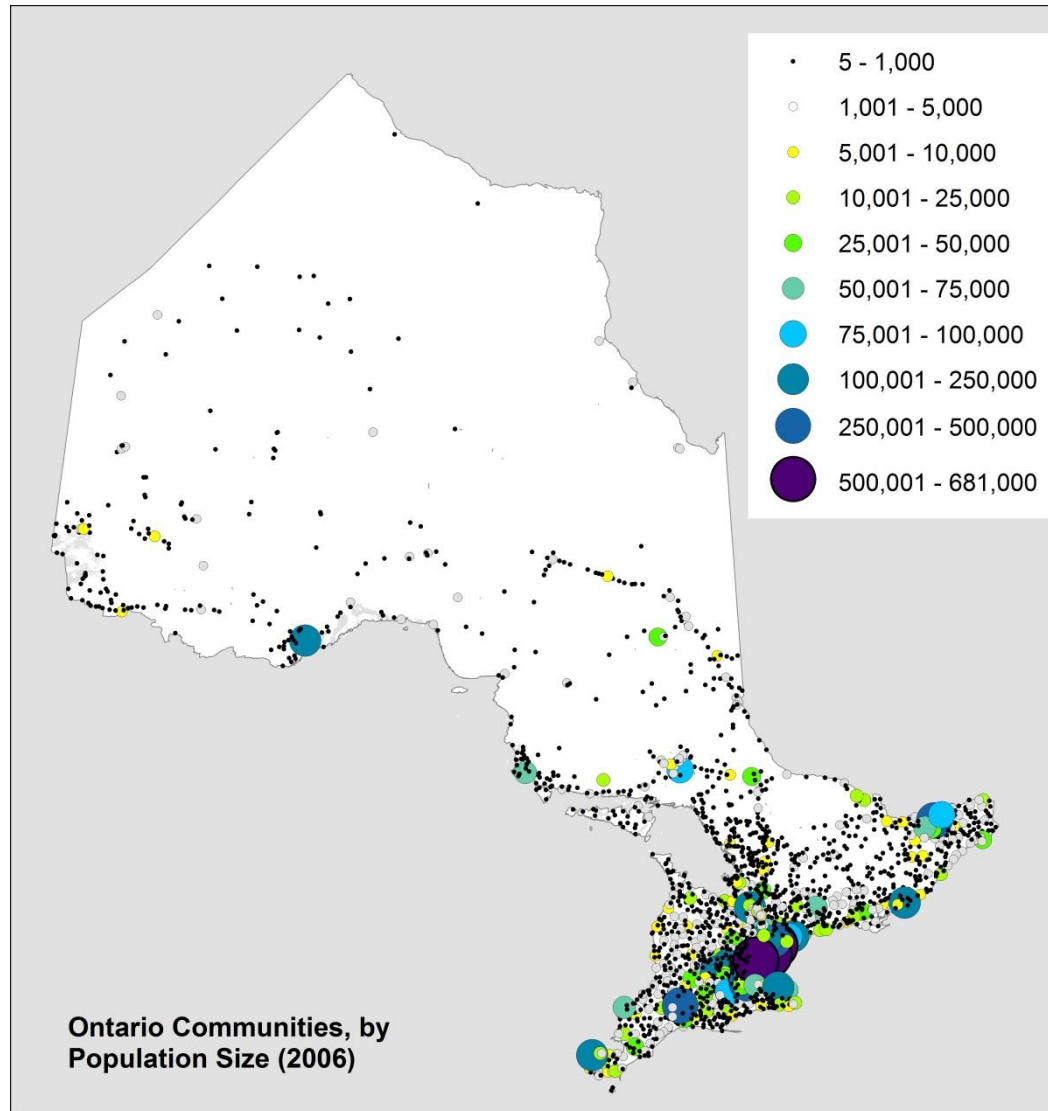
*“... community paramedicine programs, where paramedics visit vulnerable patients in their homes to help with a range of services, such as taking medication, managing chronic diseases or referring them to local health or community services.”*

# Northern Ontario Context

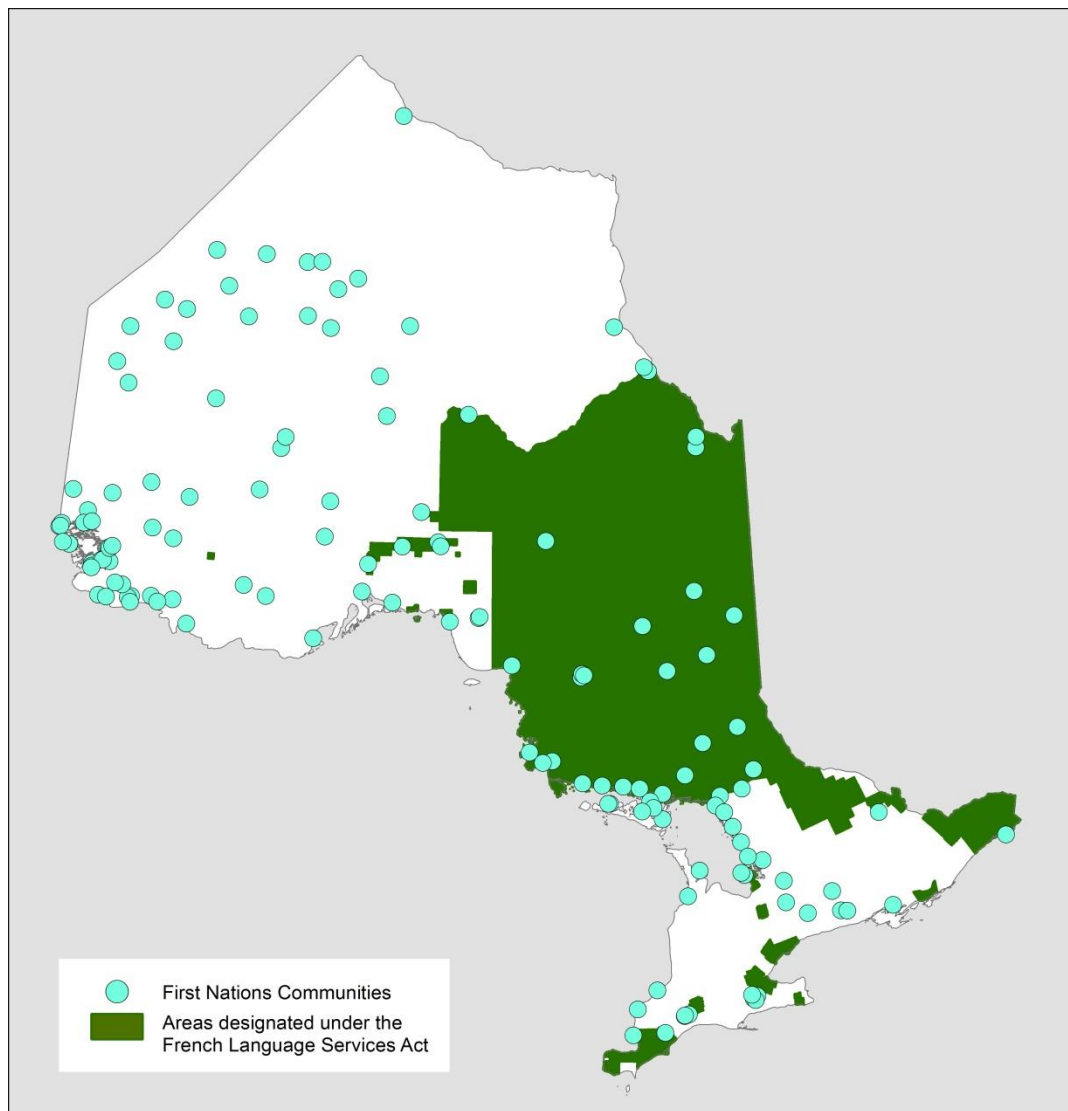
- Population Characteristics
  - Small dispersed communities
  - Diverse (higher proportions of Francophone, First Nations populations)
  - Higher proportion of seniors: % of seniors higher than provincial average, & projected to grow at a higher rate
- Distance, transportation challenges
- Higher rates of chronic disease combined with poorer access to health services



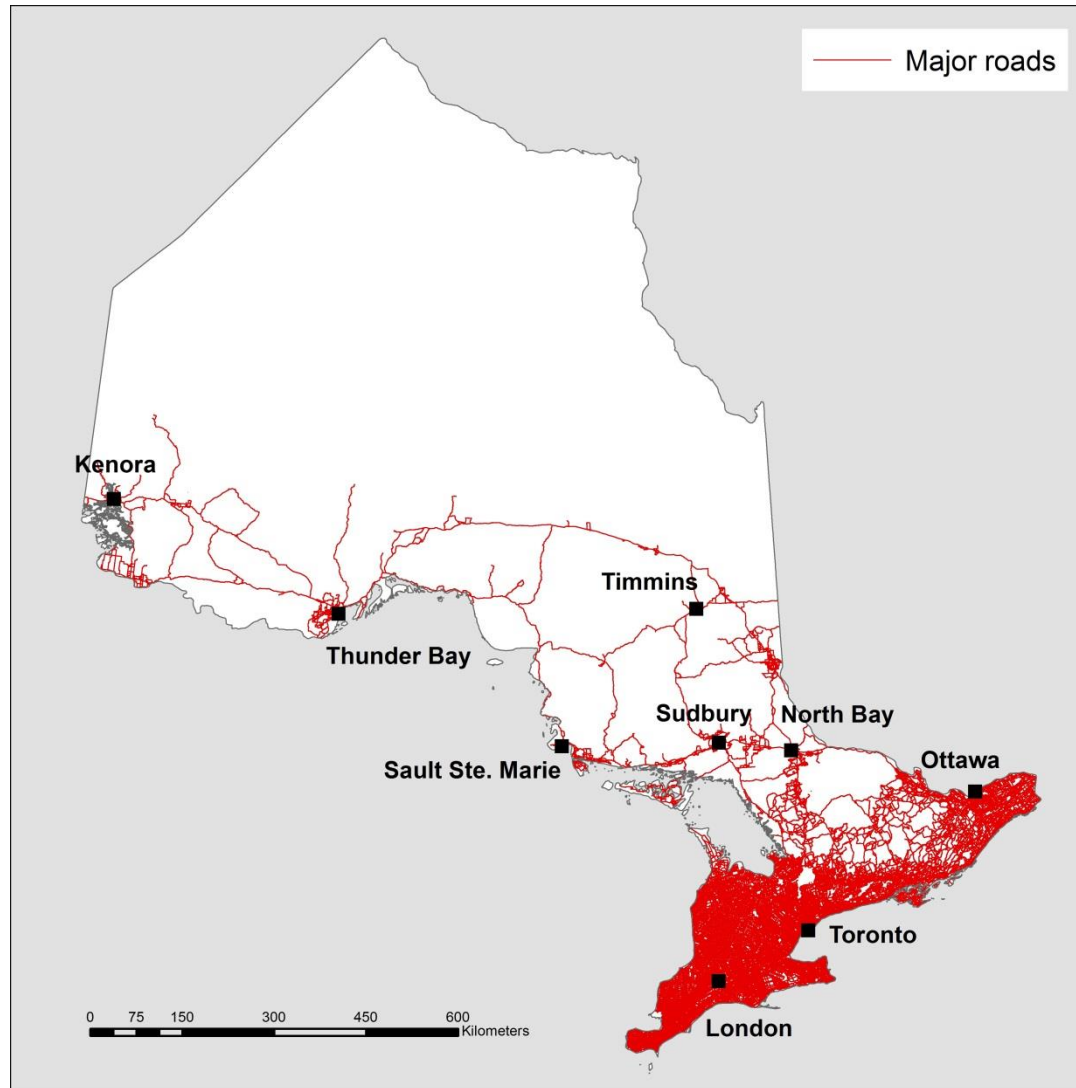
# Ontario Communities, by Population Size



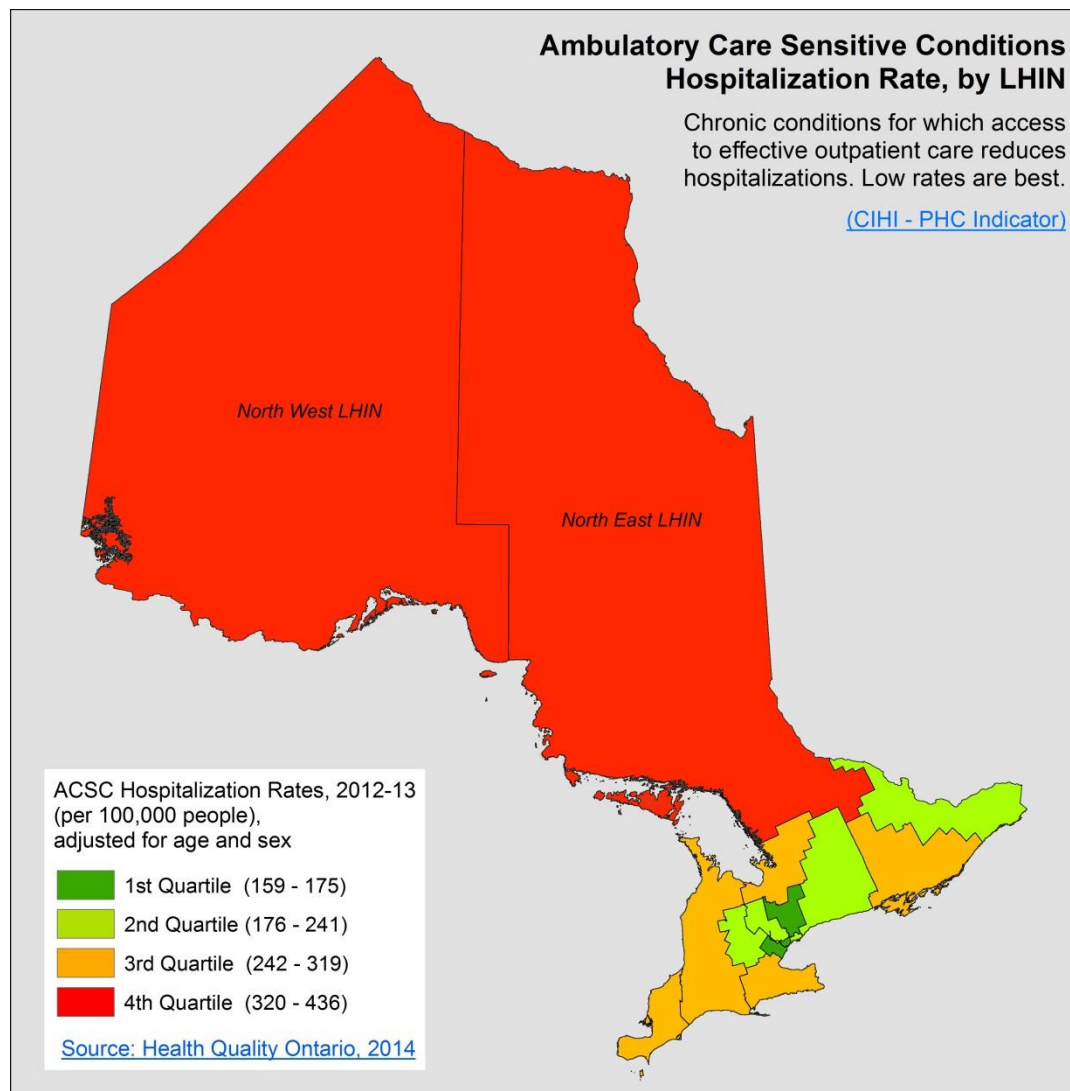
# Diversity of Northern Populations



# Road Network Density



# ACSC Hospitalization Rate, by LHIN



# Community Paramedicine in Northern Ontario

- **EMS Context**

- Rural/Small Town – Services managed by District Service Administration Boards (DSABs) – limited tax base
- EMS Services - staffed by primary care paramedics; **vast rural service area**
- Often have more **discretionary time** than urban paramedics
- **CP funded as pilot projects → sustainability concerns**

## Model of Sustainable Rural CP:

**CP integrated into EMS Services – not an ancillary program**

**CP performed by regular duty paramedics in between 911 calls**

**All paramedics working in pilot communities expected to perform CP duties**

**After start up, requires little to no extra funds to maintain CP operations**

## Manitoulin-Sudbury Sites

- Gogama
- Gore Bay

## Cochrane District Sites

- Cochrane
- Hearst
- Smooth Rock Falls

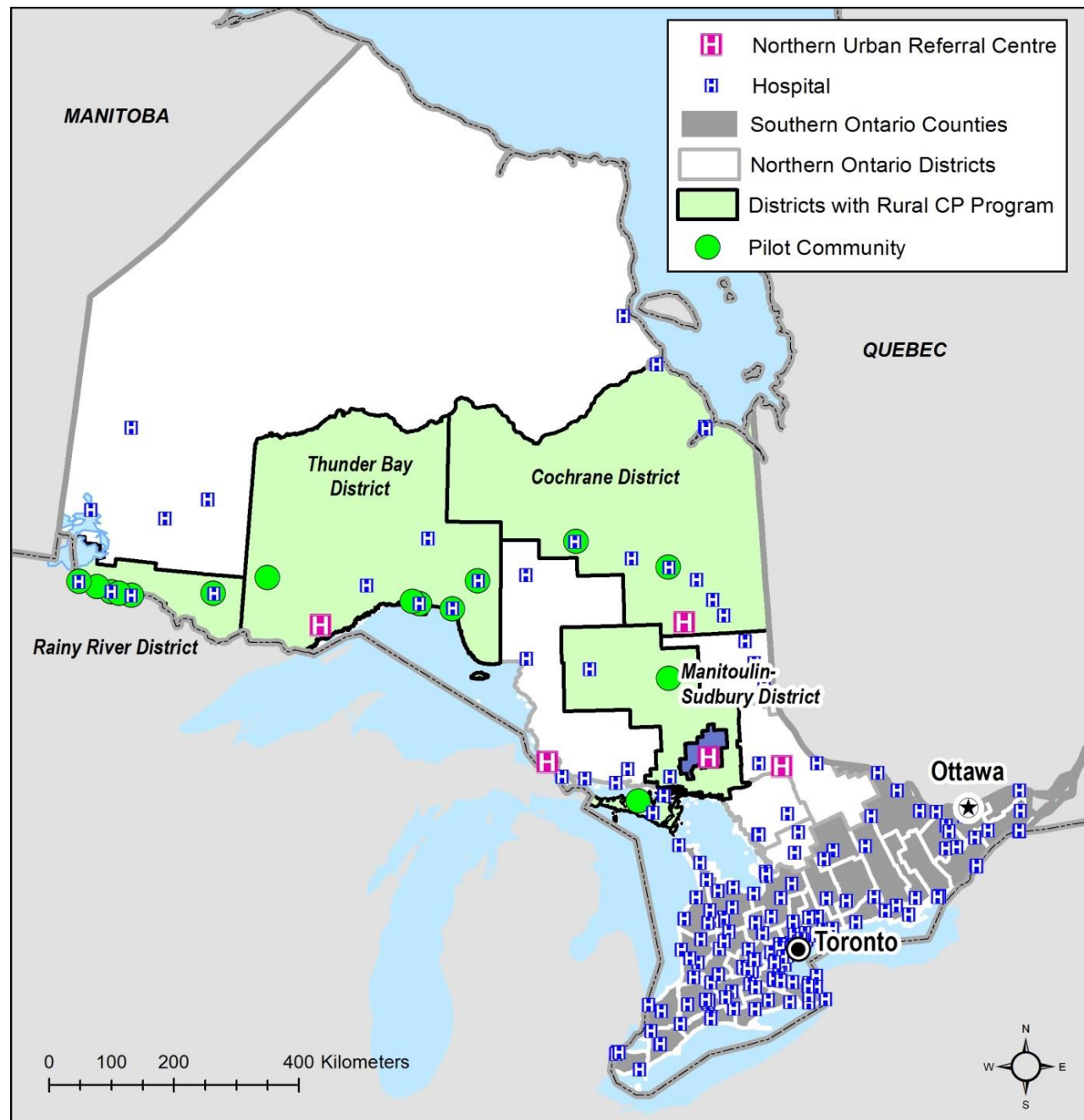
## Rainy River District Sites

- Atikokan
- **Stratton**
- Fort Frances
- Emo
- Rainy River

## Thunder Bay District Sites

- Manitouwadge
- Marathon
- Schreiber
- Terrace Bay
- Upsala

(City of Thunder Bay)



# CP Services

- **Assess and Refer** (province wide – all paramedics)
  - Use of 3-question PERIL tool to identify at-risk Seniors
  - Refer to Community Care Access Centre (CCAC)
- **Home Visits**
  - ***Paramedic-directed “ad-hoc” home visits*** (e.g. frequent users, follow-up of patients)
  - ***Referrals from Circle of Care providers***
    - » Post hospital discharge check-ups
    - » In-home assessments could include vitals; home safety assessment, falls risk assessment, mobility assessment (TUG), MMSE
- **Wellness Clinics**
  - Check ups (vitals), medication reviews, health education & promotion, referrals
  - Patient record booklet

# Method – Collaborative Evaluation

## Northeast Only (Manitoulin-Sudbury, Cochrane)

- Analysis of program statistics
- Site visits / observations

## All Four EMS Providers

- Discussions with partners & paramedics
- Patient/caregiver survey (preliminary results)



## Results: Lessons Learned

- Program Challenges
- Program Opportunities
- Perceived Benefits
- Sustainability Issues

# Program Challenges

1. **Proximity Paradox:** CP only available for patients who live near the EMS base, yet those who live further away may have greater need.
2. **Service Interruption:** Scheduled CP activities may be interrupted by 911 calls.
3. **Culture Change:** Paramedics must shift between “urgent reactivity” and “non-urgent proactivity.”
4. **Fairness/Equity Issues:** All regular duty paramedics have the same responsibilities, but all paramedics are not equally interested in / effective at performing CP activities.
5. **Limited Training:** Paramedics must have the knowledge and skills to be effective at performing CP.
6. **Transient Staffing:** Lower paramedic retention at more rural and remote bases.

# Program Opportunities

1. **Scheduling:** Schedule extra shifts for coverage during key times of CP activities (i.e. wellness clinics or home visits to outlying areas). Requires extra funds
2. **Collaborating:** Collaborate with other providers who can continue services if paramedics are dispatched (e.g. nurses or pharmacists).
3. **Volunteering:** Paramedics may volunteer to conduct home visits, check-ins, or wellness clinics when off-duty.
4. **Resourcing:** Use paramedics on modified “light” duty to perform CP activities.
5. **Partnering:** Partner with First Nation community leaders to explore the possibility of implementing culturally relevant CP services.
6. **Remote Monitoring:** Expanding service with innovative technological support.

# Perceived Benefits

## 1. For Paramedicine

- Optimize Discretionary time with Increased utilization of on-duty paramedics
- Positive social, television, radio, & print media coverage
- Information & best practices exchange informally and at conferences and forums

## 2. For Paramedics

- Feedback from data/statistics & following up on patient outcomes
- Higher utilization of skills in diverse contexts
- Increased professional satisfaction from helping patients & more fun!

## 3. For Patients

- Reassurance, convenience & decreased anxiety
- Proxy support due to younger family members emigrating for economic opportunities
- High satisfaction

## 4. For Health Service

- Linkages, referrals, & optimization of appropriate care
- Hospital discharge follow-up in evening, at night, and on weekends
- Cost savings due to: (1) CP model of using regular duty paramedics & (2) Decreased utilization of ED & hospital admissions

## 5. For Community

- Provides social interaction opportunity
- Improves public Image of paramedicine through high visibility in community (e.g. wellness clinics)

# Sustainability Issues

## 1. Funding Uncertainty

- Unspecified commitment from MOHLTC and other sources (municipalities) to continue CP funding
- Resulted in reorganization of roles, systems, and programs

## 2. CP Champion in a leadership or coordinator role

- Protected time for CP management duties including patient assessment and enrolment
- Review and follow-up of CP activities in communities
- Tracking, monitoring, & scheduling

## 3. Importance of engaging Circle of Care Partners

- Understanding & appreciation of CP & paramedics as CoC partners
- Increasing referrals & continuous system improvement
- Allied agency cross-training

# What's next?

- **URGENT / IMMEDIATE focus needed on sustainability issues**
  - Interim transition planning within each paramedic service
- **Continued collaboration and support with union**
  - Ongoing dialogue and strategic/operational planning related to CP activities
- **Support ongoing research & evaluation activities**
  - Patient / caregiver survey (ongoing)
  - Paramedic survey (later this year)
  - Survey of Circle of Care Providers (later this year)
  - Impact analysis (planned) – with Institute for Clinical Evaluative Sciences (ICES)

# Patient Voices

*“There are chronic people in the community, e.g. MS patients, stroke, etc., patients with severe mobility problems who need routine monitoring and assessment and even a renewal of prescriptions. A paramedic would be a good idea for these people, as they could be monitored and even treated at home and only have to go to the doctor if absolutely necessary.”*

*“I like the fact that these young men and women are so polite and caring. They take time out of their day to take my vitals and just talk about what’s going on in my life.”*

*“Because you can take more time, be heard, and receive a very good explanation without waiting in the emergency department.”*

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# Our Contact Information

- Jordan Nixon

[jb\\_nixon@laurentian.ca](mailto:jb_nixon@laurentian.ca)

- Chad Prevost

[crprevost@laurentian.ca](mailto:crprevost@laurentian.ca)

- David Black

[blackd@rrdems.on.ca](mailto:blackd@rrdems.on.ca)