



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

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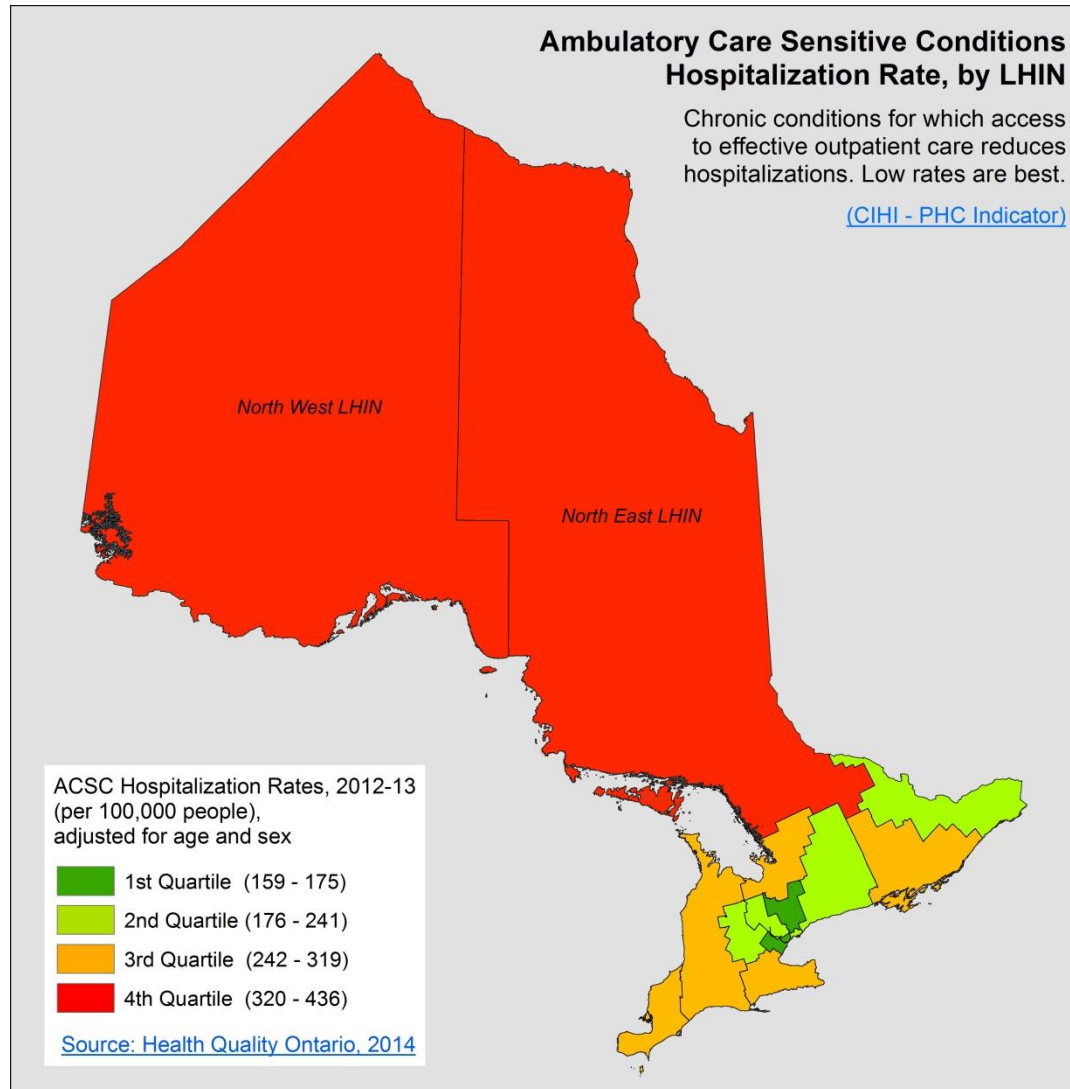
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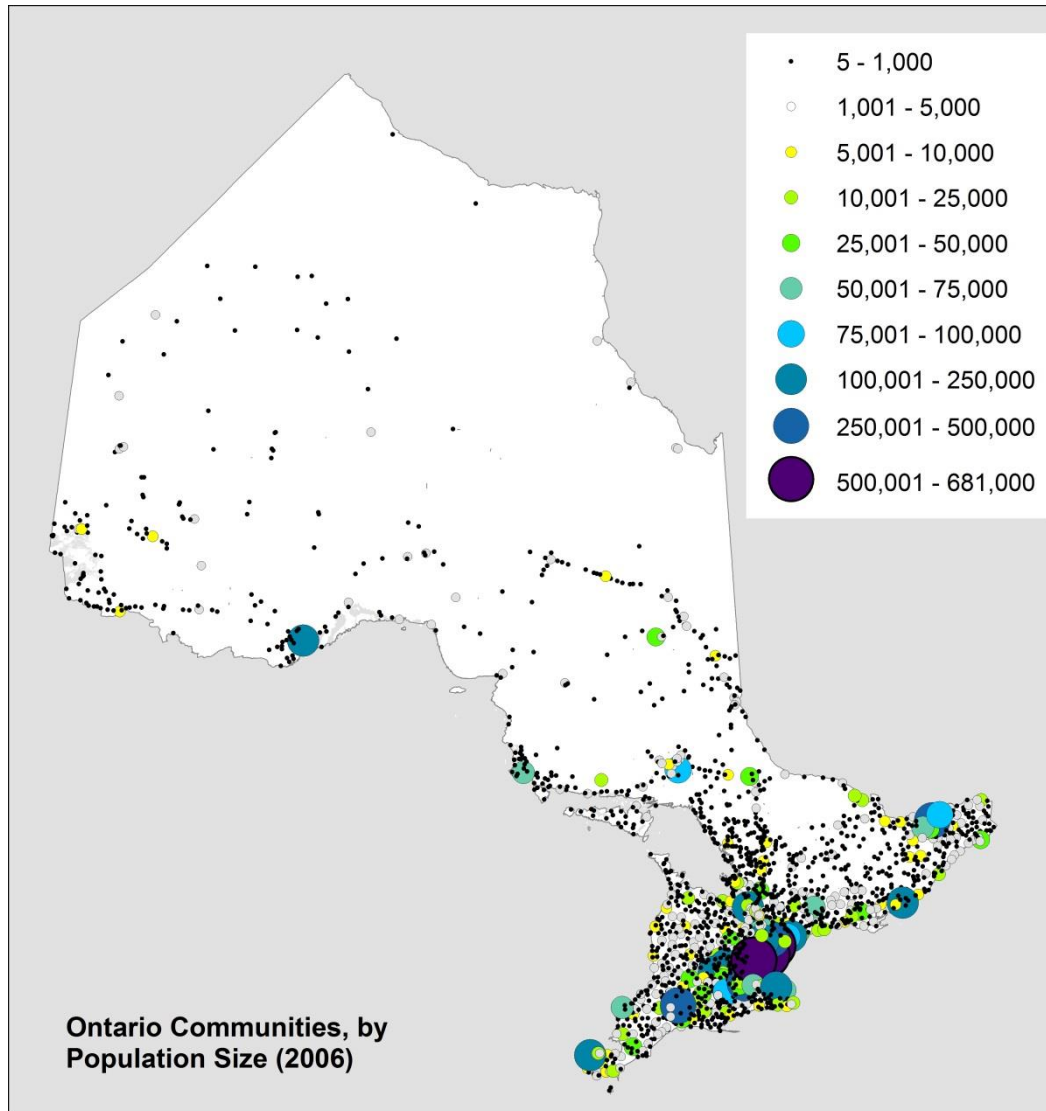
Outline

- Background
- Method: Collaborative Evaluation
- Results: Lessons Learned
- Next Steps

The Problem



Ontario Communities, by Population Size



A Solution

Community Paramedicine

A program provided by paramedics where they use their traditional skills in non-traditional community-based environments.

*"... conserve life, alleviate pain and suffering and **promote health**".* (Basic Life Support Patient Care Standards 2007, 2017)

Northern Rural Model of CP

- Rural/small town – primarily staffed by primary care paramedics
- Often have more “down time” than urban paramedics
- CP funded as demonstration projects → ***sustainability concerns***

➤ ***CP delivered by regular-duty paramedics***

CP Services (evolving)

- **Paramedic Referral**
 - Assess all patients on 3 criteria; refer to CCAC
 - PERIL - Paramedics Assessing Elders at Risk of Independence Loss (new)
- **Wellness Clinics**
 - Tracking vitals; medication review; health education; referral
- **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
 - Specific In-home assessments

Community Paramedicine – Context

Manitoulin-Sudbury Sites

- Gogama
- Gore Bay

Cochrane District Sites

- Cochrane
- Hearst
- Smooth Rock Falls

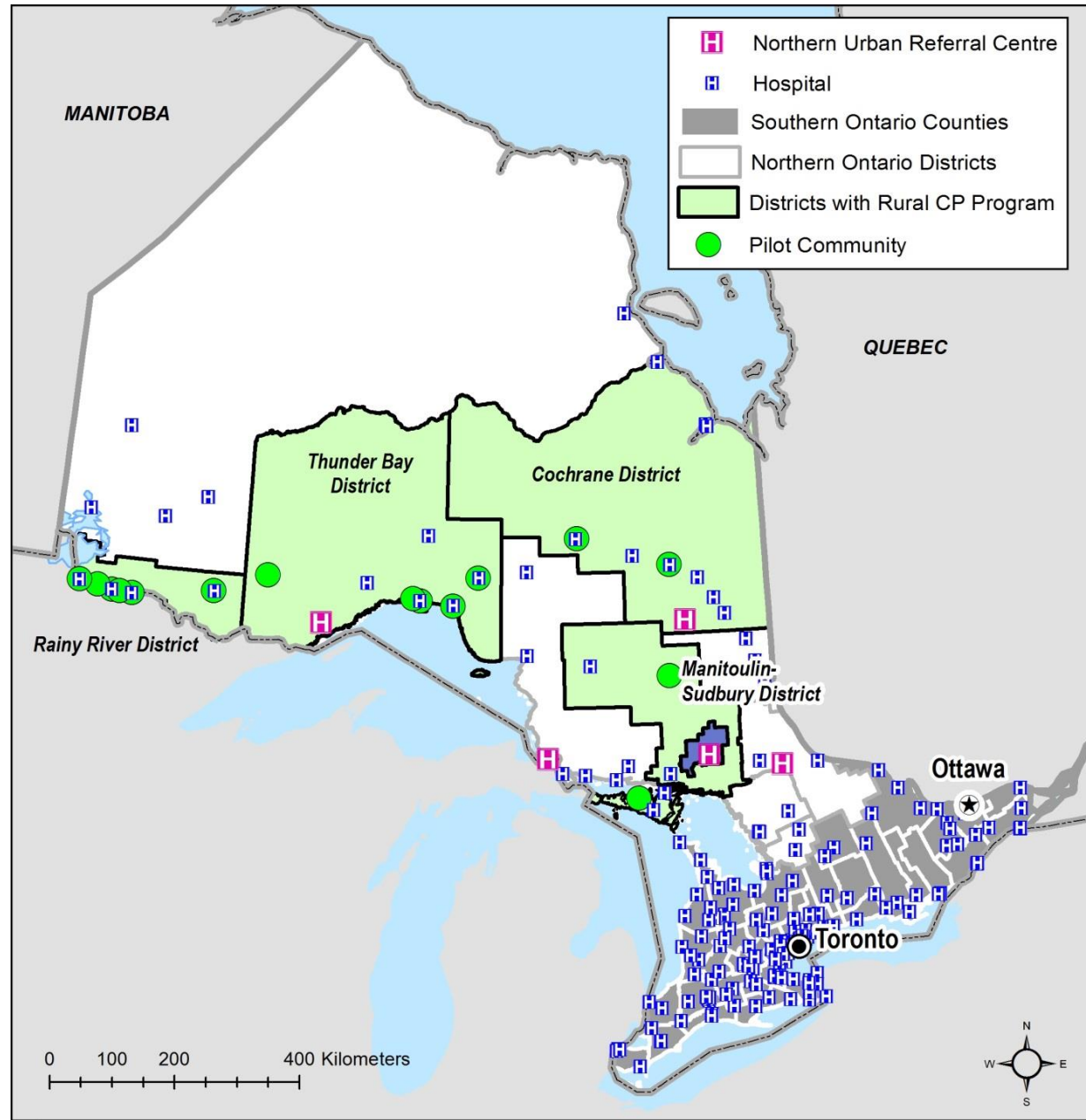
Rainy River District Sites

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

Thunder Bay District Sites

- Manitouwadge
- Marathon
- Schreiber
- Terrace Bay
- Upsala

(City of Thunder Bay)



Method – Collaborative Evaluation

Northeast Only (Manitoulin-Sudbury, Cochrane)

- Analysis of program statistics
- Site visits / observations

All Four Paramedic Services

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

Lessons Learned

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

“Informal CP”

Key learning from site visits / review meetings in very small communities (no local hospital)

- Rural Paramedic - Dual Role
- Regular informal interactions with past patients, family members
- Not reported/documentated in program statistics

Program Challenges (1)

1. **Proximity Paradox**
1. **Service Interruption** - deployment
2. **Informal CP** - documentation
3. **Culture Change** - proactive
4. **Fairness/Equity Issues** - not equally interested

Program Challenges (2)

- 5. Paramedic-Patient Relationship** – long-term relationships
- 6. Transient Staffing** - High turnover = weaker community ties
- 7. Limited Training Opportunities**

Potential Solutions and Opportunities

1. **Scheduling:** Up-staff (cost)
2. **Collaboration:** Allied agencies
3. **Volunteering:** Engagement/culture change
4. **Resourcing:** Use paramedics on modified duty (HR issues)
5. **Specializing:** Dedicated community paramedics (cost)
6. **Remote Monitoring:** Expanding service with innovative technological support
7. **Reviewing:** Accountability, sharing, improvement, and new learning
8. **Partnering:** First Nation communities - culturally relevant CP services.

Perceived Benefits of the Model

1) Patient Benefits

- Reassurance, social interaction, reduced anxiety
- Better healthcare – better access
- Improved patient - provider communication
- Practical – reduces need to travel, wait in ED
- Patient satisfaction

Perceived Benefits of the Model

(2) Community Benefits

- Fills care gaps in underserved communities
- Provides social interaction opportunities for residents
- Increases emergency coverage

(3) Health System Benefits

- More efficient use of existing skilled providers
- Additional health services for no/little additional cost
- Decreased utilization of 911 and ambulance services, ED & hospital admissions, physician services

Perceived Benefits of the Model

4) For Paramedics

- “Closing the loop”
- Higher utilization of skills in diverse contexts
- Increased professional satisfaction from helping patients
- More fun!

5) 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

Sustainability Issues

- 1. Funding**
- 2. CP Champion in leadership/management role**
- 3. Dedicated CP Staff**
- 3. Partnering**
- 4. Core Education**

What's next?

- **Ongoing research & evaluation activities**

- Patient / caregiver survey (data collection completed; analysis ongoing)
- Paramedic Survey (data collection launched)
- Stakeholders Consultation/Survey (under development)
- Impact Analysis – with Institute for Clinical Evaluative Sciences (ICES) - planned

What's next – Current program initiatives

- **Implement Solutions (Manitoulin-Sudbury & Cochrane)**
 - Dedicated extra resources
 - Collaboration on Wellness Clinics with allied agencies
 - Developed remote patient monitoring partnerships
 - Developing Circle of Care relationships
 - Developing relationships with Mental Health

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