

# **Community Paramedicine in a Rural FHT West Carleton Family Health Team (WCFHT)**

**AFHTO Conference  
2015**

**Beverley Atkinson  
2015/10/28**



# Presenter Disclosure

- **Presenters: Beverley Atkinson/Steve Pancino**
- **Relationships with commercial interests:**
  - **Grants/Research Support: None**
  - **Speakers Bureau/Honoraria: None**
  - **Consulting Fees: None**
  - **Other: None**
- **Disclosure of Commercial Support**
  - **None**

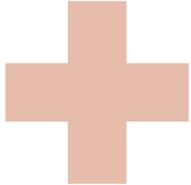
# Community Paramedicine (CP) Program

- In 2014 the Ministry of Health and Long Term Care (MOHLTC) distributed \$6 million dollars to initiate or expand paramedic programs in Ontario
- Thirty projects/programs were chosen
- WCFHT was chosen to integrate a Community Paramedic into the FHT to provide patients, services in their own home.
- The program started in October 2014 and is funded until October 2015 with potential for extension.

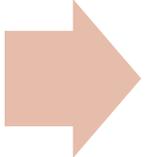
# Patient Population

## Program Purpose

Reduce Stress on Limited Health Services



Improve Quality of Life Patients



Chronic Diseases  
Co-morbidities  
Palliative  
At risk  
Mental Health  
Hospitalized

# Patient Population

- Up until September 30/2015 - 118 patients enrolled in the program.
- The average number of medications per patient 11. 69
- Emergency department visits
  - 30% Falls
  - 36% Palliative
  - 22% Emergencies
  - 11% Preventable

## INTERVENTIONS

Identification of patients with high glucose levels  
Identification of a patient with Lithium Toxicity  
28 Non-Prescriptions Discrepancies  
23 Prescription Discrepancies  
18 Drug Related Concerns

# Harold

Medically complex and non-compliant. He lives alone, is socially isolated, has transportation and home safety issues.

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Harold now receives community services such as Primary Care Outreach, CCAC for wound care, Fire Department (smoke detectors)



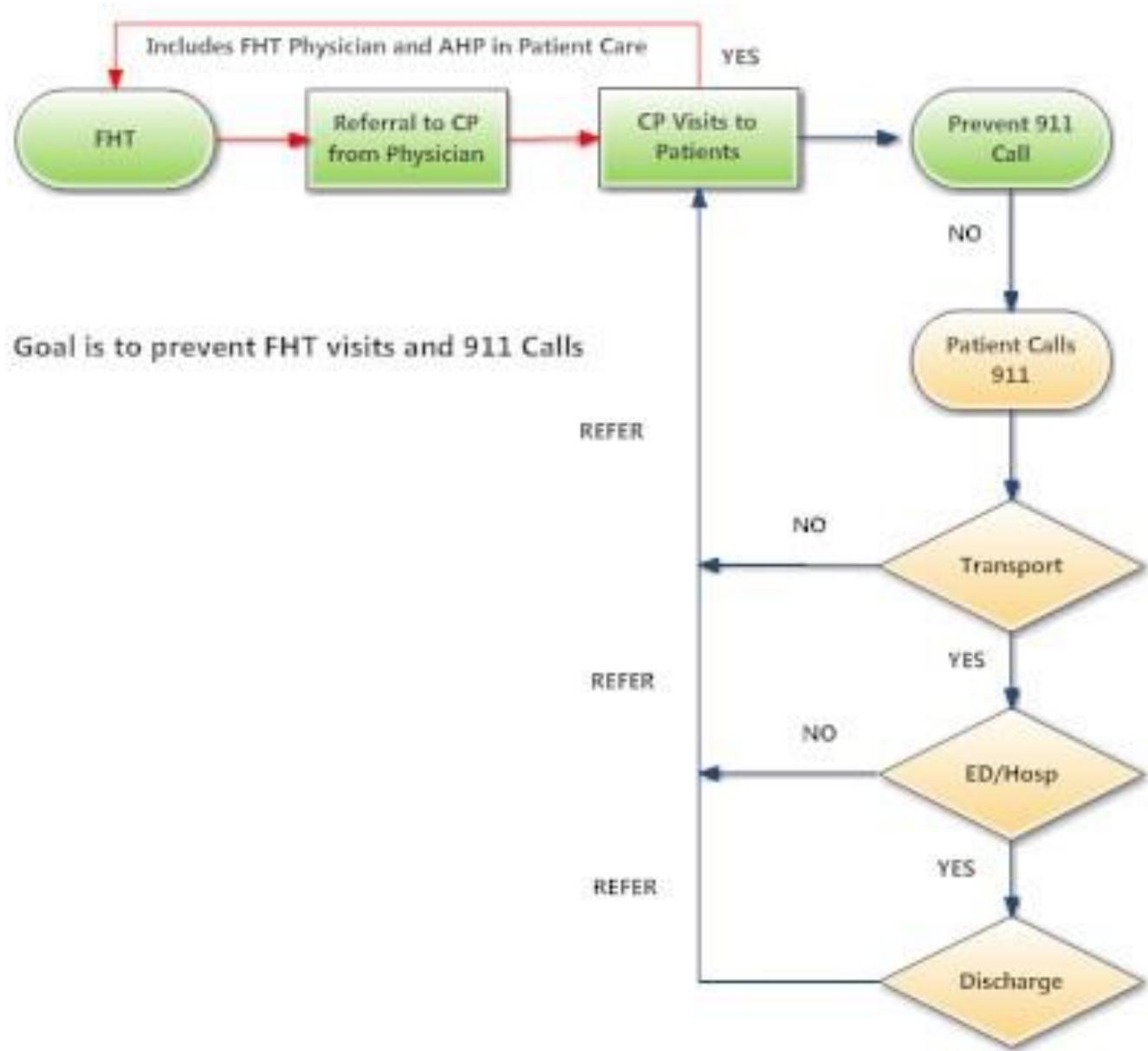
Harold and Tracey

# Patient Entry into CP Program



Tracey and Janine

## FHT Care to Prevent 911 Call



# Why a Community Paramedic

## Training

- Medical, Health and Safety, Environmental Assessments, Defuse Conflict and Addictions

## Infrastructure/Logistical Support

- Car, drugs and medical supplies/equipment, back-fill , relationship with police and community supports GPS dispatch for personnel safety

## Scope of Practice

- Paramedics instill trust; point of care testing, immunizations, keen assessment skills and a thorough identification of medications

# Patient Benefits



# Paramedic Service Benefits

- Enhanced opportunities for Paramedic Service personnel skills ,development and maintenance.
- Increase in Scope of Practice
- Prevention of repeat 911 calls that use up limited resources

Ottawa  
Paramedic  
Services



Renfrew County  
Paramedic  
Services

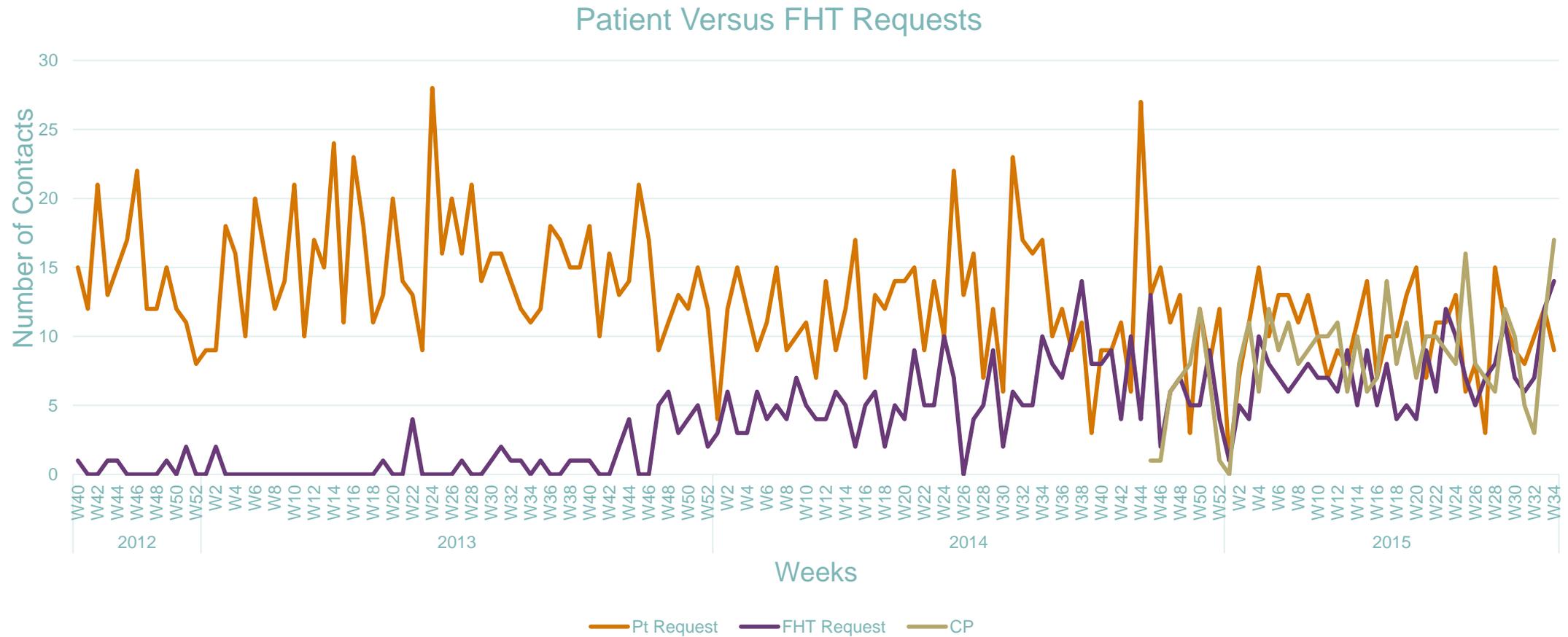
# WCFHT Benefits

- Supports patient outreach
- Eyes and ears for polypharmacy for patients
- Identifies continuous improvement opportunities
- Stronger partnerships with hospitals, CCAC and other community partners



- ***“Right Care, Right Time, Right Patient”***

# Patient Request versus FHT Request



# Benefits of the Health System

- Bridging acute and primary care
- Potential savings in reducing or alleviating ER loads, and decreasing the length of stay in hospitals
- Improve the coordination and continuity of care.
- Increased access to primary care for medically underserved populations

*“My role as a paramedic isn’t always to save a life... sometimes it is to simply make their transition comfortable” ... Australian Paramedic*



*We cannot solve our problems with  
the same thinking we used when we  
created them."*

*Albert Einstein*



# Community Paramedics Improving Patient Outcomes

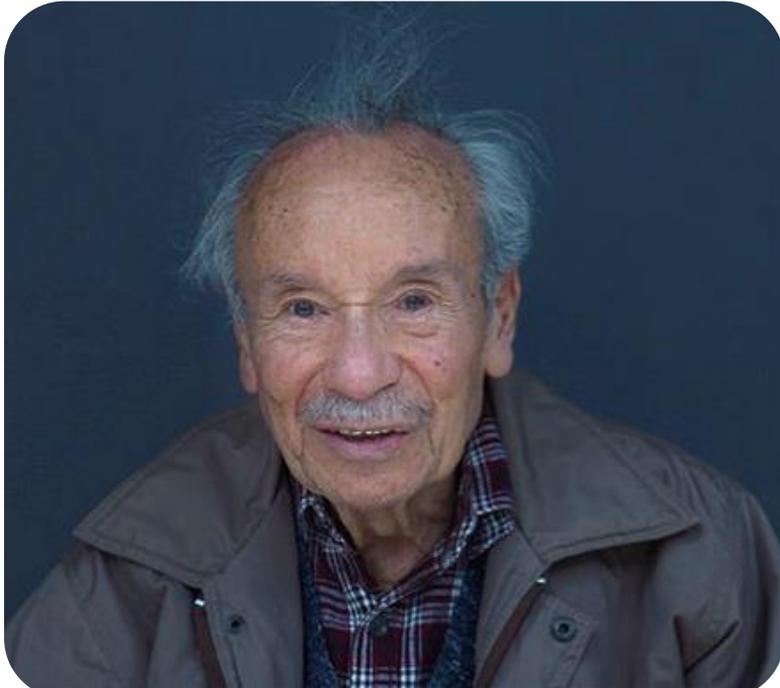
- MOH one time funding
- March 2<sup>nd</sup> program began
- Currently 70 active rostered patients (top 1% of health system users)
- Funding through to October 31<sup>st</sup>
- 13 community stakeholders



University  
of Windsor



# Meet John

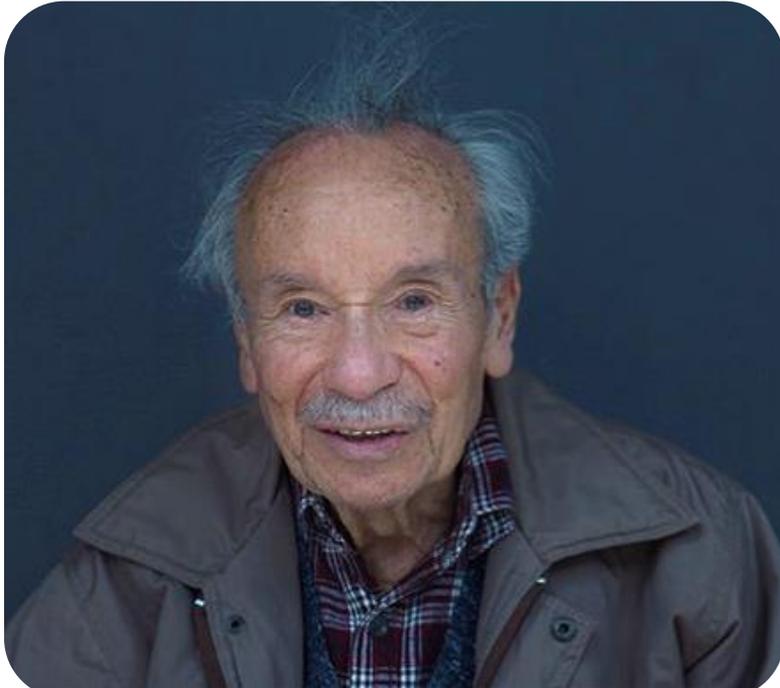


## Synopsis

- 11 ED visits & 5 Admissions – 12 months (4 admissions/6 weeks)
- Orphaned client (no primary care provider)
- 8 Community services  
(Rapid response nurse, Respiratory therapist, Social worker, Speech language therapist, Community nurse, Community nurse practitioner, Occupational therapist, Personal support worker, Age well nurse)



# John today.....



## Synopsis

- No ED Visits / Admissions in 18 weeks
- Primary care provider – Quarterback of care
- 2 Community services:
  - Community Paramedicine Program
  - Community Nursing
- Shopping at Walmart



# Program Background



- Primary Care Paramedics
- 8 week custom program at Fanshawe College
- COPD, CHF, Diabetes, Advance Care Planning, NHS Wellness Index, Geriatrics
- Point of Care Testing
- Direct access to primary care
- Integrated into Chatham-Kent Health Link
- Non-response vehicle



# Referral Pathways

- **Chatham-Kent Health Link**
  - top 5% of health users overseen by care coordinators
- **Cardiac Rehab from Community Health Centre**
  - Waitlisted patients for cardiac rehab program
- **CCAC Rapid Response RN program**
  - Post discharge COPD/CHF

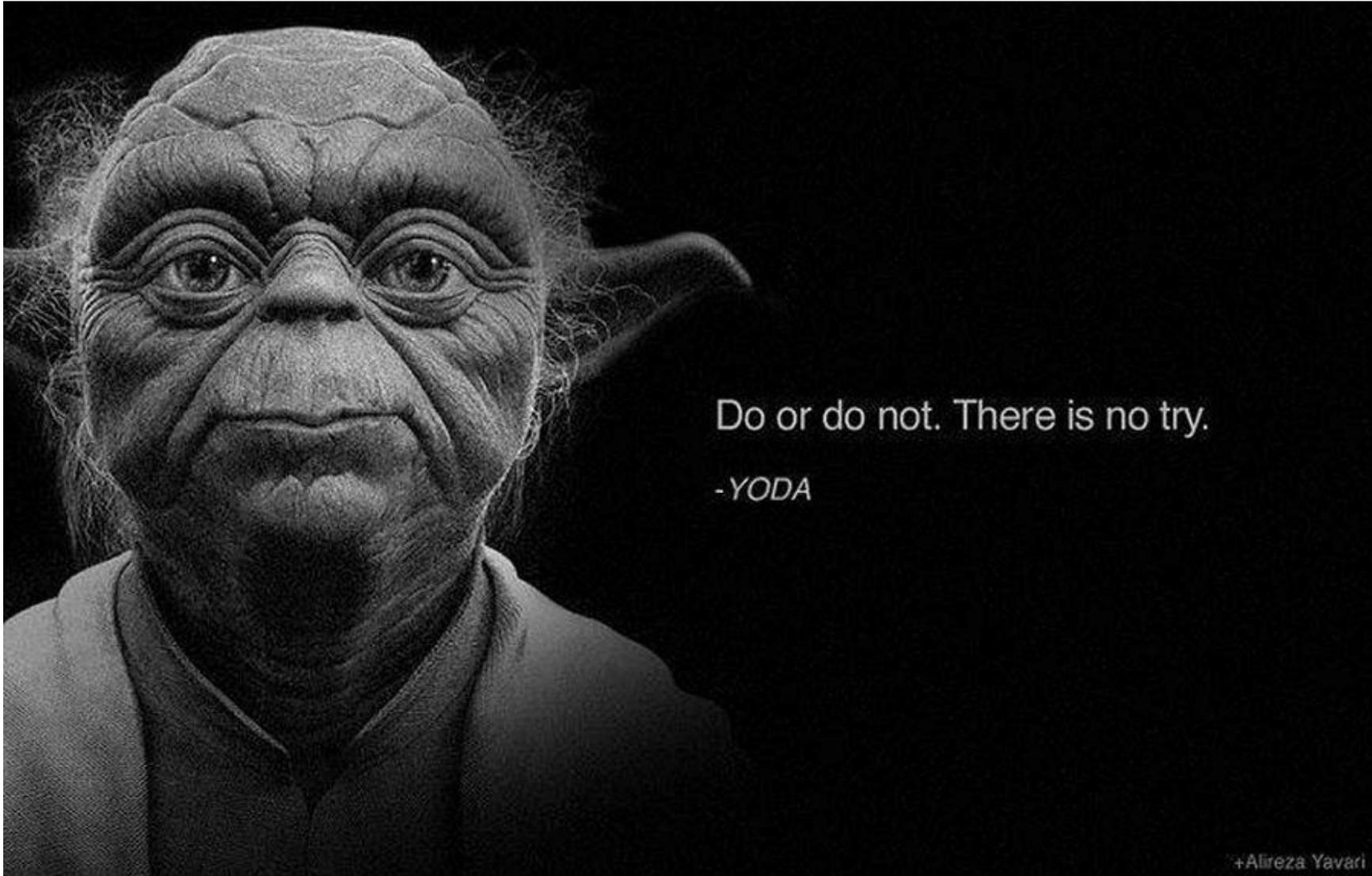


# Preliminary Results – 6 months

- 92% reduction in 9-1-1 calls
- 85 fewer ED admissions
- XXXXX Reduced Hospital Admissions
- Improved Wellness Index by XXXXXX
- Improved Access to Primary Care

# Next Steps

- Program evaluation by Odette School of Business
- Fine tuning of referral pathways
- Sustainability
  - Working with municipality and other stakeholders to change the way in which paramedic services are delivered in the community from a solely reactive system to a proactive system



Do or do not. There is no try.

-YODA