

Future State of Paramedicine

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Overview

- Background
- Past Accomplishments
- Future Work
- Future State



Emergency Services Steering Committee

Leadership to HNHB LHIN in the planning and implementation of initiatives to improve service quality and wait times for ER & EMS

- Hospital Administrators
- ED Physicians
- Regional Paramedic Services
- CritiCall
- LHIN



ESSC Supports Initiatives

- Reduce LOS in ER
- Develop and implement best practice quality indicators in ER
- Prevent unnecessary ER visits
- Build local capacity through KT





Emergency Services Steering Committee Year in Review: 2018

ESSC Co-Chairs: Dr. Cheryl Williams & Donna Johnson
HNHB LHIN Emergency Department Physician Lead: Dr. Bill Krizmanich
ESSC Coordinator/LHIN ED Lead: Melissa McCallum

HNHB
LHIN



ESSC Mandate

To provide leadership to the Hamilton Niagara Haldimand Brant (HNHB) health service providers and the Local Health Integration Network (LHIN) in the planning and implementation of initiatives to improve service quality and wait times for hospital-based emergency services within the HNHB LHIN.

Community Paramedic Strategic Lead

- Strategic Lead position was extended for another year – position is unique to HNHB and created by ESSC
- SW LHIN is now recruiting a strategic lead position to pursue similar outcomes to the HNHB role
- Work continued in advancing activities such as the decision to expand CP to Burlington, digital solutions, remote patient monitoring and home visit/clinic program models
- Invited to present on the HNHB's Remote Patient Monitoring initiatives at both the provincial Emergency Services Advisory Committee and the Ontario Medical Association conference
- HNHB continues to have the highest number of services in a LHIN using remote patient monitoring

Naloxone Kits

- ESSC advocated for all HNHB LHIN Emergency Departments to stock and distribute Naloxone Kits
- Patients now have access to kits at all 13 ED sites

2018 Hot Topics

Community Paramedicine

Influenza Planning

Medical Escorts for Transportation

Digital Health Solutions

Performance Monitoring

Completed ESSC Research Activities in 2018

Enotifications from ClinicalConnect Project

EASE Project

Falls Study

- Sending electronic notifications, leveraging real time data in ClinicalConnect, to advise LHIN staff and primary care of ED and inpatient admissions and discharges
- Allows providers to make more rapid decisions regarding discharge planning and transitions in care
- Live at all 13 HNHB ED sites

- Environmental scan and antidote stocking recommendation completed for each site in the HNHB LHIN – based on Coroner's recommendation
- Each emergency department and urgent care centre was given a list of recommended antidotes based on evidence from the project as well as where they could access rare antidotes in an emergency

- Pilot project aimed at evaluating clinical predictors on intracranial bleeding in elderly patients who present to the ED after a fall
- Study results identified key predictors
- World leading study – currently there are no guidelines to help physicians with this patient group

Current ESSC Quality Initiatives Underway

Spiritual Assessment Study

-trial of an assessment tool designed to understand the patient's resources, practices, concerns and needs
-work will be guide the *scale and spread of the tool across the organization and potentially to other sites

LIVE Study – ESSC funded research was published in the December 2018 issue of the Canadian Geriatrics Journal

In Situ Simulation

-funded by ESSC in December 2018
-project will focus on performing monthly simulation exercises at 3 ED sites
-work will be used to scale and spread similar simulation models across the LHIN

PE Study – ESSC funded research was published in the July 2018 issue of the American Journal of Emergency Medicine

Influenza Surge Planning

- Key area of focus for committee involved community, hospital and EMS influenza surge planning
- ESSC focused and supported a multi-pronged approach to surge activities including:

PREVENTION

- ESSC funded 2 Community Paramedic Programs and 1 Nursing outreach program to deliver a mobile immunization program to vulnerable individuals in the community
- Immunization training and education for EMS delivered via joint collaboration between McMaster University and the Center for Paramedic Education and Research (CPER)

SURVEILLANCE

- Weekly surveillance data shared with ESSC
- influenza surge discussed and strategized at each monthly meeting
- Continued monitoring of Pay for Result metrics
- On-going monthly discussion and frequent touch points in regards to the Emergency Management Communication Tool

MANAGEMENT

- ESSC approved and supported funding for each HNHB ED site to test unique surge strategies for the pressured months of January – March 2019
- The information gathered from these pilots will be used to influence surge planning, staffing models and funding for the 2019-20 influenza season

Medical Escort Working Group

- A subcommittee of ESSC was developed to look at the use of medical escorts when transporting patients between sites
- Committee developed and approved a tool to help guide decision making in considering what type of medical escort should be sent
- ESSC endorsed the "Clinical Considerations for EMS Patient Transfer Requiring Medical Escort Tool" – the first LHIN wide document to help with escort decision making

CP Strategic Lead

- Support HNHB CP Programs
- Work to align CP programs
- Develop program goals with a focus on ED avoidance
- Implement performance monitoring metrics
- Continuous improvement system-level coordination
- Explore ongoing opportunities to encourage collaborations and knowledge transfer.



CP Strategic Lead

- Report to ESSC
- Guided by HNHB CP Advisory Table
- Chairs HNHB CP Operations Table
- Contract renewed for a third year (2019-2020)



Committee Memberships

- Ontario CP SC
- HNHB Emergency Services SC
- HNHB Bundled Care SC
- Regional Geriatric Program Council (Central)
- HNHB Nurse Led Outreach Team SC
- Regional Mobile Crisis Rapid Response Team SC



Accomplishments to Date



Future Work

- Scale and Spread RPM & CP@clinic



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- Improve Performance Measuring



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- Standardize CP Education



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- Expansion of Flu Immunization Program



Future Work

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- Improve Performance Measuring
- Standardize CP Education
- Expansion of Flu Immunization Program
- **eNotification** & Digital Health Solutions



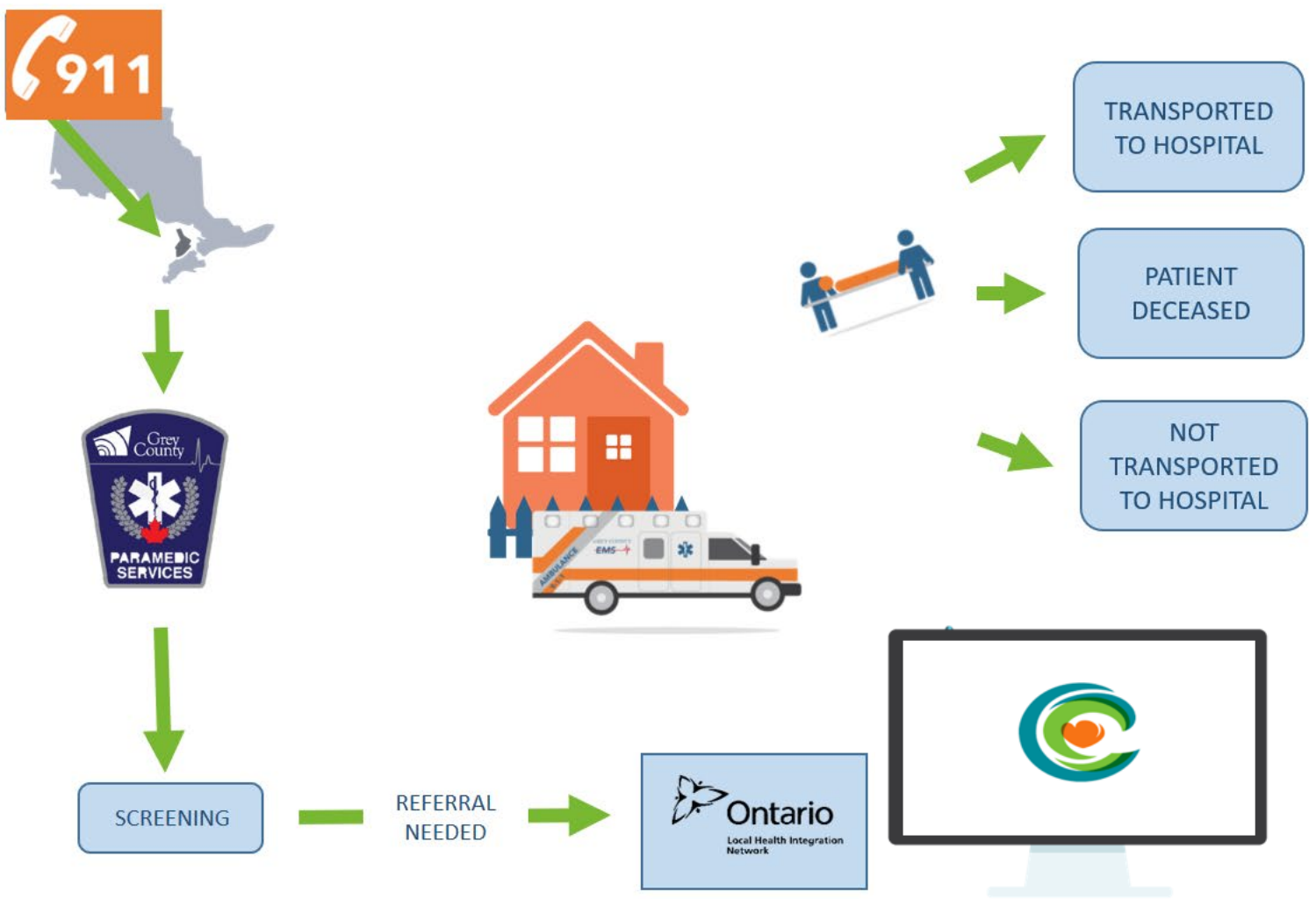
- Moving from the past to the future
- Integration
- Education
- Culture change
- Digital Health Improvements



Paramedicine Past



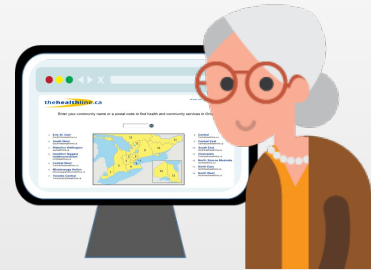
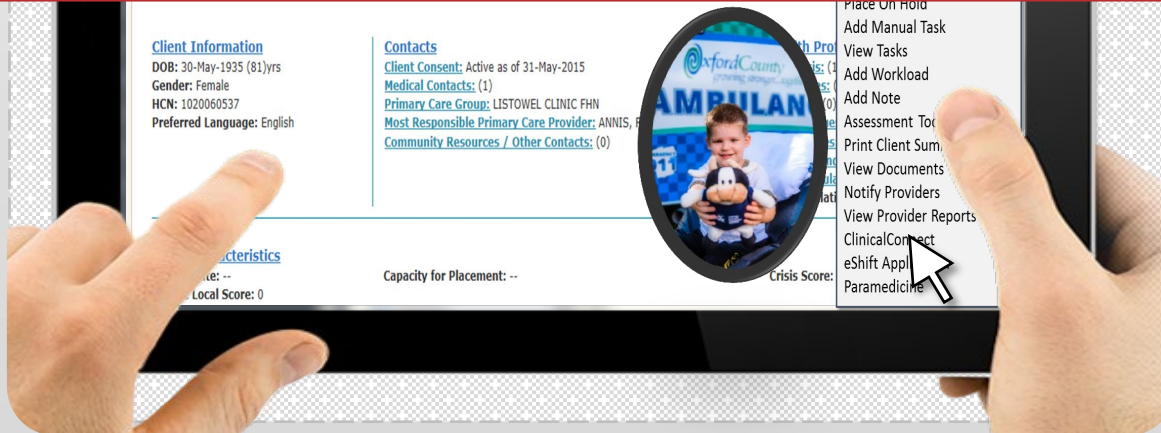
Paramedicine Present



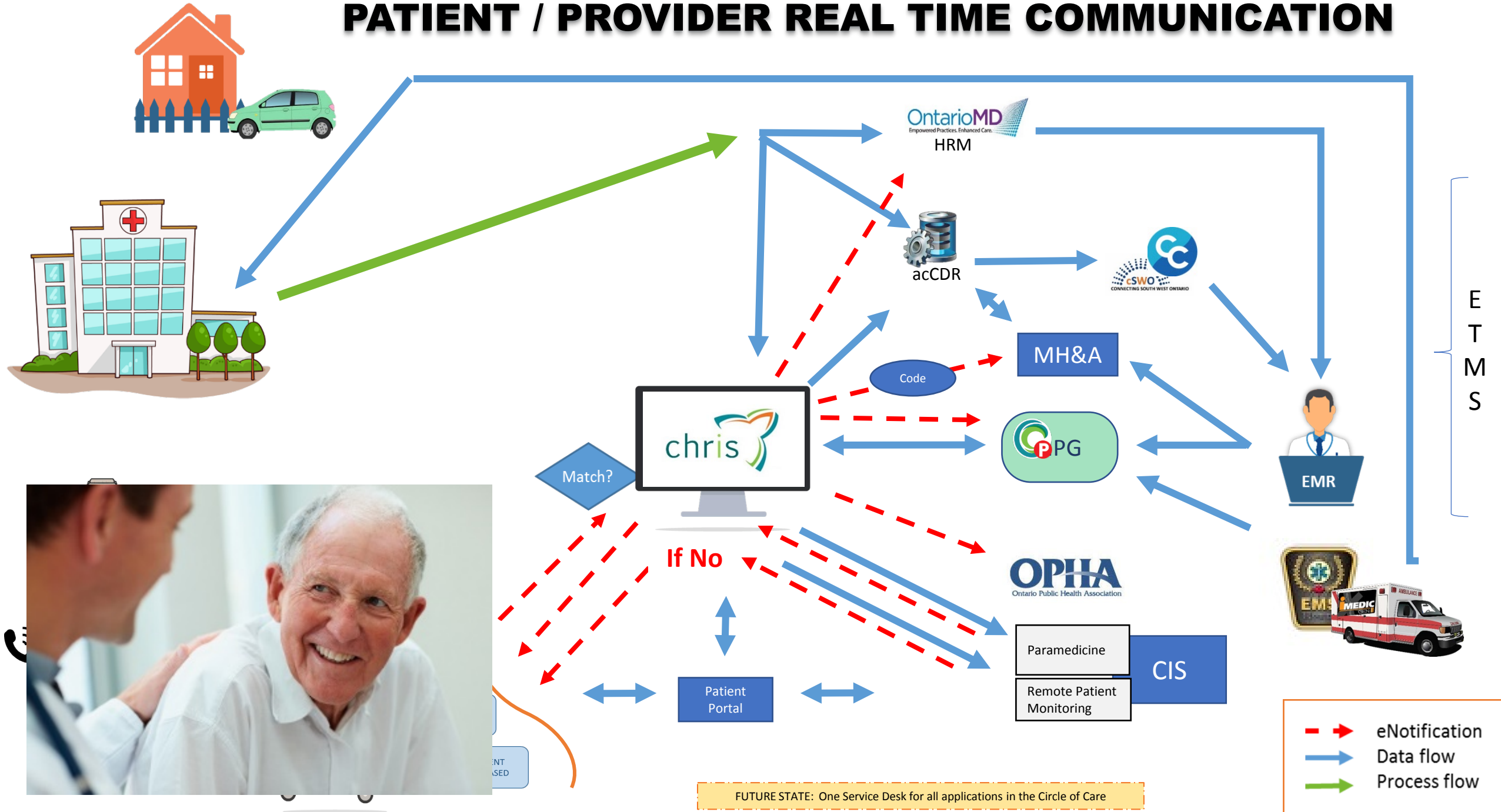
BETTER, SMARTER USE OF TECHNOLOGY



Yes we can

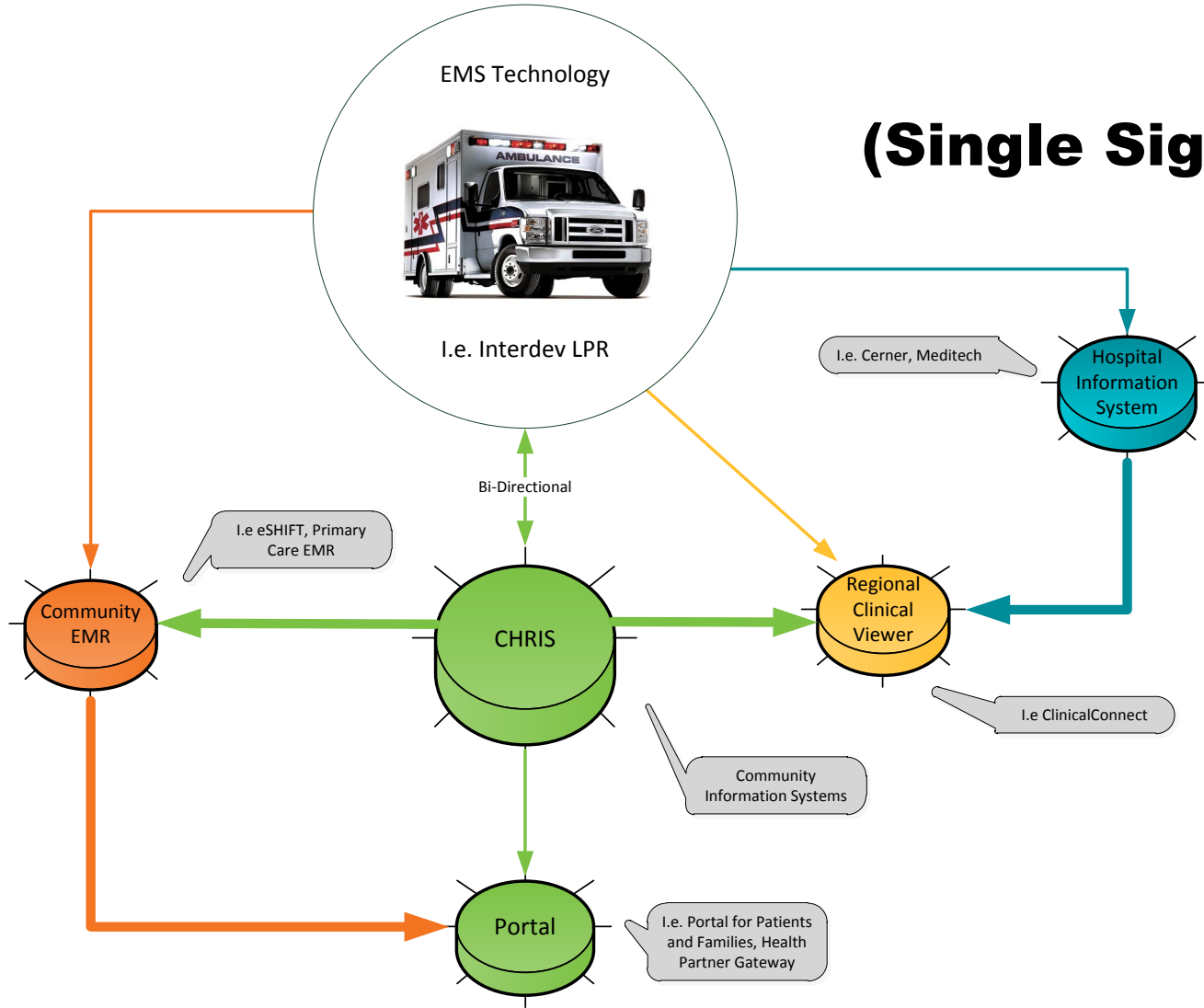


PATIENT / PROVIDER REAL TIME COMMUNICATION

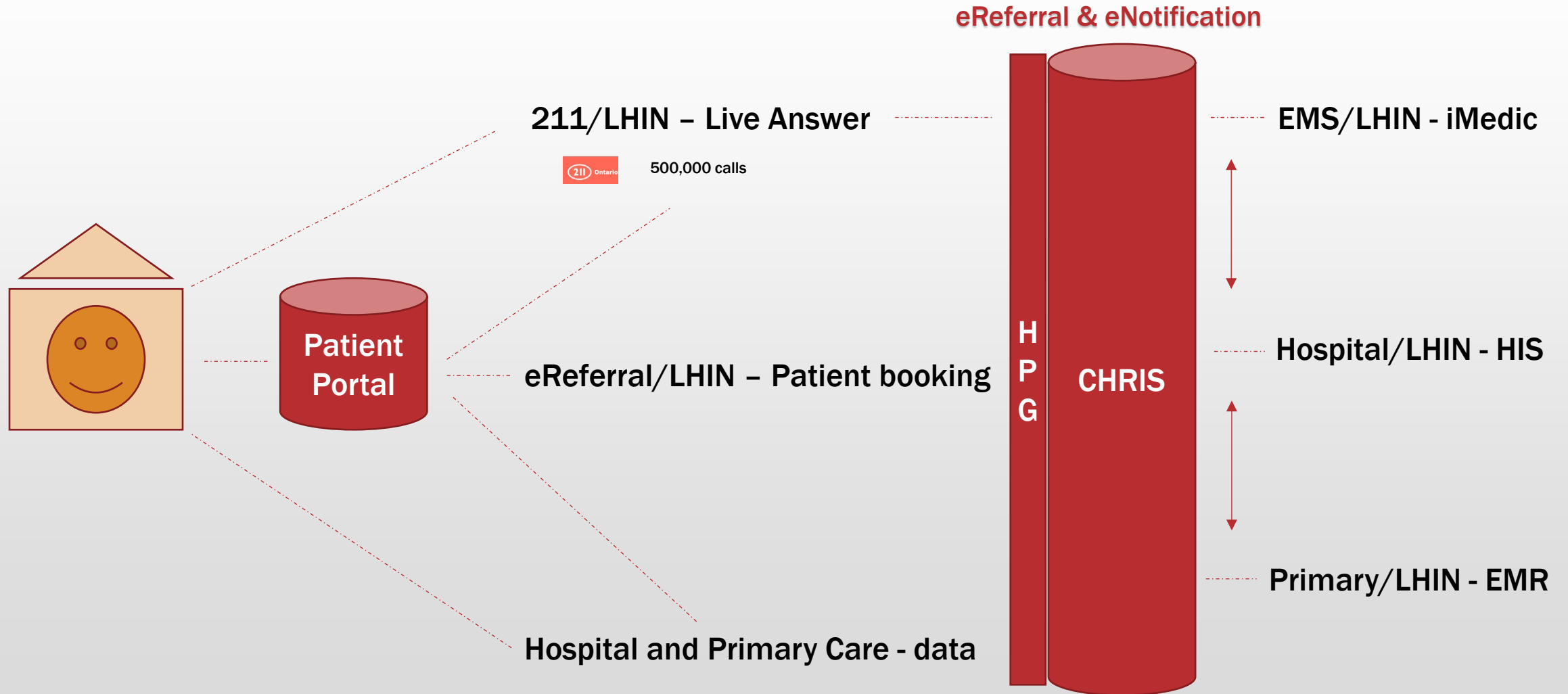


PROVIDER BENEFITS

(Single Sign on with Patient Context)



PATIENT BENEFITS



BETTER, SMARTER USE OF TECHNOLOGY



ClinicalConnect login screen with fields for Username and Password.

MyChart logo on a tablet.

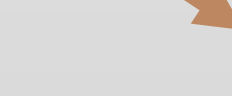
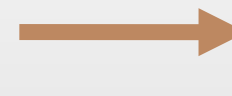
Chris patient record for Client # 5080856. Status: Active. Home Address: 567 Waterloo St., Exeter, Ontario. Phone Number: (519)234-9876.

Client Information: DOB: 30-May-1935 (81) yrs, Gender: Female, HCN: 1020060537, Preferred Language: English.

Contacts: Client Consent: Active as of 31-May-2015, Medical Contacts: (1), Primary Care Group: LISTOWEL CLINIC FHN, Most Responsible Primary Care Provider: ANNIS, ROBERT, Community Resources / Other Contacts: (0).

Health Profile: Diagnosis: (0), Risk Codes: (0), Allergies: (0), Safety Issue: (0), Care Ranges: (0), Client Coding: (0), Client Popul: (0), Sub-Popul: (0).

Select Action menu: Select Action, Add New Referral, Readmit Client, Place On Hold, Add Manual Task, View Tasks, Add Workload, Add Note, Assessment Tool, Print Client Sum, View Documents, Notify Providers, View Provider Reports, ClinicalConnect, eShift Appl, Paramedicine.



BETTER, SMARTER USE OF TECHNOLOGY



Yes we can

