How Community Paramedicine Fits The BCEHS Action Plan

Ontario Community Paramedicine Forum

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Community Paramedicine: a Model for Rural and Remote Service Sustainment

https://youtu.be/-MqoWYAVoHQ

Transformation of Paramedicine Practice in BC

1. **Better access** to health care for rural & remote communities
2. Paramedics **working alongside** other health care professionals without overlapping roles
3. **Fewer gaps** in health care services
4. **Fewer unnecessary 911** calls and trips to ERs
5. **Improved recruitment and retention** of paramedics in rural & remote communities

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Partners and Stakeholders

Planning and Readiness

- Regulatory Change
- Orientation Program - Justice Institute of BC
- Interprofessional Practice Council
  - Introducing paramedicine
- Clinical Guidelines and Processes
- Policy and Regulation Manual
- CP Field Communications Protocols
- Evaluation Framework
    - 3 year independent implementation evaluation
    - Interim Report is available

Results to Date – Services Provided

January 2016 – September 2018

Patients	Patient Visits	Group Clinical Assessment	Clinical Education	Service Promotion & Presentation	Community Participation	Emergency Calls
1,315	16,093	1,510	687	3,509	2,466	267

Feedback from Health Care Teams

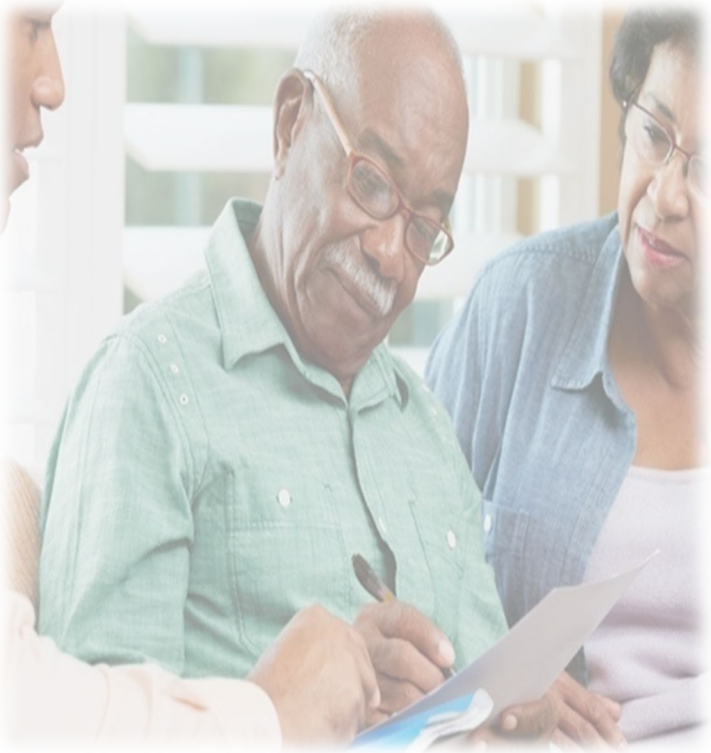
"With the work of the CPs, it's like we have four staff; this doubles our resources. It is incredible!"

"Clients receive twice as many visits which means twice as many opportunities for assessment, illness recognition, patient education, and safety."

"Can do things we weren't able to do before"

"Community paramedicine provided a forum for Health Authority (personnel) to look at the patient's journey from different perspectives; CPs are seen as problem-solvers and key players in providing primary care services."

Feedback from Patients



"I feel safer because I know someone comes to check on me. I look after myself better."

"If he spots something that is not right, he tells the Doctor and we get an appointment as soon as possible."

"To be able to stay in my home is wonderful."

"Since she comes in, I started checking my blood sugar and haven't had high blood sugar. If I didn't have a CP, I wouldn't be here today."

Surveyed patients experienced some improvement across all 5 measures

Feedback from Community Paramedics

"The community is on board and supportive; we are well received."

- Supported by other health professionals
- Satisfied with your job (95%)
- Making a valuable contribution to health service delivery and emergency response services in your communities (95%)

"We are becoming part of "the health care team" and succeeding in delivering services."

- Supported by other health professionals
- Patient improvement and slowed progression of disease
- Reducing ER visits
- Patients more comfortable at home

Feedback from Community Partners

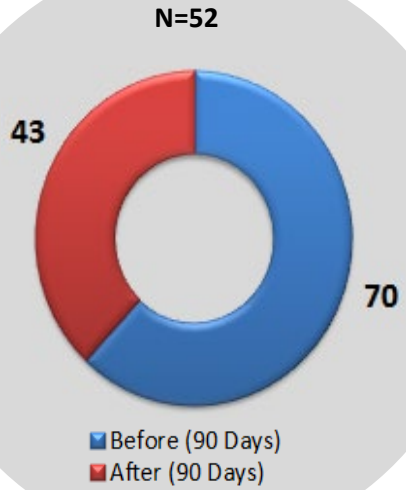
"CP position was extremely valuable."

"The role increased access to health education while filling important gaps in this area by responding to emerging needs. (i.e. naloxone training)"

"This was a kudo to our community."

"We have been very fortunate; it was an outreach program that was needed, especially in small rural communities."

911 Study – Results for CP Patients in Prototype Communities



06 - Breathing Problems

10 - Chest Pain

(Non traumatic)

13 - Diabetic Problems

17 – Falls

19 - Heart Problems / AICD

26 - Sick Person

(Specific diagnosis)

Alpha

Bravo

Charlie

Omega

Number of 911 Calls

39% ⬇

# of 911 calls for Selected MPDS Cards

46% ⬇

# of Low Acuity 911 calls

47% ⬇

Comparison Between:
90 Days before 1st Visit
90 Days Post Discharge

Community Paramedicine and the BC Action Plan Transformation

Research to Underpin Action Plan

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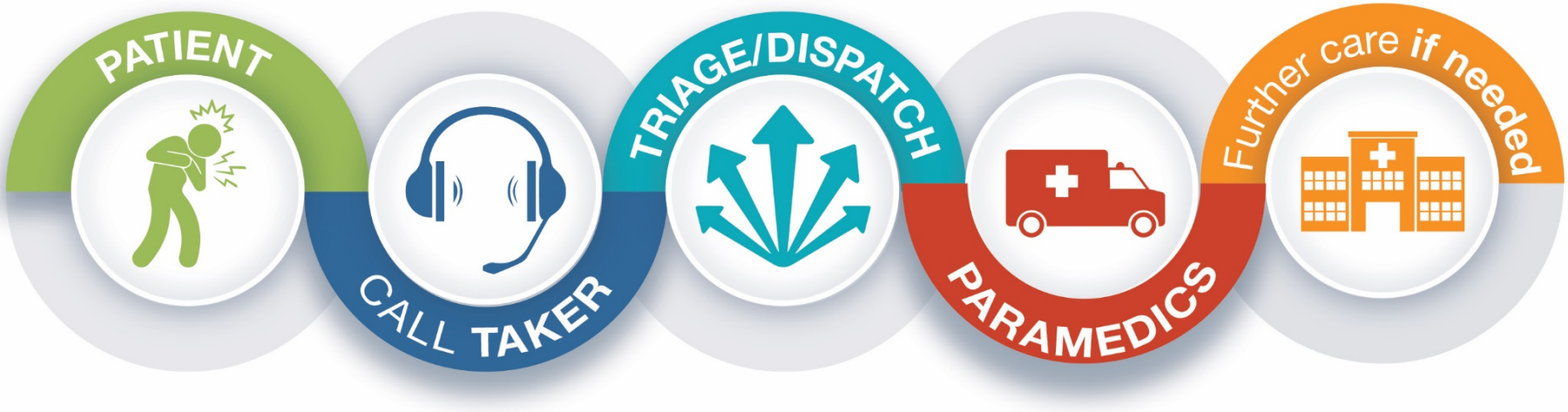

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Action Plan Objectives

1. Improve emergency response time for high acuity patients in all communities
2. Improve service and provide sustainable employment in rural and remote communities
3. Provide more appropriate clinical responses to low acuity patients
4. Increase the resources available for emergency responses

Three Year Plan

Year One

- Foundation
- Stabilization

Year Two

- New Models
- Implementation

Year Three

- Sustainment

New Models & Implementation

- **Develop a strategy and build a foundation**

- **Shift from a time-based response model to a clinically based model**
  - Launched Clinical Response Model (CRM) - May
  - Launched Secondary Triage trial - June
  - Launched CliniCall Support Services - January

New Models & Implementation

Increase capacity and improve emergency response time

- **Deployed 21 new ambulances**
  - Lower Mainland, Vancouver Island, West Kootenays, North and Cariboo Regions
- **Stabilized staffing by adding**
  - 115 Regular Paramedic positions through Resource Plans
  - 20 FTEs to dispatch

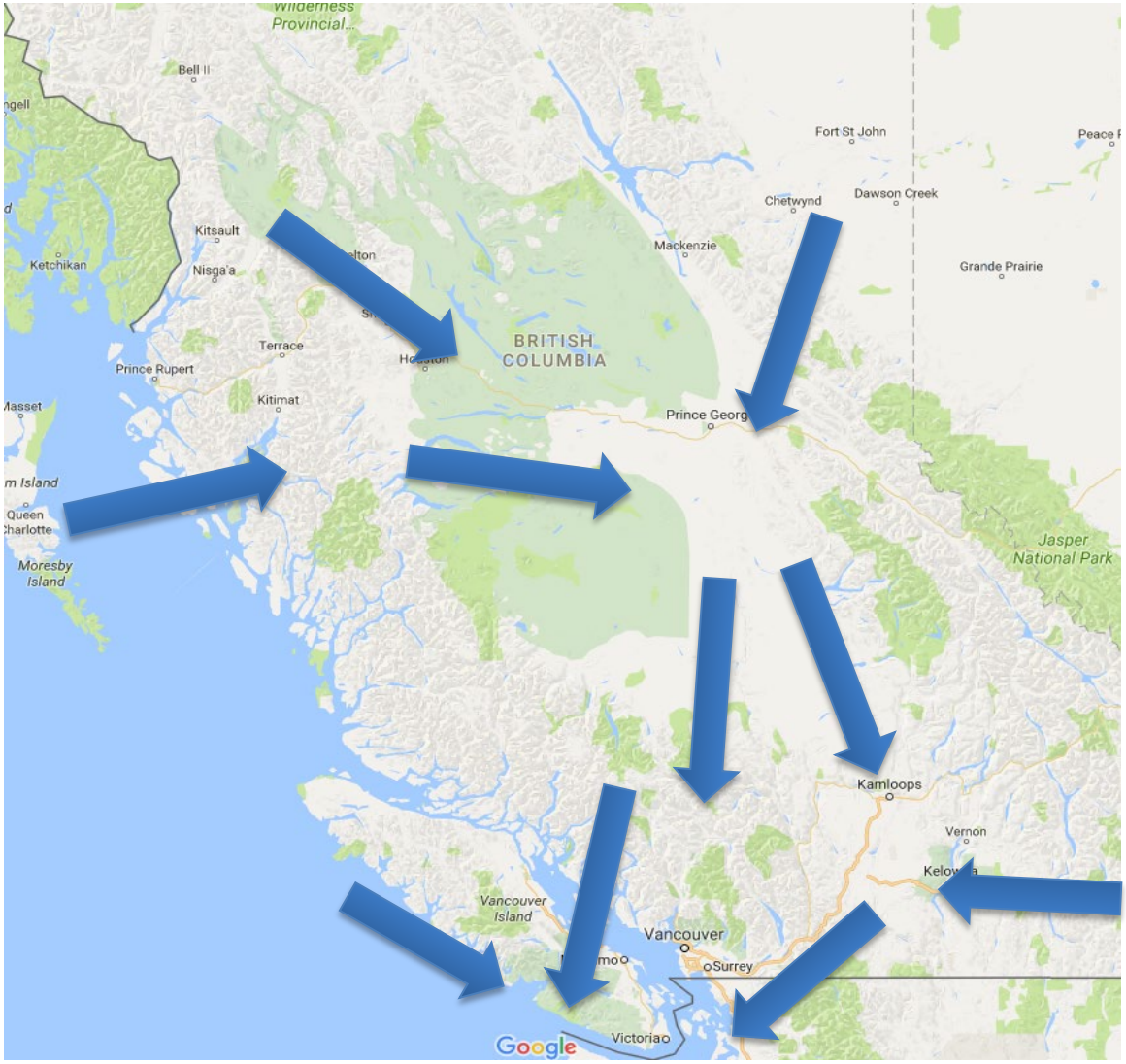
New Models & Implementation

- Improve service delivery in rural and remote communities
- Community Paramedicine
- Guarantee of four hours pay
- Collaborative relationship with Northern Health and the Doctors of BC

New Models & Implementation

- Monitoring and expanding Secondary Triage trial
- Expanding collaboration for low acuity calls
- Investigating options for Assess Treat and Not Transport of appropriate low acuity calls

BC Paramedic Spawning Cycle



Rural and Remote	
Recruitment	X
Development of new recruits	X
Skill level	X
Retention	X

Metro and Urban	
Recruitment	X
Workplace health	X
Work/life balance	X

Rural and Remote Issues

- **Recruitment and retention**
- **Providing 24/7 coverage**
  - Availability from on-call staff
- **Sustainability of model**
  - Predictable provision of meaningful clinical work
  - Maintain paramedic skillsets
  - Provide a permanent solution

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Rural and Remote Dilemma

- On-call staffing does not provide sustainable income for paramedics
  - Huge challenges with recruitment, retention, and career development

- Traditional full-time paramedic staffing, ideal for urban centers, does not work for small rural and remote communities
  - Call volumes are too low to maintain clinical skills
  - Cost prohibitive for 24/7 coverage

- Solution
  - Abandon the concept of paramedics “waiting for a 911 call”
  - Break the linkage between paramedic pay and 911 calls – other clinical work
  - Paramedics work **both** regular scheduled hours as CP’s and scheduled on-call shifts

Balancing CP with 9-1-1

- **The success of the model depends on CPs being able to successfully fulfil their CP duties without constant interruption**
  - Call volumes are low enough to prevent frequent conflicts in workload

- **CPs are proactively working to reduce the frequency of 9-1-1 calls in their communities**

Rural Advanced Care Community Paramedics (RACCP):

- 6 Communities
- Research Project
- Hybrid Role- support rural physicians
- Assist with patient transport
- Support local clinics
- Support local crews

Introducing Rural Advanced Community Paramedic

Next Phase

- Selected larger rural communities with greater local health system infrastructure to introduce Advanced Care Paramedic (ACP) licensed and full-time CPs

- 6 full-time Rural Advanced Care Community Paramedics (RACCPs)
- Traditionally, call volume in rural communities has not been considered frequent enough for ACPs to regularly use and maintain their clinical skills
- RACCPs can provide care outside of their traditional role as an ACP within the CP framework

Proposed RACCP Role

- Expand on the established CP foundation of scheduled patient visits by supporting service to higher acuity patients through a broader range of care
- Proposed the introduction of RACCPs to expand community paramedicine services in BC
  - aligns more closely to the broader role seen in other jurisdictions including:
    - Support local physicians and nurse practitioners in clinical settings
    - Support local clinicians in patient transfers (ie. pre-transfer assessment, patient stabilization and preparation)
    - Respond to unscheduled high acuity (purple) calls
    - Assess, See, Treat and Refer

What's Next? Going Forward with the addition of:

- Palliative Care
- New conditions added to Remote Home Health Monitoring
  - CHF
  - Palliative
  - UTI
- Contemplated:
  - Introducing Community Paramedicine into Urban Communities in partnership with Health Authority Partners to reduce unnecessary ED visits

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Thank You