Community Paramedic Program
Mobile Integrated Healthcare
Problem Statement

ACCESS to healthcare particularly PRIMARY, URGENT and SPECIALIZED care is a growing CONCERN
Barriers to Accessing Healthcare

- Multiple Comorbidities
- Elderly
- No Social Support
- Resource Responsiveness
- Anxiety
- Frailty
- Complex Needs
- Lower Socioeconomics
- Poor Mobility
- Impaired Cognition
- Inability to Drive
- Chronic Disease Progression
- Reduced System Capacity
- System Navigation
System Capacity Impact

UPSTREAM – EARLY INTERVENTION

DOWN STREAM IMPROVED PATIENT FLOW
MIH Program Goals

Patient

Improve access to medical treatment

Continuity

Patients remain in their medical home

System

Reduce 911 and emergency department admission
Community Paramedicine

...is an innovative health care delivery model that applies the paramedic scope of practice to non-emergent medical management.

- Support acute episodic illness, usually one to five days
- New medical treatment options for people in the community
Community Paramedic Program

✓ Changing the focus of Paramedic scope of practice

✓ New medical treatment options in the community for physicians, medical clinics and patients

✓ Community Mobile Medicine
Biomedical Perspective

Delivering health care before emergencies begin
Program Operations

- 7 days a week, 6am-10pm
- 7 Community Paramedic units/day
- 1 City Center Team unit
- Providing services to 500-600 patients/month
- Assess Treat and Refer – Coordination Desk
EMS Community Response Teams

- Single Community Paramedic
- CCT has 2 Paramedics and can transport
- Supported with direct Physician consultation
- No cost to patient
Medical Direction

1. Most Responsible Physician – Family Physician, Specialist, On-Call Facility Physician
2. MIH OLMC Physician
Patient Subsets

- **Medically fragile** individuals requiring specialized treatments which are necessary to remain out of hospital.

- **Frail elderly, individuals aging in place or persons with developmental disabilities** that have limited mobility and social support which restricts them from accessing needed medical care.

- **Individuals recently discharged** from acute care at-risk for re-admission.
Clinical Interventions

Through physician orders, Community Paramedics can provide:

Diagnostics available:
- Specimen collection (blood, urine, swabs)
- 12/15 lead ECGs
- Vital signs including temperature, blood glucose, SPO2, Side Stream CO2, BP
- Facilitate transports for diagnostic imaging

Treatments available:
- CVC & IV rehydration
- IV, SQ, IM, PO, PORT & PICC medication administration including IV antibiotics
- 53 stocked medications
- Blood transfusions
- Urinary catheterization
- Wound closure & care (tissue adhesive, sutures, dressings)
- Oxygen and nebulizer therapy
- Prescription facilitation
- Coordination of community services
- Observational and focused assessments
Community Paramedic Provides
Accessing Services

1. 1-855-491-5868

2. www.albertahealthservices.ca
Community Paramedic Referral Form

Community Paramedic Response Team Referral

- Fax completed form and supporting documents (as required) to:
  - Patients in and North of Red Deer
    - Fax: 780.735.0421
    - Call: 1.833.367.2788
  - Patients South of Red Deer
    - Fax: 403.776.3835
    - Call: 1.855.491.5868
- Call to confirm that your fax has been received; Incomplete referrals will not be processed
- Services and availability may vary by Zone
- Physician must be available to Community Paramedics by phone at the time of treatment

When does Patient need to be seen?
- Today
- For same day treatment, call ahead for availability
- Date (yyyy-mm-dd)

Additional / Follow Up Dates Required (yyyy-mm-dd)

Patient Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Date of Birth (yyyy-mm-dd)</th>
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<table>
<thead>
<tr>
<th>PHN</th>
<th>Phone</th>
<th>Alternate Phone</th>
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<table>
<thead>
<tr>
<th>Site and/or Address where patient will be for treatment</th>
<th>Is Patient a current client of other care providers? (eg. Home Care)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td>No</td>
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<table>
<thead>
<tr>
<th>Allergies</th>
<th>List attached</th>
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<tbody>
<tr>
<td>No Known Allergies</td>
<td>Yes, specify</td>
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<table>
<thead>
<tr>
<th>Goals of Care Designation</th>
<th>Date</th>
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<tbody>
<tr>
<td>Unknown</td>
<td>None</td>
</tr>
<tr>
<td>R1</td>
<td>R2</td>
</tr>
<tr>
<td>R3</td>
<td>M1</td>
</tr>
<tr>
<td>M2</td>
<td>C1</td>
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<tr>
<td>C2</td>
<td></td>
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</tbody>
</table>

Does patient have Central Venous Access Device?
- No
- Yes ➤ Attach catheter insertion record with CVC tip verification

Referral Information

<table>
<thead>
<tr>
<th>Reason for Referral (Include Diagnosis or History relevant to referral)</th>
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</table>

Physician Orders (Include: dose, route, rate/volume, frequency and duration as applicable)
- 
- 
- 
- 
- 
- 
- 

➤ Attach List of Current Medications and Additional Orders (if required)

Tests Required (Check all that apply)
- Community Paramedics will assess Vital Signs on arrival for all patients (GCS, HR, RR, Temp, Blood Pressure, SpO₂)
- ETCO₂
- JVP
- Weight
- Blood Glucose Level
- 12/15 Lead ECG
- 12/15 Lead ECG (not interpreted by a cardiologist)
- Swab/Specimen Collection ➤ Attach requisition

Referral Source

<table>
<thead>
<tr>
<th>Clinic/Site Name</th>
<th>Clinic/Site Contact Name</th>
<th>Direct Phone</th>
<th>Fax</th>
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</table>

<table>
<thead>
<tr>
<th>Direct Phone</th>
<th>Cell</th>
<th>Pager</th>
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</thead>
</table>

Signature

<table>
<thead>
<tr>
<th>Date (yyyy-mm-dd)</th>
<th>Please consult Physician</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>during visit</td>
</tr>
<tr>
<td></td>
<td>after visit</td>
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Rev2018-02
Can a community paramedic help?
Program Partnerships

- ISFL – Calgary Zone
  - Supportive Living (3/4/4D)
  - Long Term Care Sites (LTC)
  - Personal Care Homes (PCH)
- Community Lodges and Contract Service Providers
- AHS Home Care
- PLC - Complex Chronic Disease Management Clinic (CCDMC)
- PLC & FMC Cardiac Function Clinic (CFC)
- East Calgary Health Centre – Family Care Clinic (FCC)
- Crowfoot & Calgary Foothills Primary Care Networks (PCN)
- RGH ED
- RGH Internal Medicine
- Rapid Access Unit (RAU) at South Health Campus
- Calgary Lab Services (CLS)
- Sheldon M. Chumir Diagnostic Imaging (DI) Department
- AHS EMS & Inter-Facility Transport (IFT)
- Palliative Services
- Public Health (seasonal influenza vaccination campaigns & outbreak support)
- Tom Baker Cancer Centre (TBCC)
- PLC – Anticoagulation Clinic
- RGH – Complex Care Hub
Health Outcomes

- Study done in 2014 - 1598 patient seen
- Each patient was assessed to determine if there was an EMS event within 7 days of being seen by a community paramedic
- **95%** of patients treated in place improved
- **5%** still required an ED or acute care admission
- No reported adverse outcomes or increase rates of mortality or morbidity
Savings when compared to an EMS/ED admission

$1100.00 per event

$4.8 million annual cost avoidance or cost capacity building
System Capacity Building

There were 6839 patients care events in 2017, helping Albertans avoid unnecessary EMS usage, emergency departments visits, and saving acute care beds.
Questions

http://www.albertahealthservices.ca/9571.asp