



Report To: Manitoulin-Sudbury District Services Board
From: Michael Maclsaac, Chief of EMS
Date: Sept 25, 2014
Re: Community Paramedicine Update – Issue Report

BACKGROUND

On March 26, 2014, the [Community Paramedicine - Issue Report](#) was approved by the Board. Generally speaking, Community Paramedicine is a new face on an old idea. According to the Paramedic Conduct Standard located in the Ministry of Health's Basic Life Support Patient Care Standards (the Legislative Standards all Paramedics must abide by),

*The paramedic will... Conserve life, alleviate pain and suffering and **promote health.***

Community Paramedicine is an improvement on promoting health; from public relations and public education to proactive illness and injury prevention. Community Paramedicine's goal is to identify potential situations that, if not addressed, would become future 911 calls.

To accomplish this, paramedics, when not otherwise occupied by emergency calls, will look to visit persons identified or referred through several different initiatives. By utilizing their assessment skills, paramedics will identify potential patients who may require interventions different from a transport to an emergency department. Paramedic actions can include providing education and/or making a referral/report to an appropriate partnering agency who in turn will provide the required care.

The four main identified Community Paramedicine initiatives summarized below are:

1. Community Referrals

A program which will be implemented province-wide where all paramedics will be able to refer patients to other care providers through their Zoll electronic patient care reports (transport and refer).

2. Circle of Care Partnerships

Formal agreements will be entered into with other health care teams and agencies enabling the Paramedics to be the eyes and ears of the physician, to assess

patients in home as requested by the physician and to report the results back to the physician, and/or provide education, appropriate referrals or transportation to a hospital if required.

3. Community Paramedicine Wellness Clinics

Clinics can be easily set up within DSB Social Housing Properties which will help identify health problems through paramedic assessments, provide education and referrals to other care providers.

4. Community Paramedic Directed Home Services

Paramedics can conduct ad hoc visits to patients identified through operational knowledge, acquaintances, wellness clinics and statistical analysis. During these visits Paramedics will provide in home paramedic assessments and provide education, appropriate referrals and/or transportation to a hospital if required.

Community Paramedics proactively provide services within their current scope to promote health and mitigate future call volumes resulting in the right care at the right time and healthier communities.

HISTORY

In April of 2014, a [joint proposal](#) was submitted by Manitoulin-Sudbury, Algoma and Cochrane DSBs to the Ministry of Health & Long Term Care looking obtain a portion of the \$6 Million Community Paramedicine funding from the Province of Ontario.

Some of the unique features of our proposal include:

- being a joint proposal by three DSBs covering 25% of the geographical area of Ontario (mostly non-urban),
- educational modules that will be made available to the whole province, and
- a relationship with the Northern Policy Institute (NPI) to analyse the program using quantifiable benchmarks from an educational/research perspective.

The total budget submission was for \$272,000. Breaking it down, \$147,760 was included for development which includes 1 person from each of the 3 EMS to work exclusively on this project for a period of 4 months. Included is travel costs to visit current, effective CP programs within the province (trying not to re-invent the wheel). \$40,000 was earmarked to produce online modules for rural CP programs. This was estimated by Northern College to be the cost. It was felt that bringing in an accredited educational facility would help to ensure that proper training was developed for real CP programs. \$54,449 was to train each paramedic in each service on general components of CP allowing them to be able to participate in future endeavors across a broader geographic spectrum. \$30,000 was allocated for Northern Policy Institute (NPI) to collect and measure the research

MOHLTC FUNDING ANNOUNCEMENT

On August 27, 2014, The MOHLTC announced that 30 proposals out of more than 50 that were submitted were approved in part or whole. The Manitoulin-Sudbury, Algoma and Cochrane DSB joint proposal was approved, in part, at a total of \$212,000. Nearly the entire reduction in requested funding revolved around the human resource and travel component. The group proposal requested for \$147,760 the MOHLTC approved \$87,000.

CURRENT STATUS

The joint leadership committee including Chiefs and Senior Management from the EMS departments of each DSB partner has met by teleconference several times since the funding announcement. A face-to-face meeting is scheduled for the OAPC conference later this month. David Wolff, Manitoulin-Sudbury DSB – EMS Commander of Training has been selected by the three Chiefs to be the project lead on the Community Paramedic initiative and has been actively planning the next steps together with other committee members and key stakeholders.

The MOHLTC requires interim program reports at the end of every 3 months starting on October 30, 2014 with a final report due on September 30, 2015. This timeframe reduces our proposed 18 month pilot program to 12 months. According to these deadlines between now and December 31, 2014 will consist of the design and development phase with actual Community Paramedicine initiatives beginning in January 2015. This will allow for eight months of data to help supply the final report.

CONCLUSION

Community Paramedicine is the evolution of the profession, a coming of age, and another step from technician to health care professional. From a service standpoint, Community Paramedicine has the potential to reduce future call volumes thus mitigating future needs for enhancements to deployment and therefore provided a measure of cost containment. This also translates to savings within the overall healthcare system in general by helping seniors stay safe in their homes longer as well as diverting patients away from emergency departments (right care, right time, and right place). The Manitoulin-Sudbury, Algoma, and Cochrane DSB joint Community Paramedicine program should be able to improve service to our communities, without any increase to current operating budgets.