



Report To:	Program Planning Committee
From:	Robert Smith Chief of Paramedic Services
Date:	May 23, 2018
Re:	Expansion of Community Paramedicine - Issue Report

Background

Manitoulin-Sudbury DSB Paramedic Services is responsible for the direct delivery of Paramedic Services throughout the member communities, but since 2014, the service has been engaged in Community Paramedicine programs throughout the geography. The evolution of Community Paramedicine programs in the DSB have been collaborative in nature, working with both internal and external partners. The 2015 initiation of wellness clinics in concert with Integrated Social Services personnel have led to more than 1,600 patient engagements, and project data has revealed that those clients involved in the program realized a 40% reduction in hospitalization, a complete mitigation of Police Service incidents and elimination of eviction events when compared to the period prior to clinic establishment. Additionally, Paramedic Services has engaged in extensive collaboration with hospitals to work with recently discharged patients to help with reintroduction into a safe home environment, with a focus on reduction of readmission.

History

Manitoulin Sudbury DSB Paramedic Service assumed responsibility for direct delivery of land ambulance services in 2004. As a Primary Care Paramedic (PCP) LOC agency, patient care was delivered within the established scope of practice. In 2012, Dr. Sinha presented a Provincial seniors' strategy, a plan that was specifically inclusive of Community Paramedicine programs. Manitoulin-Sudbury DSB Paramedic Services engaged with Cochrane and Algoma Districts to deliver a very rudimentary pilot project that focused on specific efforts that would benefit northern residents and would do so in an extremely cost-effective manner. Since 2014, Paramedic Services has expanded Community Paramedicine programs to work collaboratively with partners, while remaining focused on programs being cost effective, and leveraging response availability at all times. Most other Community Paramedicine programs were managed outside of deployment and as such were more costly. An example of such a program was with Parry

Sound Paramedic Services, where the annual funding was more than \$200,000 vs the \$28,000 Provincially allowed for Manitoulin-Sudbury DSB.

As discussed earlier, wellness clinics were developed at DSB homes in the communities of Massey, Webbwood, Espanola, Manitowaning and Gore Bay. Each clinic was offered weekly involved both Paramedics and Transitional Support Workers. Data as demonstrated significant reductions in 911 calls in those centres. Fortuitously, on March 19, 2018 the North East LHIN recognized the DSB own Donna Stewart, Director of Integrated Social Services as a [Healthy Change Champion](#).

In early 2018, the North East LHIN announced one-time CP funding. The DSB received funding to pilot a documentation tool that is linked to our new call reporting system. We also received funding to contract with Dr. Prpic to act as our CP Physician to increase program functionality. Finally, the LHIN funded the purchase blood testing equipment to allow for early detection of worsening conditions. All three approved items will be implemented in 2018.

Current Issues, Benefits and Risks

Paramedic Services is now fully engaged in Community Paramedicine programs that will stress the system to the point where additional resources will be required to address geographic and operational impact. The proposal to the North East LHIN will be threefold.

Firstly, the expansion of the highly successful wellness programs in DSB buildings will be expanded to Warren, St. Charles, Noelville, but to address the geographic challenges, will require the addition of Community Paramedicine staff hours. The project would also require a Transitional Support Worker to mirror the programs currently in place.

Secondly, the proposal would see introduction of wellness clinics into seniors' luncheons in several communities in Sudbury East. Our estimation is that these weekly sessions could allow for access to almost 200 clients.

Thirdly, the necessary collaboration between Manitoulin-Sudbury DSB Paramedic Service and both Manitoulin Health Centre and Espanola Regional Hospital is under way and involves the implementation of a process for home visit referrals originating from hospital discharges (through Discharge Planning). It is our assertion that Paramedics would become an extension of the primary circle of care through this program. Partnerships will engage with both Hospitals and hospital-based programs such as Health Links, Local Health Integration centre (LHIN), Family Health Teams (FHT) & Rural Northern Physician Group Agreements (RNPGA). Paramedics would then flow information back to the Primary Health Teams through the Practice Solutions Software and Interdev Radius Solution. Paramedic involvement would include a fulsome set of

assessments. Healthcare partners and the DSB Medical Director would provide oversight of any patient care. The work is currently under way within deployment and is stressing the system. Manitoulin Health Centre has suggested a potential for 600 visits annually. It is assumed that the LaCloche area could see significant numbers as well.

The proposal to the North East LHIN, for funding to achieve success in this process would allow for staffing only at a rate of 3 days per week in each area, with a maximum deployment of 24 hours weekly in each area. The funding as set out within this report remains significantly lower than many other Community Paramedicine programs but will be successful and would be a cost avoidance measure for the health care system.

Financial Implication

Staff are requesting endorsement from the DSB for the submission but is intending on proposing any costs related to this evolution be borne by the North East LHIN directly. The proposed costs are broken out as follows;

24 hours of weekly Community Paramedic staffing for discharge referrals:	\$56,640/yr.
24 hours of weekly Community Paramedic staffing for Sudbury East:	\$56,640/yr.
<u>35 hours Transitional Support Worker for Sudbury East:</u>	<u>\$85,000/yr.</u>
Total Staffing Costs:	\$198,280/yr.

Additional costs necessary to facilitate the expansion of the Community Paramedicine program would be absorbed through Paramedic Services operational budget. These efforts reduce Emergency Department visits and prevent admissions which are directly related to the work of Paramedic Services and as such subject to inclusion by the Ministry funding consideration.

Conclusion

Community Paramedic projects in Manitoulin Sudbury DSB have continued to evolve since the concept of holistic inclusion of Paramedics into the health care system. While Manitoulin Sudbury DSB has been extremely efficient in managing the expanding roles of Community Paramedics throughout our communities, it has become necessary to reach out to the North East LHIN for assistance in expanding the service into Sudbury East, and to integrate our Paramedics into the holistic system dedicated to ensuring patients can remain in their homes in a safe manner. Such programs are currently in place across the Province and are being funded through the LHINs. Paramedic Services is looking for Board approval to submit the proposal to the North East LHIN for a plan to expand the Community Paramedicine integrated wellness programs in Sudbury East and development and execution of post-discharge engagement in Manitoulin and LaCloche areas.