

Community Paramedicine Program Update – June 2021

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Report Summary

This report provides an update on the City of Greater Sudbury's Community Paramedicine Program.

Relationship to the Strategic Plan, Health Impact Assessment and Community Energy & Emission Plan (CEEP)

This report refers to operational matters and has no direct connection to the Community Energy and Emissions Plan.

Financial Implications

There are no financial implications associated with this report.

Background

This report aims to provide the City of Greater Sudbury Emergency Services Committee with an update on activities, relevant statistics, and recent performance measures within the Community Paramedicine Section of the Paramedic Services Division.

Community Paramedicine (CP) leverages paramedics to provide immediate or scheduled primary, urgent, and/or specialized healthcare to vulnerable patient populations by focusing on improving healthcare access across the continuum of care. The umbrella term “community paramedicine,” describes a growing field of paramedicine practice that emphasizes a more proactive and preventive approach to care that utilizes paramedics in expanded roles. CP represents an evolution of embedding emergency management principals into a paramedic’s scope practice to help patients recover after an acute medical event, prevent future exacerbations, provide support and preparation for medical decline, and continue to provide optimal responses when patient’s call for medical assistance.

COVID 19

Paramedic Services have been essential amid the COVID-19 pandemic. During this emergency situation, paramedics have been providing COVID-19 testing, administering COVID-19 vaccines both in clinics and in homes, transporting individuals to testing centres, and providing community paramedicine, among their regular emergency service responsibilities. Community paramedicine has been a crucial support for individuals during the pandemic, especially for isolated seniors and those living in remote areas.

Community Paramedics providing COVID 19 Vaccinations

Working collaboratively with Public Health Sudbury and Districts, Community Paramedics have been operating mobile vaccine to client (VTC) clinics delivering vaccine to those within the City of Greater Sudbury who are unable to make it to a mass immunization clinic. To date, our Paramedics have delivered over 600 first and second dose appointments to eligible clients in their home.

Mobile COVID-19 Testing – Collaboration with Health Sciences North

Paramedic Services continue to provide support to the community to address the changing demands created by this pandemic. Paramedics continue to support the Health Sciences North (HSN) COVID-19 Assessment Centre by conducting mobile in home COVID-19 testing for select individuals unable to attend the Assessment Centre in person either due to limited mobility or transportation challenges. Currently, Community Paramedics have assessed and tested over 6,094 symptomatic residents in the community, allowing equitable access to COVID-19 testing. In addition, we continue to collaborate with community partners, conducting surveillance and outbreak testing in settings of declared outbreaks and addressing specific needs of vulnerable populations within our community.

Care Transitions Community Paramedicine Program (CTCP)

The Care Transitions Community Paramedicine Program partners with Health Sciences North to utilize trained Community Paramedics (CP) to provide home visits and approved interventions under medical oversight to complex, high-risk patients to assist them in transitioning from acute care to community and/or self-supported in-home care.

The program's goal is to decrease emergency department visits and readmissions for identified high-risk patients with chronic disease (CHF, COPD, and diabetes) compared to their past utilization. Paramedics assigned to the CTCP continue to deliver services as outlined in the 2021 work plan during the pandemic.

From January 1, 2021 until April 30, 2021, there were 330 active patients enrolled within the program and only one patient reported the need to utilize our 911 service for the treatment of their chronic health condition. There was one referral to primary care and/or community service, thus improving the quality of life for this patient.

In an effort to reduce in person contacts during COVID-19, the CTCP increased the number of patient contacts over the phone. Home visits continued to be conducted to those that were deemed necessary or Just in Time (JIT). These JIT visits are for those situations of chronic illness exacerbation to allow CTCP paramedics to intervene prior to activation of 911 or an emergency department visit.

Visits Completed / JIT	625/58
Working Days	119
Active Patients	330
911 Calls Related to CTCP	6

Reporting date range is from January 1, 2021 – April 30, 2021

Health Promotion Community Paramedicine (HPCP)

The objective of this program is to maintain and expand health promotion, education, and injury prevention. This program will also assist citizens in chronic disease recognition and prevention, injury awareness/prevention strategies, referrals, and health system navigation assistance. The primary goals of this program are to mitigate emergency calls and hospital visits, keep our “at-risk” aged population healthy and at home. This is an attempt to aid our vulnerable populations and redirect them to more suitable community resources other than the emergency department.

During the pandemic, the HPCP program has collaborated with various community agencies in our provision of COVID-19 mobile testing to ensure our patients are tested and may remain safely in their place of residence.

- HSN COVID-19 Assessment Centre is screening phone calls from citizens to evaluate if COVID-19 testing should be conducted, scheduling in-home testing by the Community Paramedic Mobile Testing service for those in our community who are unable to physically attend the HSN COVID-19 Assessment Centre and are members of the mobile testing group who provide the in-home COVID-19 testing.
- We have established a priority referral process to HPCP from North East Local Health Integration Network (NELHIN)/ Maison McCulloch Hospice for those who are in the community who require COVID-19 testing for admission to either a long-term care facility or hospice.
- A group of Primary Care Physicians may be utilized by phone to function as CP medical oversight physicians to offer guidance / follow-up if required for those patients the CPs test and assess and who are deemed to require further intervention.
- Sudbury and District Nurse Practitioner Clinic (SDNPC) with Dr. Alex Anawati and Canadian Mental Health Association (CMHA) have collaborated with HPCP where HPCPs provide on demand COVID-19 testing every morning at the Withdrawal Management at 336 Pine Street.

Since the program began on March 15, 2020, 6,094 tests have been performed by Community Paramedic Mobile Testing service.

We have continued with our paramedic referral programs and Community Mobilization Sudbury-Rapid Mobilization Table (CMS_RMT).

We have begun a gradual re-entry into CP clinics, utilizing virtual technology and less in-person contact. This program is another McMaster development in concert with Ontario Health. Preparation for this new version of CP@Clinic began in February 2021 with a start date of February 28, 2021. Staff took part in Ontario Telemedicine Network (OTN) training to utilize video technology in addition to telephone consultation.

Between the dates of February 28, 2021 - April 30, 2021 the following contacts were made:

Number of residents called by CP to book a virtual CP@Clinic appointment	120
Number of residents who booked a virtual CP@ Clinic appointment	7
Number of TOTAL videoconference CP@Clinic appointments completed	4
Number of UNIQUE videoconference CP@Clinic appointments completed	3
Number of TOTAL telephone CP@Clinic appointments completed because residents did not have technology/internet/know how	38
Number of UNIQUE telephone CP@Clinic appointments completed because residents did not have technology/internet/know how	31

New Community Paramedicine Programs

Ontario Health North Remote Clinical Monitoring Pilot

Greater Sudbury Paramedic Services has been awarded \$142,000 in funding that the Ministry of Health has approved in dedicated short-term allotments to support provincial and regional initiatives that provide COVID-19 patients with remote clinical care and monitoring in the community. The objective of this funding is to ensure COVID-19 patients and other vulnerable patients receive appropriate clinical care and monitoring in the community, including escalation to a medical assessment or acute care where necessary. By supporting remote clinical care models, this funding is also intended to reduce the risk of infection among health care workers. Paramedic Services has collaborated with three other paramedic services and health care agencies in the northeast and designed a program, which will be delivered as a regional model. Paramedic Services commenced a five-month pilot program in December 2020, which was extended until June 2021. This program is staffed with one Community Paramedic 12 hours per day. Since December 2020, 26 COVID-19 positive patients have been enrolled in the remote patient monitoring service within our community.

This program has helped to support 155 discharged patients and continues to support 7 COVID-19 positive patients in their homes and 12 others who suffer from chronic health conditions. The benefits to the above are medical oversight, the comfort that someone is keeping an eye on patients' wellbeing with phone consultations and daily visits, and reduced exposures for both patients and the community.

Ministry of Health - Home and Community Care High Intensity Supports Program and Community Paramedic Expansion

Greater Sudbury Paramedic Services has been awarded \$189,000 through the Ministry of Health's initiatives to expand Home and Community Care and Community Paramedicine. The goal of the funding is to provide support to regional health partners to implement plans, execute the High Intensity Supports at Home Program, and expand Community Paramedicine to support the health system response to the COVID-19 pandemic and seasonal influenza. Home and community care can help address reduced bedded capacity by assuming care responsibility for hospital Alternate Level of Care (ALC) patients with a long-term care (LTC) destination and other patients with similar needs on LTC waitlists. This will ensure high needs patients continue to receive care when beds are in short supply. Paramedicine can be leveraged as 'capacity enhancers' to work alongside home and community care and other services. Target populations are clients requiring supplemental Community Paramedic services, beyond home and community care or seniors with similar needs in the community at high risk of hospital admission and becoming designated ALC (i.e., those with frequent hospital admissions, emergency department visits, and those recently discharged at high risk of readmission).

From January 1, 2021 to April 30, 2021, our High Intensity Community Paramedics have enrolled 25 patients resulting in 52 home visits, 147 telephone consultations, and 10 physician consultations totaling 209 interactions.

Community Paramedicine - Long Term Care (CPLTC) Program

The CPLTC program will be delivered by Greater Sudbury Community Paramedics in partnership with the North East Local Health Integration Networks (NE LHIN) and Ontario Health Teams, where applicable. The purpose of the program is to keep individuals who are on the long-term care wait list, or who are soon to be eligible for long-term care, stabilized in their illness trajectory and in their own home for as long as possible. The program will do this through preventive and responsive care, such as home visits and remote client monitoring.

There are three categories of people eligible for CPLTC:

- Those on the wait list for long-term care;
- Those who have been assessed as eligible for long-term care by a LHIN Care Coordinator (but not yet on the wait list); and,
- Those who are soon to be eligible for long-term care

The services that the Greater Sudbury CPLTC are providing will correspond with the specific needs of people on the waitlist and the overall program goals which are to be accessible, responsive, proactive, and safe.

The types of services funded by this program will include:

- 24/7 access to community paramedicine services for defined non-emergency procedures in people's own homes addressing urgent, episodic care needs. For example, diagnostic procedures, assessment and testing during routine home visits; at-home treatment under supervision of a physician, where required; or at-home treatment of minor conditions (e.g., falls, lacerations, bruises).
- Prompt, flexible, and proactive response to an individual's changing circumstances or medical conditions, and if necessary, connecting them to the right health care provider and social services at the right time in order to avoid escalation and crisis.
- Routine-based remote monitoring or virtual supports to prevent emergency incidents or escalation in medical conditions, including, but not limited to monitoring of blood pressure, heart rate, oxygen saturation, blood glucose, weight, and temperature alerts.
- Immunizations, vaccinations, and other injections (e.g., tetanus).
- Certain other controlled medical procedures and treatments at home under appropriate medical oversight.
- Ongoing monitoring of changing or escalating conditions to prevent or reduce emergency incidents.
- Provide connections for participants and their families to home care and community supports.

This program is a fully funded three year pilot and will provide four additional Community Paramedics per day in the community providing 24/7 access to Community Paramedicine services for defined non-emergency procedures in individual's own homes addressing urgent, episodic care needs. The staffing requirements for this project included hiring ten full time Paramedics, a Scheduler, and a Clinical Lead. Paramedic training for this group was completed between April 26 and May 6, leading to the program phase one launch on May 10, 2021.