

Community Paramedicine Activities – COVID-19 Response and Health Promotion

Presented To:	Emergency Services Committee
---------------	------------------------------

Meeting Date:	October 20, 2021
---------------	------------------

Type:	Correspondence for Information Only
-------	-------------------------------------

Prepared by:	Melissa Roney Community Safety
--------------	-----------------------------------

Recommended by:	General Manager of Community Safety
-----------------	--

Report Summary

This report provides information regarding the essential roles Greater Sudbury Paramedics have filled in the City's response to the COVID-19 pandemic.

Relationship to the Strategic Plan, Health Impact Assessment and Community Energy & Emissions 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

Greater Sudbury Paramedics Services Response to the COVID 19 Pandemic

Paramedics have been an essential resource amid the COVID-19 pandemic and this report has been prepared to highlight the essential roles Greater Sudbury Paramedics have filled in the City's response to the COVID-19 pandemic. Throughout this human health emergency, paramedics are providing COVID-19 testing, administering COVID-19 vaccines both in clinics and in homes, providing services within Community Paramedicine programs, in addition to core emergency service delivery. Community Paramedicine has been a crucial support for individuals during the pandemic, especially for isolated seniors, vulnerable citizens and those living in remote areas and congregate settings.

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 completed over 750 first and second dose appointments to eligible clients in their home and are on target to deliver over 1,000 home appointments by the end of 2021.

Mobile COVID-19 Testing – Collaboration with Health Sciences North

Paramedic Services continue to work under a facility agreement with Health Sciences North (HSN) COVID-19 Assessment Centre. HSN oversees both fixed and mobile COVID-19 testing services within CGS all operations are funded by Ontario Health North. Throughout the pandemic paramedics have been providing 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. Community Paramedics have assessed and tested over 7,408 residents in the community allowing equitable access to COVID-19 testing. Between January 1, 2021 and August 31, 2021, we have tested 3,582 citizens in their homes when referred over from the HSN COVID-19 Assessment Centre. 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 August 31, 2021, there were 254 active patients enrolled within the program and only 21 patients reported the need to utilize our 911 service for the treatment of their chronic health condition in this eight-month period. Care Transitions Community Paramedics referred a total of 156 patients to community health and social services: 91 patients to primary care, 5 to Home and Community Care Support Services North East (previously known as NE LHIN / CCAC) and 60 to "other" community services, thus improving the quality of life for these patients.

In an effort to reduce in person contacts during COVID-19, the CTCP program contacts patients over the phone if preferred and appropriate for the situation. Home visits continue as preferred by patients / caregivers and are either scheduled or same day calls for Just in Time (JIT) visits. 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	1,258/151
Working Days	236
Active Patients	254
911 Calls Related to CTCP	21

Reporting date range is from January 1, 2021 – August 31, 2021

Health Promotion Community Paramedicine (HPCP)

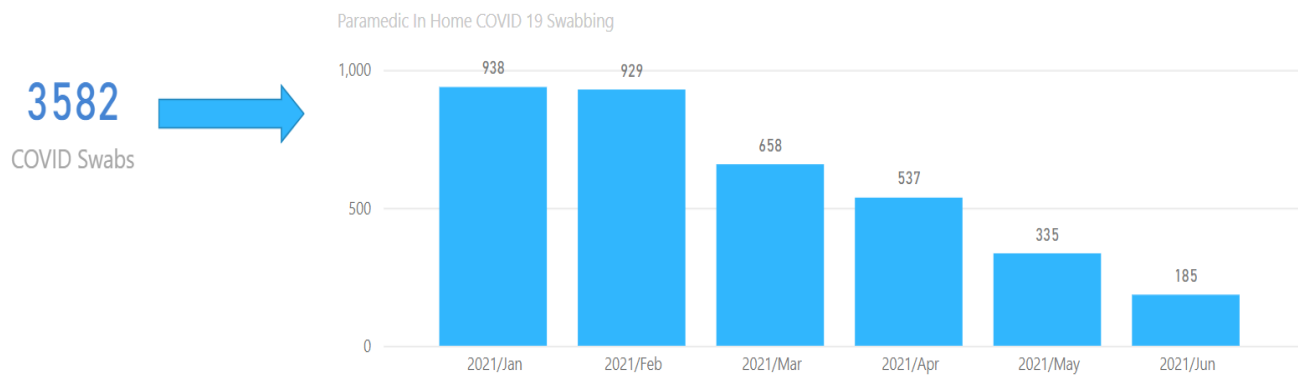
The objective of this program is to maintain and expand health promotion, education, and injury prevention. This program will also assist citizens in chronic disease recognition and prevention, injury awareness/prevention strategies, referrals, and health system navigation assistance. The primary goals 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

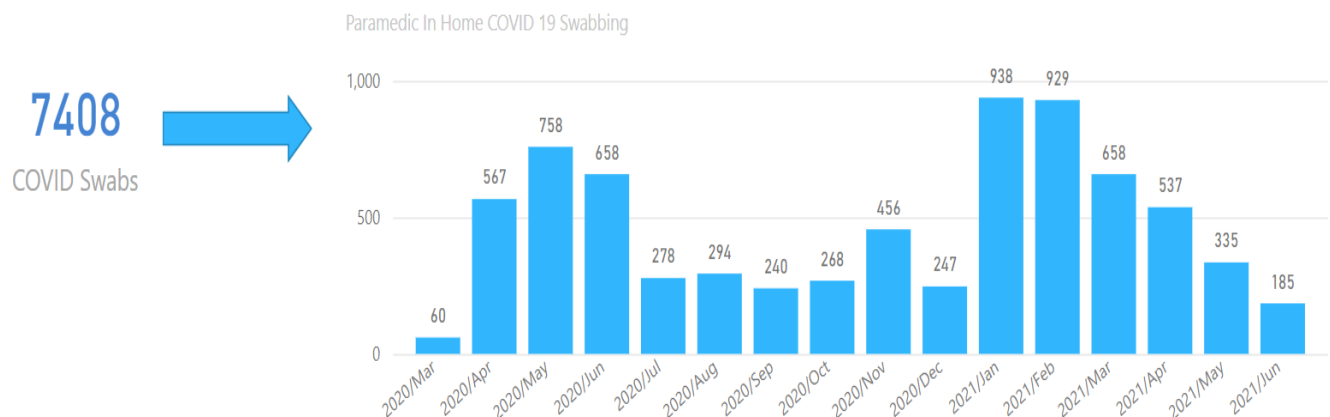
of COVID-19 mobile testing to ensure our patients are tested and may remain safely in their place of residence.

- 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.
- Community Paramedicine completes congregate setting outbreak testing aligned with Ontario Health North and under request from Public Health Sudbury and Districts.
- We have established a priority referral process to HPCP from Home and Community Care Support Services North East / Maison McCulloch Hospice for those 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 function as CP medical oversight physicians. They offer guidance / follow-up if required for those patients the Community Paramedic's test, assess, and who require further intervention(s).
- Sudbury and District Nurse Practitioner Clinic (SDNPC) with Dr. Alex Anawati and the Canadian Mental Health Association (CMHA) have collaborated with HPCP where HPCPs provide on demand COVID-19 testing every morning at the HSN Withdrawal Management Clinic at 336 Pine Street.

For the time period of January 1, 2021 to August 31, 2021 of the COVID-19 in home Point of Care (POC) testing program, a total of 3,582 Mobile COVID-19 tests have been performed by Community Paramedics.



Since the beginning of the Mobile Testing Service on March 15, 2020 through to August 31, 2021, Community Paramedics have completed 7,408 COVID-19 tests.



HPCP: Paramedic Referrals and Community Mobilization Sudbury - Rapid Mobilization Table Engagement

HPCPs have continued with our paramedic referral programs and Community Mobilization Sudbury-Rapid Mobilization Table (CMS-RMT) presentations and in person responses to support those found at acutely elevated risk of harm with coordinated immediate multiple agency wrap around care.

HPCP Paramedic referrals and RMT engagement between January 1, 2021 to August 31, 2021:

Paramedic Referrals (PR): Number of PRs reviewed, processed, and actioned by HPCPs	368
Rapid Mobilization Table (RMT): HPCP as RMT originating agency	30
Rapid Mobilization Table (RMT): HPCP as RMT presentation lead agency	14
Rapid Mobilization Table (RMT): HPCP as RMT presentation assisting agency	85

The Health Promotion Community Paramedic program has been requested as a supporting agency in a total of 85 other RMT presentations originating from other community agencies out of 101 overall totals of RMT presentations between January 1 to August 31, 2021, or 84.2% of all RMT presentations to date.

Each presentation to RMT is closed when the initial rapid multidisciplinary response has ended, and with each closure the lead agency provides a Conclusion Reason.

Conclusion Reason for all RMT discussions where Paramedic Services were engaged (as initiating and/or assisting agency) between January 1, 2021 to August 31, 2021:

Conclusion Grouping	Number of Discussions	%
Overall Risk Lowered	67	54%
Still at Acutely Elevated Risk (AER)	42	34%
Other	10	8%
Rejected	5	4%

Conclusion Reason for RMT Discussions where Paramedic Services were the Initiating or Referring Agency between January 1, 2021 to August 31, 2021:

Conclusion Reason	Number of Discussions		%
Overall risk lowered – connected to services	16	16	52
Still AER - informed about services; not yet connected	7	10	32
Still AER - refused services/uncooperative	2		
Still AER - systemic issue	1		
Other - unable to locate	2	3	10
Other - new information reveals AER did not exist to begin with	1		
Rejected - situation not deemed to be one of acutely elevated risk	1	2	6
Rejected - originator has not exhausted all options to address the issue	1		

Conclusion Reason for RMT Discussions where Paramedic Services were an Assisting Agency between January 1, 2021 to August 31, 2021:

Conclusion Reason	Number of Discussions		%
Overall risk lowered - connected to services	48	48	56.5
Still AER - informed about services; not yet connected	15	31	36.5
Still AER - refused services/uncooperative	11		
Still AER - systemic issue	5		
Other - unable to locate	6	6	7

HPCP Wellness Clinics in Vulnerable / Older Adult Subsidized Housing Buildings

Health Promotion Community Paramedics are planning a gradual return to offering CP clinics in partnership with McMaster University, CGS Housing, Ontario Health North and CGS Paramedic Services. HPCPs will continue to offer Health Clinics through virtual technology communication (when preferred) with Ontario Telemedicine Network (OTN) or phone consultations, and in-person clinics which resumed in early July 2021.

Between the dates of February 28, 2021 - Sept 02, 2021 the following virtual contacts were made:

Number of residents who attended in person clinics CP@Clinic	95
Number of residents called by CP to book a virtual CP@Clinic appointment	210
Number of residents who booked a virtual CP@ Clinic appointment	48
Number of TOTAL videoconference CP@Clinic appointments completed	13
Number of UNIQUE videoconference CP@Clinic appointments completed	7
Number of TOTAL telephone CP@Clinic appointments completed because residents did not have technology/internet/know how	96
Number of UNIQUE telephone CP@Clinic appointments completed because residents did not have technology/internet/know how	46
Number of missed phone appointments by participants	8
Number of missed video conference appointments by participants	2
Number of referrals to community agencies, support services, and primary care by CPs	16

Health Promotion CP@Home program

CP@Home is a program that targets frequent 911 callers with home visits by a HPCP to help discover and mitigate the root cause of the over dependence on the 911 system by reengaging individual with appropriate Health Care agencies and referrals to the correct community support services.

CP@Home ceased at the onset of COVID-19 and planning is under way to resume this community programming offered through the HPCP program in the late fall of 2021.

New Community Paramedicine Programs

Ontario Health North - Remote Clinical Monitoring Pilot

In January 2021, Greater Sudbury Paramedic Services was awarded \$142,000 from Ontario Health approved as dedicated short-term funding 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 was 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, a goal of this funding was also to reduce the risk of infection among health care workers. Greater Sudbury Paramedic Services collaborated with three other paramedic services and health care agencies in the northeast and designed a program delivered as a regional model. Our program is staffed with one dedicated Community Paramedic operating twelve hours per day, seven days per week. Paramedic Services commenced a five-month pilot program in December 2020, which since has been extended at the request of Ontario Health North. A sustainability plan has been created and a new submission for ongoing funding which could see us continue this service into 2022 has been submitted.

The CP remote monitoring service was accessible to all patients diagnosed with COVID-19 when it was clinically indicated. Patients could self-refer, or as the chart below outlines, other various agencies referred their patients to this clinical service from December 1, 2020 – August 31, 2021.

Public Health Sudbury and Districts	112
Patient Self-Referral	35
Paramedic Services (front line 911 staff or other Community Paramedic Programs)	32
Primary Care Practitioners	22
Health Sciences North COVID-19 Assessment Centre	16
Health Sciences North ED or Floors at point of Discharge	14
Community Health Clinics	1
Other Community Sources	20

The Remote Clinical Monitoring Program has provided clinical monitoring services and discharged a total of 238 patients since the commencement of the pilot program and currently has 13 active patients on service being monitored in their homes who are recovering from either COVID-19 or managing chronic health conditions. The strength of this program stems from a strong collaboration with various local health care partners and the regular or on demand paramedic contact to monitor a patients' wellbeing with phone consultations or daily visits.

Total Number of Patients who have utilized the CP Remote Patient Monitoring to date	251
Number of appropriate escalations to alternate levels of care as decided by Paramedics	207

Alternate Patient Destination – Mental Health and Addictions / Crisis Diversion Pilot

Paramedics responding to a 911 call may offer Mental Health and Addictions Diversion to suitable and consenting patients. This program offers a method for hospital emergency department aversion strategies and supports patient centered care; the right treatment to the right patient at the right time. These alternate destinations allow paramedics to transport patients to one of three community/hospital support services; HSN Crisis Intervention Services at 127 Cedar Street, initiation of HSN Mobile Crisis Intervention Services team to attend the residence, or HSN Withdrawal Management Services at 336 Pine St. This program has been available to patients since 2015 and has proven to be a safe and effective alternative to the emergency department in supporting those in need of mental health and/or addictions supports in the community.

Diversion January 1 to August 31, 2021:

Total number of times paramedics offered diversion as an alternative destination to the HSN ED	51
Total number of diversions COMPLETED as an alternative to HSN ED	27
Total number of diversions to Crisis Intervention Services	7
Total number of diversions to Mobile Crisis Intervention Services	6
Total number of diversions to Withdrawal Management Services	14

Naloxone Distribution / Harm Reduction

In December 2020, Sudbury Paramedic Services commenced participation in the Ontario Naloxone Program in collaboration with PHSD. This program has paramedics not only administering Naloxone as part of their standard paramedic care, but also providing education and distributing Naloxone kits to identified individuals where appropriate in the course of their duties or when requested from the public. This program permits 24/7 access to Naloxone in Sudbury, which was not previously available. This important initiative allows paramedics to promote harm reduction for those who misuse drugs with a goal of improving positive health outcomes in the community.

Since the implementation of this program on December 12, 2020, Paramedics have distributed 294 Naloxone kits and continue to support those in need.