Community Paramedicine Program Update – May 2024

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Report Summary

This report and presentation provides information regarding the Community Paramedicine programs delivered by Greater Sudbury Paramedic Services.

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

The City of Greater Sudbury's Community Paramedic programs, support Council's strategic initiative to create a healthier community through integrated community programming to meet the needs of vulnerable populations and reduce emergency responses and hospital admissions.

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

Community Paramedicine (CP) in Ontario originated in 2014 as a pilot program funded by the then Ministry of Health and Long-Term Care to relieve pressures on the health care system. Today we see paramedics apply enhanced skills outside their traditional 9-1-1 scope in the community under a health prevention and promotion model. Initially, the application of added skills and training for CP focused on reducing 9-1-1 calls and transport to emergency departments (ED) among non-urgent patients. Today CP is seen as a capacity enhancer and has evolved to address more than just the ambulance service concerns, but those of the entire community.

CP models have evolved in recent years to include wellness clinics, home visits, and services for monitoring patients with complex needs, especially frail seniors living in isolation and often disconnected from the health system. CP models are specifically implemented to support local needs and provincial priorities.

CP continues to play a pivotal role in Ontario's health services delivery. Given the progress made to date in enhancing system capacity by addressing system pressures, the Ministry of Long-Term Care (MLTC) and Ministry of Health (MOH) have continued to invest in CP programs provincially. Despite the nimbleness of CP program development, the current legislation governing paramedic services has gaps, therefore guidance is

needed to support CP development and ensure the safety of patients.

Provincial priorities are to:

- Coordinate and support the implementation of effective Community Paramedicine models and initiatives and support the program's ongoing development.
- Support greater accountability, performance, and integration within the health care system.
- Work with MLTC and MOH to identify options for improving Community Paramedicine programming.
- Support the MOH and MLTC development of a provincial policy framework for CP that guides quality assurance and safety requirements, and access and standardization of clinical pathways and tools.

In 2023, Ontario Health teamed up with senior leaders from Ontario's fifty-seven paramedic services and the Ontario Association of Paramedic Chiefs (OAPC) to help move these priorities forward. The Ontario CP Provincial Advisory Committee (CPPAC) along with the Community Paramedicine Provincial Knowledge Exchange Committee (CPPKEC) were formed. CPPAC and CPPKEC are diverse multisectoral tables with representation from the MOH, MLTC, Ontario Health, OAPC, Association of Municipalities of Ontario (AMO), health system partners and paramedic services. The CPPKEC supports CPPAC as the principal advisor to OH on policy, practice, and directions for CP in Ontario. The City of Greater Sudbury's representation on these committees includes CP leadership as part of CPPAC and CPPKEC, as well as co-chairs and leads of three working groups. These working groups are tasked with the development of provincial policy frameworks and divided into Clinical and Operational Practice, Quality Programs and Performance Indicators, and Education and Professional Competencies. The primary document from the provincial working groups is set to be presented to the MLTC and MOH in June of this year for provincial endorsement, which will assist in standardizing components of CP service delivery throughout the Province, while maintaining flexibility for local priorities and needs.

CGS Paramedic Services Community Paramedicine Program Overview

CGS has developed many Community Paramedicine pilots over the past nine years and has become recognized as an integral partner in our local health care system. The overarching CP program has several differing program service models and are fully funded. In 2014 the CGS CP program began with three CPs, today it has grown to have seventeen full-time CPs. The program consists of:

- Long Term Care CP Program (24 hours / 7 day)
  - 4 CPs Advanced/Primary Care Paramedics (ACP/PCP during a 12-hour day shift)
  - 1 CP (during a 12-hour night shift)
- Care Transitions Program (12 hours / 7 day)
  - 1 ACP CP
- High Intensity Supports Program (12 hours / 7 day)
  - 1 ACP CP
- Health Promotion and neighbourhood model LTC in Sudbury Housing (12 hours / 7 day)
  - 3 PCP CP

CP-LTC (Community Paramedicine for Long Term Care)

Since 2021, all land ambulance services in the Province of Ontario have been operating CP-LTC programs. These fully funded CP programs are a $426 million investment over six years made by the MLTC as an innovative solution to support seniors living in the community but on the Long-Term Care (LTC) Home waitlist. In 2020, Greater Sudbury Paramedic Services were granted the maximum funding of $6.5 million dollars over three years, with an extension of $2 million in annual funding until the end of the 2025-2026 fiscal year.

The MLTC recently released a program evaluation summarizing the first two years of CP-LTC in Ontario. Throughout this program's three-year duration, Greater Sudbury Community Paramedics have provided an enormous amount of patient-specific and aggregate data points to the MLTC, which has contributed to the outcomes reported in that evaluation. Below are key findings that paint a picture of the positive impacts CP-LTC is making for older adults and their families across Ontario, and right here in Sudbury:

- The cost of CP-LTC is quoted as $8.40 per client / per day.

- In a patient's first six months of being enrolled in the CP-LTC program, there is an average reduction of 24% in ED visits, and a 19% reduction in hospital admission from ED visits. Provincially, 911 calls decreased by 22-32% for patients enrolled in CP-LTC. Locally, this past fiscal year, CP-LTC completed 5,597 home visits. Of those visits, 975 (or 18%) are unplanned same day urgent requests that would otherwise have been directed to 911 or the ED. In over 70% of those urgent requests, a visit by a CP that same day can provide assessment and/or treatment that allows the patient to stay home, avoiding 911 and ED/hospital use.

- Patients of CP-LTC who are on the LTCH (Long Term Care Homes) waitlist are less likely to be moved to the crisis category and are less likely to experience deterioration in their health condition. In patient and family survey responses collected by the MLTC, over 90% responded that CP-LTC helped maintain or improve the client's health and well-being, and helped the client feel safer in their living arrangement.

HISH (High Intensity Supports at Home)

In September of 2023, the High Intensity Supports at Home (HISH) Community Paramedicine pilot at CGS received permanent base funding from Ontario Health. The HISH program is a collaboration between Home and Community Care Support Services (HCCSS), Community Paramedicine, Behavioural Supports Ontario (BSO), the Alzheimer's Society, and several other community health agencies. Working collaboratively, this team strives to provide wrap around care on a short-term basis for frail older adults with complex medical, behavioural and/or social needs awaiting an urgent/crisis-level placement priority.

HISH aims to support the patient and family in their own home to prevent hospital admission and Alternate Level of Care (ALC) status while awaiting LTC Home. Many patients in this program have moderate to severe dementia, and the families are experiencing significant caregiver burnout.

The HISH CP program rosters only 20-30 patients at any time, by far the smallest CP program roster, but this allows the CPs to see the patients frequently, often multiple times a week, and to collaborate closely with partner agencies to relieve the burden of care from the patient and family. In the 2023/24 fiscal year, this program saw 93 unique patients, with 77 of those patients discharged in this period. Of those discharged patients, 46 were successfully transitioned to LTCH. For this population, the transition from home to LTCH is often a particularly challenging one with many potential barriers and opportunities for failure. The alternative is long term hospitalization. This past fiscal year, Health Sciences North (HSN) was able to meet and exceed a provincial target of 10% reduction in ALC beds by March 31, 2024. The HISH program and CP involvement played a pivotal role in keeping this number low, transitioning patients from home to LTC Home without adding to the ALC numbers.

Health Promotion and Vulnerable Persons Initiatives

Sudbury Housing Wellness Clinics

The goals of Wellness Clinics are to help keep low-income older adults healthy at home and reduce avoidable 911 calls.

CPs visit with older adults in common rooms of geared to income multi-unit housing, addressing their unmet health needs. The CPs use evidence-based assessments to evaluate older adults' health risks. This programs' objectives are to maintain and expand health promotion, education, injury prevention, and recognition, prevention and management of chronic diseases. CPs also assist with referrals for services and health system navigation. Currently CPs are conducting wellness clinics in nine different buildings throughout the City. The buildings chosen are either seniors housing or residences with a large population of seniors.

There have been four new buildings added in 2023; 211 Caswell Drive, 12 Elgin Street, 340 McLeod Street, and 3553 Montpellier in Chelmsford. 911 call data was collected for each of these four buildings measuring call volume six months prior to clinic implementation and six months post clinic implementation. These findings demonstrate an impressive 19% decrease in 911 calls overall post clinic implementation. Other clinic locations include 1052 Belfry Street, 160 Leslie Street, 1960 Paris Street, 27 Hanna and 36/38 Coulson in Capreol. In total, 1,259 individuals were seen at 158 wellness clinics that were held between April 1, 2023 to March 31, 2024.

Rapid Mobilization Table (RMT)

Community Mobilization Sudbury (CMS) is a community partnership representing over 30 organizations from diverse sectors. Community Paramedicine has been a member of CMS for almost ten years. The group comes together around a common need and desire to build multi-sectoral and collaborative mechanisms for responding to situations of acutely elevated risk**.**

The CMS threshold of acutely elevated risk refers to:

- A situation affecting an individual, family, group, or place where there is a high probability of imminent and significant harm to self or others (i.e., offending or being victimized, experiencing an acute physical or mental health crisis, loss of housing).
- Circumstances require the support of multiple service providers and have accumulated to the point where a crisis is imminent if appropriate support is not put in place.

Representatives from CMS partner agencies meet twice each week at the Rapid Mobilization Table (RMT). The RMT is a focused, disciplined discussion where participants collaboratively identify situations involving those who are at high risk of harm.

Once a situation is identified, all necessary agency partners participate in a coordinated, joint response, ensuring that those at risk are connected to appropriate support. Community Paramedicine is identified as one of the top six assisting agencies at RMT with a 69% involvement in all responses.

Shelters

Midway through 2023, CPs began visiting the City's shelters to provide wellness clinics. This had been a regular activity prior to the COVID-19 pandemic. One CP visits the Samaritan Center weekly, and another CP visits the Ontario Aboriginal HIV/AIDS Strategy (OAHAS) drop-in center located on Elm Street monthly. The same two CPs routinely complete most of the clinics held, building the rapport and trust that is essential with the City's vulnerable population. These two CPs have received advanced wound management education and training. The drug poisoning crisis has exacerbated wound care needs in the population of individuals with opioid use disorder (OUD), who have challenges using traditional community based wound care models.

CTCP (Care Transitions) Program

The Care Transitions Community Paramedicine Program (CTCP) CPs provide home visits and interventions under medical oversight to patients with complex chronic disease to assist them in transitioning from acute care to community and/or self-supported in-home care. The program's primary goal is to decrease ED visits and readmissions to hospital for patients with chronic disease namely congestive heart failure, chronic

obstructive pulmonary disease, and diabetes, who are at elevated risk of repeated admission to hospital. Program focus is education and self-management. The CTCP program offers a combination of same-day visits for episodic management and patient education/monitoring to reduce frequency and severity of exacerbations of their chronic illness. Patients can be discharged once self-management goals are achieved. This enables the program to enroll new individuals into the service who have had recent hospital admissions.

2023/24 Fiscal Year (April 1 - March 31) Stats

Program	Unique Individuals	Total Visits
Long Term Care program	1,795	10,916
Care Transitions program	289	1,430
High Intensity program	92	1,073
Health Promotion program	149	792
All Programs Total	**2,326**	**14,211**

Conclusion

Community Paramedicine is an evolving healthcare model. Through provincial and internal program analysis the CGS CP Program demonstrates that it is helping citizens remain safe and healthy and in their homes longer, while creating sustainability in our healthcare system that needs to keep up with the demands of an aging population.

Resources Cited

- Community Paramedicine for Long-Term Care Program Evaluation September 2023 - Ontario Ministry of Long-Term Care