Background

In Canada, of those who have a preference, 75% wish to die at home or receive their care at home in the last weeks and days of life. Despite this, Statistics Canada reports 70% die in hospital and most will visit an emergency department. Paramedics facilitate over half of these emergency department visits. Emergency departments tend to be loud, busy, overcrowded, and are often stressful for patients receiving palliative care who are often seeking urgent symptom control. According to the Ontario Palliative Care Network's (OPCN), recent performance summary 59% of residents in the Sudbury, Manitoulin, Parry Sound sub-region who died during the periods between 2011/12 and 2017/18 had one or more Emergency Department (ED) visit in the last 30 days of life. Of these visits, 17% had two or more ED visits within the last 30 days of life. These are patient situations that can be managed in the home setting entirely. Evidence shows that having Paramedics provide palliative care and end-of-life care in the home improves comfort and quality of life for people with debilitating illnesses, as well as their families. It also reduces the number of avoidable trips to the hospital and the use of health system resources, such as hospital beds and emergency departments.

Paramedics and Palliative Care: Bringing Vital Services to Canadians is a Canada-wide initiative. The Canadian Partnership Against Cancer (The Partnership) and the Canadian Foundation for Healthcare Improvement (CFHI) announced in January 2019 that Canadians living with cancer and other life-limiting conditions will gain access to urgent palliative care when they need it and where they want it. This will be achieved through Paramedics trained in providing palliative and end-of-life care in the home in collaboration with other health professionals. The two organizations will jointly provide up to $5.5 million over the next four years to expand access to Paramedics trained in providing palliative and end-of-life care to people in their homes. CFHI and the Partnership will support provincial health authorities and organizations across the country to adopt and adapt best practices.

Paramedics Providing Palliative Care in the Home programs were initially implemented in Nova Scotia and Prince Edward Island in 2014. These programs see Paramedics providing enhanced resources and are trained to treat patients' palliative needs at home, without transporting them to the hospital. The programs collaborated with Pallium Canada to develop a new curriculum for palliative care that is specific for Paramedics. The new curriculum was entitled "LEAP for Paramedics" (LEAP – Learning Essentials and Approaches to Palliative Care). The LEAP program is widely regarded as the defacto standard and demonstrates an appreciable level of inter-professional education.

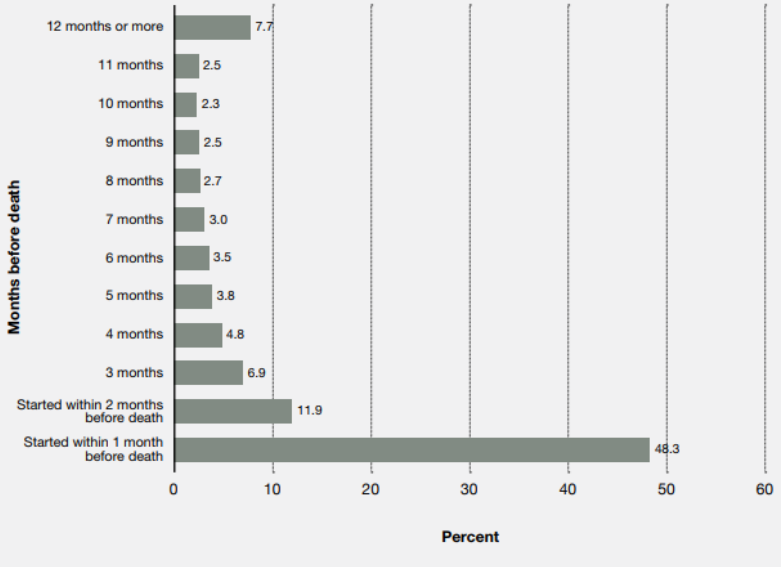
Gaps in Care and Focus for Change

Traditionally, Paramedic protocols are to stabilize patients and transport to the Emergency Department. Protocols allowing for “treat and release” for patients receiving palliative care did not previously exist for Paramedics. Resources and approaches for palliation were not a part of Paramedic education and lack of palliative training/education has been cited as a key barrier in preventing Paramedics from delivering quality palliative care. Paramedics have no preexisting knowledge of patient care plans and goals of care are not always readily/clearly accessible to prehospital care providers.

A City of Greater Sudbury Model

The evolution of palliative care is exciting as access and patient care needs are being better addressed. Although there is more work to do, we are joining healthcare partners who work together to improve care. Health Quality Ontario reports in their Measuring Up 2018 publication that among people who died in Ontario in 2016/2017 and received palliative care services in their last year of life, almost half began receiving it only in their final 30 days, even though receiving palliative care earlier can lead to better quality of life during the course of a life-limiting illness.

FIGURE 9.4 Percentage of people who began receiving palliative care in each of the 12 months before their deaths, among people who died in Ontario in 2016/17 and received palliative care during their last year of life



Data source: National Ambulatory Care Reporting System, Registered Persons Database, Ontario Health Insurance Plan Claims History Database, Discharge Abstract Database, Home Care Database, Ontario Mental Health Reporting System, Continuing Care Reporting System, provided by Cancer Care Ontario

The recent announcement that an expanded scope for Paramedics will soon be approved by the Ministry of Health lends opportunity to care for our community patients who are choosing to palliate at home. Paramedics will soon play a larger role in palliative care and we will be working with palliative

care providers here in Sudbury to work on roles, processes and clinical directives in the upcoming months. This is a great example of coordinated care for Northerners across the full continuum of care.

Two of the North East LHIN's palliative care priorities are to increase the knowledge and skills of primary care providers to care for dying patients at home and to decrease unplanned ED visits in the last 30 days of life. The enhanced scope of practice will allow Paramedics better training to recognize the palliative state, be involved in more complex care coordination as well as direction to follow a palliative care approach as part of the patient care plan. This for example would include the attention to patients and family to receive care at home rather that an automatic transfer to a hospital ED. In order to plan for a more fulsome Paramedic role, there are several national and provincial studies underway, in addition to Ontario Palliative Care Network collecting project leads to share experiences. Locally, City of Greater Sudbury Paramedic Services is working with the Northeastern Local Health Integration Network (NE LHIN) by taking the first step to better understand palliative care through talent development. We are hosting Pallium LEAP – Learning Essentials and Approaches to Palliative Care, courses for all Paramedic and support staff, with an expected completion date of April 1, 2019.

Pallium Canada
LEAP PARAMEDIC
Learning Essential Approaches to Palliative Care

The Program Framework

Palliative Clinical Practice Guidelines (CPG) – A CPG for Paramedics responding to patients receiving palliative care focusing on symptom management (e.g., pain, breathlessness, nausea, agitation, psychosocial distress, fear, etc.)

Education Intervention – Collaboration with the NELHIN in hosting a new curriculum for palliative care that is specific for Paramedics LEAP – Learning Essentials and Approaches in Palliative Care.

Palliative care patient database that feeds into the patients health record – Database to make patient care wishes accessible to paramedics.

Program Overview

Although only being in preliminary discussions around support to our community palliative patients with Sudbury's shared care team, a program overview and a summary of our program goals deliverables are as follows;

> We will be looking at establishing a process similar to the one currently used successfully in Nova Scotia and PEI. Initially patients would be recruited from palliative care teams and

emergency orders would be written by their palliative care physician, approved by a base hospital physician, and stored along with their Do Not Resuscitate (DNR) confirmation form on a secure database. The Paramedic crew would only transport the patient to hospital if it is in the patients and families wishes. Otherwise they would treat them in their environment, and release them upon improvement of symptoms or arrival of the patient's primary palliative care team. The responding crew would be responsible for documenting the call in a format accessible to the patient's primary care team to ensure they are aware of the call and of the patient's status.

This new approach to Paramedic response to emergency palliative care would enable flexibility to align with patient and family preferences and needs. Currently Paramedics are expected to transport patients unless they sign a refusal of care, and are not to administer narcotics or other medications then leave patients on scene. This is suboptimal care when dealing with palliative and end-of-life patient populations. By following a care plan developed for the patient by the health team and family, and including family members in treatment and or transport decisions, we will be aiming to build patient centered care.

To date, all Paramedics are currently enrolled in LEAP with an expected completion date of April 1, 2019. Further training on the treat and release protocol, medical directives and ongoing QA/QI will be completed in 2019 by the Base Hospital under the Base Hospital Performance Agreement. Throughout further program development and implementation we will aim to engage patients and families as well as representatives from First Nations, Inuit and Metis.

This program brings fundamental changes to the way Paramedic care is delivered. The introduction of treat and release protocols increases Paramedic autonomy, provides patients with the opportunity to obtain care and die in the location of their choosing. The utilization of patient-specific orders developed by their palliative care specialist is also a substantial change since our current system uses province wide strict medical directives. This new approach will help us provide better patient-centered care to the palliative population, whose needs can be very diverse. This program should provide patients, families and primary palliative care teams with increased supports and increased confidence to enable palliation at home.

Plan Objectives

- Paramedics are comfortable, knowledgeable and confident delivering palliative care;
- Community nursing and palliative care teams are active partners. Information is exchanged with Paramedic teams;
- Paramedics have the option to treat and release in the patient's home. Transports to the ED will decrease;
- Improved satisfaction with the end-of-life journey;
- Symptom management for patient receiving palliative care;
- Collaborate with First Nations, Inuit and Metis to ensure cultural requirements are built into the program;
- Collaborate with our Community Paramedic team who would collaborate with the shared care team, recruit patients in the palliative database, and follow up on patients after a 911 call responses to ensure a seamless transition between emergency response teams and the patient's primary care team.

Plan Core Deliverables

- Medically manage patients under palliative symptom relief medical directives and treat and release protocols for patients receiving palliative care;
- Access to a palliative care patient database;
- Updated processes for 911 dispatcher/communications officers;
- Updated processes for Paramedic emergency responders;
- Awareness and buy-in of new Paramedic role definition by palliative care teams;
- Training and education for Paramedics.

Conclusion

If operating similar to the Nova Scotia model, our program will likely result in patient and family satisfaction, reduced time on task for Paramedics, and a decrease in emergency department presentations in keeping with a patient's expected death location. Becoming a major acute partner to

the shared care team here in the North East Paramedic referrals will also help patients in the community who have not been identified as having a palliative diagnosis. For patients with a known diagnosis, the LEAP education series training will align our Paramedic team in the continuum consistent with palliative care approaches. This initiative will likely become a provincial standard and aligns with normal Paramedic operations therefore there are no anticipated additional operating costs.

We anticipate that the change in practice resulting from addressing the knowledge gap in palliative care will effect a change in culture among Paramedics and administrators and establish collaborations between emergency services and palliative care. These are likely to continue to expand, and in Sudbury we are already leading to other joint projects to improve access for palliative care patients. In working together with palliative health care providers in a coordinated approach, Paramedic Services will be a partner in ensuring that quality palliative services are readily available and easy to access for the citizens of Greater Sudbury with life-limiting illness and their loved ones.