

Presented To:	City Council
Presented:	Tuesday, May 05, 2020
Report Date	Friday, Apr 17, 2020
Type:	Managers' Reports

Request for Decision

Paramedic Services - Community Paramedics

Resolution

THAT the City of Greater Sudbury approves the conversion of two full time long-term contracts to permanent full time Community Paramedics funded by the North East Local Health Integration Network (LHIN), as outlined in the report entitled "Paramedic Services - Community Paramedics", from the General Manager of Community Safety, presented at the City Council meeting on May 5, 2020.

Relationship to the Strategic Plan / Health Impact Assessment

The City of Greater Sudbury's Community Paramedic programs in partnership with the NorthEast LHIN and Health Sciences North, supports Council's strategic initiative to create a healthier community through community programs that meet the needs of vulnerable populations and reduce emergency responses and hospital admissions.

Report Summary

Since the inception of the Community Paramedicine initiative in 2014, Community Paramedics, in partnership with the Ministry of Health, Health Sciences North, the North East LHIN, and CUPE (Local 4705), have been improving access to health care through various clinical and health promotions programs. These programs contribute to improved patient access to the right care in the right place. The North East LHIN has transitioned previously annual funding to new permanent base funding for the City of Greater Sudbury Paramedic Services Community Paramedicine through Health Sciences North.

With confidence, the LHIN is providing base funding to support Sudbury Paramedic Service's Community Paramedic programs and with Council's approval this will fund two permanent full time Community Paramedic positions.

Financial Implications

There are no financial impacts as the amounts are within approved budgets. If approved, the outlined

Signed By

Report Prepared By

Melissa Roney
Deputy Chief of Emergency Services
Digitally Signed Apr 17, 20

Financial Implications

Apryl Lukezic
Co-ordinator of Budgets
Digitally Signed Apr 17, 20

Recommended by the Department

Joseph Nicholls
General Manager of Community Safety
Digitally Signed Apr 17, 20

Recommended by the C.A.O.

Ed Archer
Chief Administrative Officer
Digitally Signed Apr 22, 20

Community Paramedic positions will be converted from contract to permanent positions, within the annual base funding of \$328,500 provided by the North East LHIN.

Paramedic Services – Community Paramedics

Background

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 principles into a paramedic’s scope of 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 patients call for medical assistance.

Community Paramedicine Program Characteristics

Community Paramedicine reflects a transformation in the practice of Paramedicine from an emphasis on pre-hospital emergency care to a model that includes prevention, health promotion and primary health care. In Sudbury, Community Paramedicine is being implemented by three dominant models of care which include; referrals programs, wellness clinics, and home visit programs.

- Referrals are a case finding strategy employed by paramedics to connect patients with other care providers, most often home and community care.
- Wellness clinics are located in areas identified where paramedics advertise and provide health promotion and prevention i.e. homeless shelters, older adult and social housing buildings.
- Home visit programs represent paramedics working in a team with other health care providers to maximize the “at home” support for patients that have either repeatedly called 9-1-1 or who have been identified for risk of 9-1-1 utilization due to underlying medical conditions or chronic diseases.

Each of these models of care has been appraised through different research studies or independent economic evaluation with demonstrated successes. Findings from Sudbury have shown that referrals can improve access to and use of home care services while reducing 9-1-1 calls and emergency department visits. The CP@Clinic model has shown that clinics in subsidized housing buildings can reduce 9-1-1 calls while also improving patient well-being and quality of life. Home visit programs have demonstrated reductions in 9-1-1 utilization, Emergency Department (ED) visits, and hospital admissions. The Community Paramedicine Remote Patient Monitoring (CPRPM) Program demonstrated improved efficiency of home visit programs by allowing paramedics to increase their caseload. In turn, this provided a substantial return on investment for helping elderly patients live in their homes – not calling 9-1-1, visiting the ED, or being admitted to hospital.

Provincial Funding for Community Paramedicine

In 2014, the Ontario Ministry of Health and Long-Term Care (MOHLTC) invested \$6 million annually to support the development of 30 Community Paramedicine Demonstration Projects across the Province. This funding was allocated on the recommendation that the MOHLTC invest in the development of CP as part of the 2012 Living Longer, Living Well Report by Dr. Samir Sinha (Director of Geriatrics, Sinai Health System and University Health Network) that informed the development of the Government of Ontario's Seniors Strategy. In 2017, at the conclusion of a successful three-year demonstration period, the MOHLTC decided to provide the 14 Local Health Integration Networks (LHINs) with base funding to continue the development of CP programs across every region of Ontario and transferred to each LHIN the responsibility of overseeing these ongoing activities. Under the previous model, funding for CP programs were transferred directly to paramedic services that were operating designated programs from the MOHLTC. The transfer of responsibility to the LHINs necessitated changes to the process for transferring funds as LHIN funding for health services can only be transferred to designated transfer payment agencies (TPAs). While paramedic services are TPAs of the MOHLTC – they are *not* for the LHINs according to the legislation that governs them. Health Sciences North, for example was subsequently asked to and agreed to be the TPA for the North East LHIN's initiatives being operated by Sudbury Paramedic Services.

The City of Greater Sudbury has been improving access to health care through the Community Paramedicine initiative since 2014 in partnership with the Ministry of Health, Health Sciences North, the North East LHIN, CUPE (Local 4705) and others. On July 12, 2018, the North East LHIN transitioned what was annual funding to new permanent base funding with a commitment of \$328,500 annually for Sudbury Paramedic Services Community Paramedicine through Health Sciences North. This funding is intended to support the Care Transitions and Health Promotions CP programs that contribute to; improved patient access to the right care in the right place, improved delivery and coordination of services in the community for older adults and other patients with unmet needs and system partnerships, collaboration, and resource sharing amongst service providers.

Municipal Funding for Community Paramedicine

The CGS Community Paramedic program currently employs one Health Promotion Community Paramedic (HPCP) using provincial funding to provide various health promotion, injury prevention, and education programs that target our communities' most vulnerable populations. The work the HPCP is responsible for includes Older Adult Clinics, Shelters Clinics, Paramedic representation at CMHA's Rapid Mobilization Table, Paramedic Referrals and Bystander Hands Only CPR/AED education. The Health Promotion Community Paramedic provides weekly wellness clinics to citizens from our homeless population in our local homeless shelters. These wellness programs work to provide proper health screening but most importantly the HPCP works to restore appropriate reengagement of our homeless to the health care system. The previous service level in the Health Promotions Community Paramedicine Program was not able to keep up with the growth in demand and at Council's direction (Resolution ES2019-03)

through the 2020 budget process we were able to increase service delivery hours of the Health Promotions Community Paramedic program by three pilot funded fulltime Community Paramedics with a one-year commitment. This change was to provide additional resources to allow the expansion and addition of services equitably throughout all CGS communities.

If approved, with committed annual LHIN base funding of \$328,500 our goal is to continue and constantly improve our Health Promotion and Care Transition Community Paramedic programs with two permanent full time Community Paramedics. Paramedic Services is committed to fulfilling all performance and reporting requirements as required by Council and the North East LHIN. Furthermore, the Paramedic Services Division's staffing level will be adjusted should a loss of North East LHIN base funding occur, unless Council has given prior approval.