

MIH-Mobile Integrated Healthcare



The Current Model

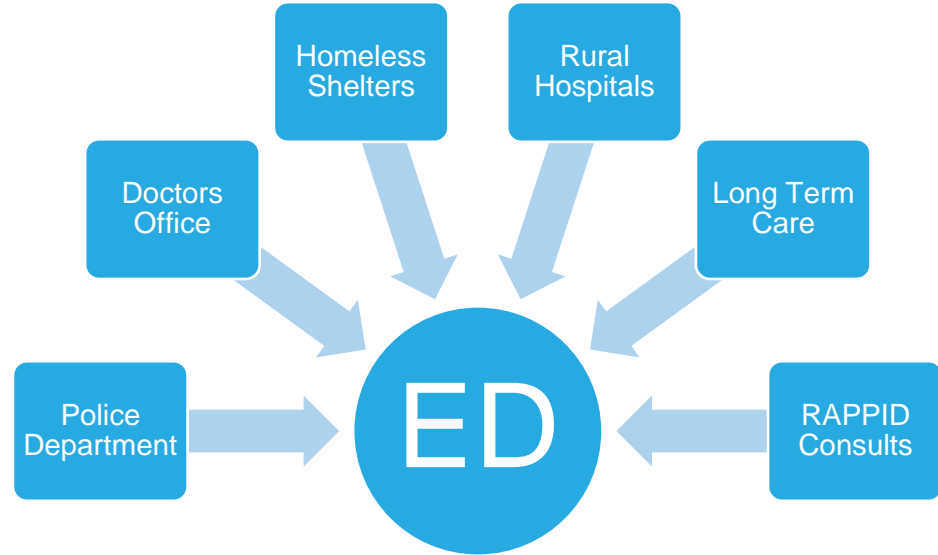
You Call – We Haul



1975



2015



What is a Community Paramedicine

- *...is an innovative health care delivery model that allows patients typically treated in the hospital to be cared for at home. The team consists of Community Paramedics, physicians and other healthcare professionals that work collaboratively to treat and monitor a patient's health during an acute episodic illness, usually one to five days.*

Project Goals

- Improve the health status for Seniors and those Clients with complex medical or social needs.
- Allow city ED's to function more efficiently by increasing care and treatment in place.
- Free EMS resources by reducing the number of events emergent EMS operations needs to attends.

- **OUR MISSION**

- *“Being patient-focused, we provide advanced health care in the community with the goal of decreasing the need for facility-based acute care medical services.”*

A new way of thinking...

- What if we could take less patients to the ED?
- Community Paramedics are gaining traction across North America
- In 2013, Edmonton Zone introduced the Palliative Treat in Place Program
 - Reduces ~250 unneeded palliative hospitalizations per year
- Fall of 2014, Edmonton Zone EMS Community Care program was initiated.

Edmonton Zone EMS Community Care

Urgent Response Team

- Paramedic, Nurse Practitioner Team
- Provided as a referral service to CC facilities to treat and care for patients in place
- Access to clinical assessment, DI, Lab, prescribers, follow up
- Reduce transport rate from 90% to 14% from continuing care facilities

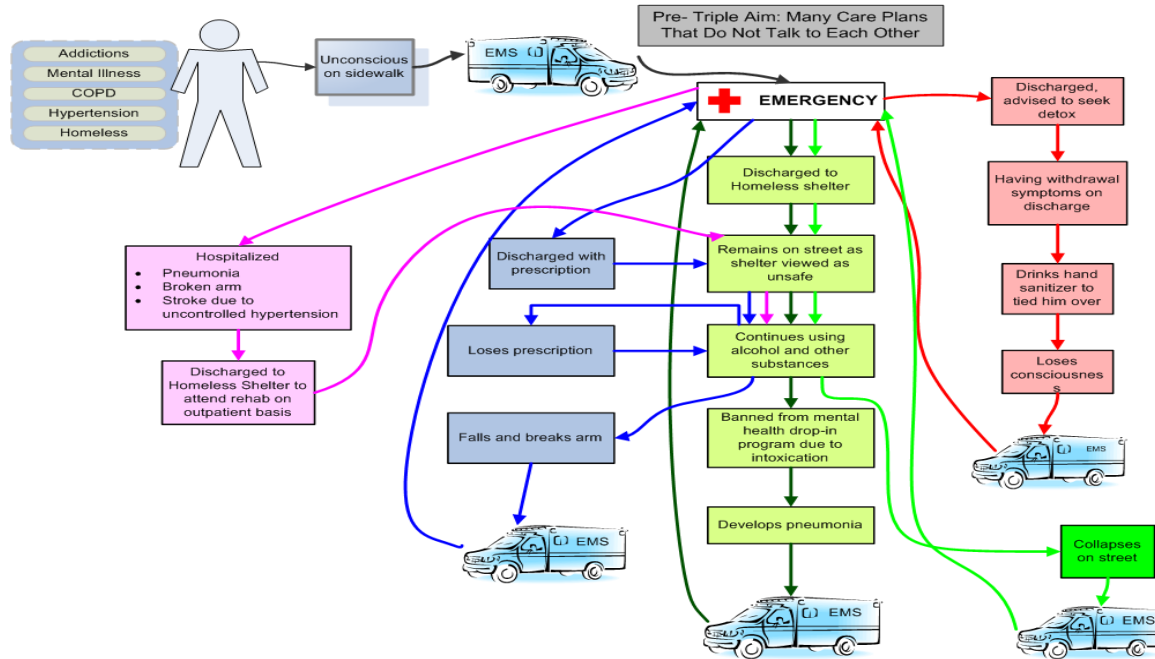
Crisis Response EMS (CREMS)

- Support ARC
- Mental Health Response
 - Treat and care for 75% of mental health clients in place

City Center PRU

- Inner City Assessment
- Inner City Liaison

CREMS – The AMH problem



CREMS (*Crisis Response EMS*)

- Currently staffed 7 days a week.
 - 0800-0200 Monday to Friday
 - 1400-0200 Weekends
 - 3 Paramedics
- 3 Mental Health Therapists

CREMS

- Patient Demographics
 - Patients of any age over 18
 - Long MHA history or in acute crisis
- Require
 - Urgent stabilization
 - Form 10 consideration
 - Mental Health Assessments
 - Referrals for services
 - Crisis
 - Social Services
 - Detox
 - Follow up until resolution is found

CREMS can Assess

1. Risk assessment
 - Suicidal
 - Risk to others
 - Risk for deterioration
2. Requests for detox
 - Priority for ARC
3. Screening of Mental Illness
 - Finding appropriate resources
4. Rapid referral pathways
 1. Psych referral
 2. Stabilization (MHT)

CCPRU - Inner-City medical assessments

- Inner-city clients requiring assessment and primary care contacts.
 - AHS - Addiction Recovery Centre
 - George Spady Shelter and non-medical detox
 - Hope Mission
 - Boyle Street Community Services.
 - Mustard Seed
 - Bissell Centre
 - Map 24/7
- CCPRU will Co-Respond with Metro Ambulances to ANY events at these sites.

Urgent Response Team

- ***Our Goals include:***
 - ***To bridge the gap between our primary care model and the in-facility acute care models by providing a layer of support that is higher and more reactive than primary care but less than what is involved in an acute care level.***
 - ***This Urgent Level can provide much of the diagnostic and health support, slightly earlier in the illness cycle.***
 - ***Build system capacity over time within Continuing Care to allow more complex clients to be treated in place.***

URT

- Patient Demographics

- Average age > 80
- Multiple Co-Morbidities
- Complex medical needs

- Require

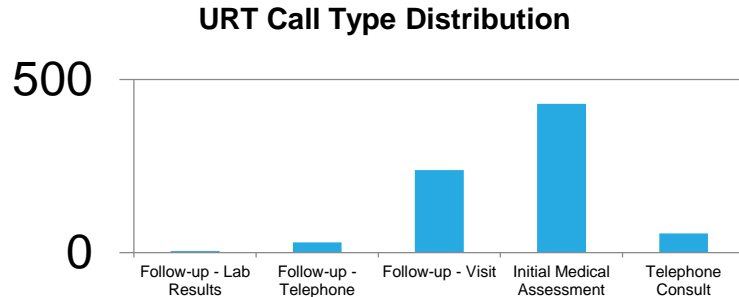
- Lab work
- Advanced assessment
- DI
- IV Medication Administration
- Wound Closure
- Catheter initiation and maintenance

Top Dx

1. Pneumonia
2. Cellulitis
3. Trauma – Fx
4. Neuro
5. Failure to Thrive
6. GU (UTI)
7. Trauma – Sprain/Strain
8. Resp – COPD
9. Endocrine – Fluid/Electrolyte
10. GI

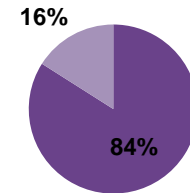
Urgent Response Team

- Provide clinical diagnostic and treatment without the need for use of an ED.
 - Current Consult Model in 65 Supportive Living and Facility Living Sites
- Results show 84% of clients were treated in place and 16% being transported either to an ED or directly to an in-patient bed.*



Urgent Response Team (URT)

■ Treat in Community ■ Transport to Hospital



of Patients: 709

Urgent Response Team

Hours

- 7 days a week
- 0600 to 2200
- 8 Paramedics
- 4 Nurse Practitioners

Urgent Response Team

- The EMS URT uses single person response units. They work as an integrated team which includes; Nurse Practitioners, Paramedics, AHS Continuing Care Case Managers as well as Site Physicians and Nursing staff. They provide:
 - Consult medical services
 - On-site clinical evaluation and assessment
 - Advanced treatments and carry a wide formulary of drugs
 - Point of care and stat lab blood testing
 - Efficient Diagnostic Imaging processes
 - Integration with the acute care system through RAPPID
 - Follow-up for up to 72 hours if required

Urgent Response Team

Moving Forward:

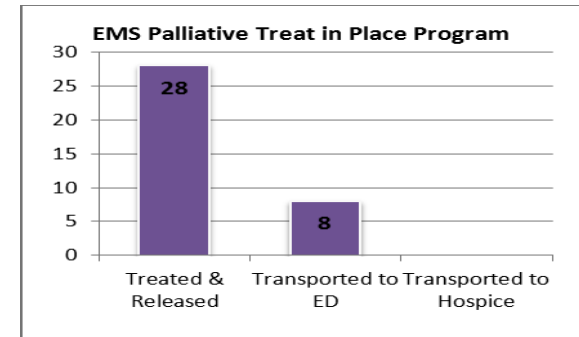
- Replace EMS ambulance responses to “A” calls within Continuing Care Sites replacing them with URT resources. Secondary Palliative Response?
- Allow EMS ambulances to call in URT for “C & D” calls within Continuing Care Sites?

Palliative Response

- Previously 90% of Palliative Clients that EMS was called to were transported to an ED with a 50% admission rate.
 - In 2013, a palliative community treatment process was begun with a reduction to ~25% clients being transported with 50% of that much lower client numbers being admitted.
 - Treatment is collaborative between EMS and Homecare staff.
 - We had an overwhelmingly positive response from clients and their families in providing this service.
 - **In April 2015, this process was rolled out across all zones in the province.**

Palliative Response

- Our Palliative reported stats have typically low compared to actual calls for service.
 - ✓ The first three months of 2015 showed 36 palliative events with 78% of clients treated in place.
 - ✓ A review in 2014 showed that palliative events were approximately 2.2x higher than reported numbers.
- Next Steps:
 - ✓ Support the province rollout.
 - ✓ **Allow EMS ambulances to call in URT to better support palliative clients in the community.**
 - ✓ URT carries a larger formulary, the ability to provide enhanced treatment options than an ambulance alone.



City Center PRU

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EMS Community Care

- Edmonton Zone Community Paramedic Program
 - 4 – Community Paramedic Units
 - 1 - Crisis Response and EMS (CREMS)
 - 1 - City Center Team
 - About 6500 patient events in 2017

- Calgary Zone Community Paramedic Program
 - 5 - Community Paramedic Units
 - 1 - City Center Team
 - About 6500 patient events in 2017

Provincial EMS Initiatives

- ✓ Creation of a Provincial Mobile Integrated Healthcare area within EMS
- ✓ Design and Implement
 - 1) *EMS Community Paramedic Teams* (Lethbridge, Medicine Hat, Red Deer, Camrose, Grande Prairie, Peace River)
 - 2) *Assess, Treat and Refer Coordination Centers* (Calgary and Edmonton)



Enhancing Care in the Community



“The best way to predict the future is to create it.”

QUESTIONS?