

Community Paramedic Program Mobile Integrated Healthcare



Problem Statement



ACCESS to
healthcare
particularly
PRIMARY, URGENT
and **SPECIALIZED**
care is a growing
CONCERN

Barriers to Accessing Healthcare

MULTIPLE COMORBIDITIES

ELDERLY

NO SOCIAL SUPPORT

COMPLEX NEEDS

RESOURCE RESPONSIVENESS

FRAILTY

ANXIETY

POOR MOBILITY

LOWER SOCIOECONOMICS

IMPAIRED COGNITION

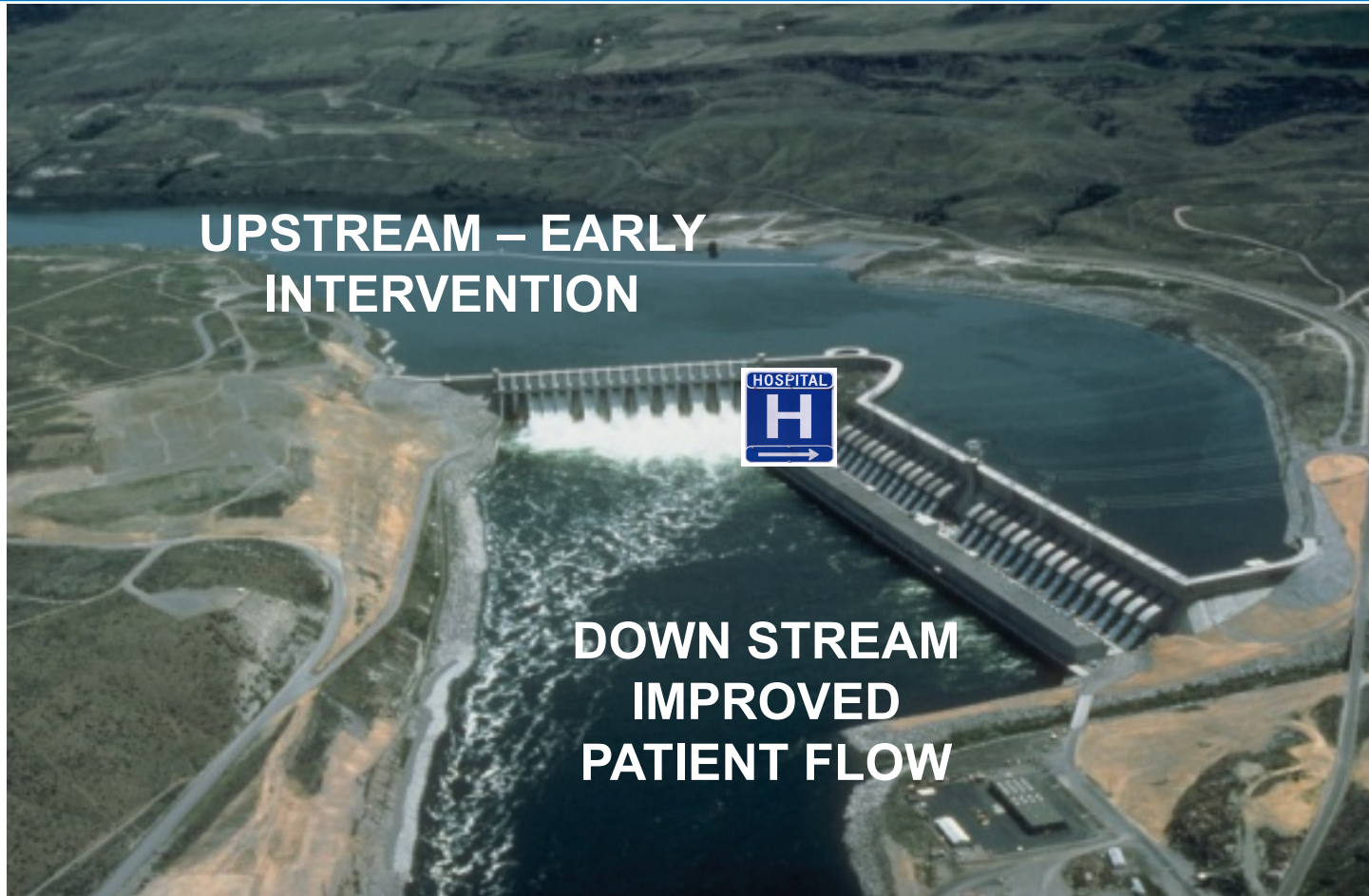
INABILITY TO DRIVE

CHRONIC DISEASE PROGRESSION

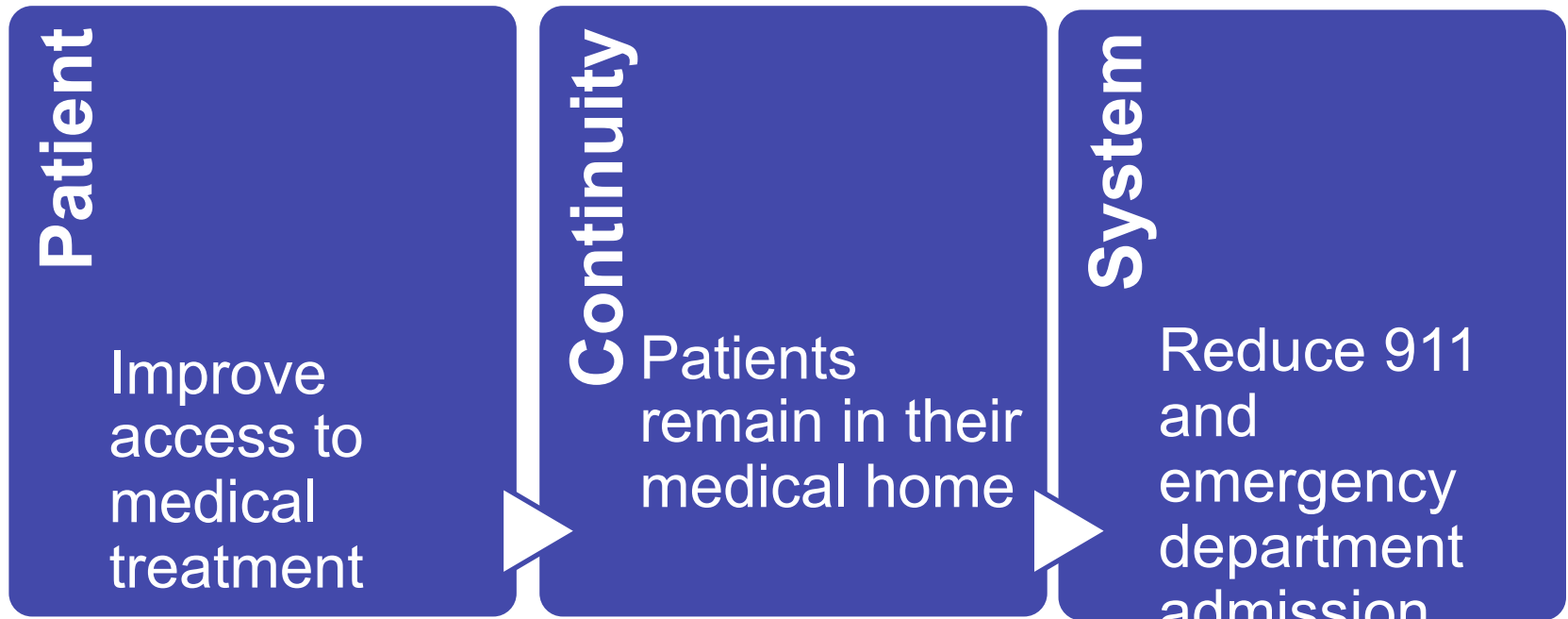
REDUCED SYSTEM CAPACITY

SYSTEM NAVIGATION

System Capacity Impact



MIH Program Goals



Community Paramedicine

...is an innovative health care delivery model that applies the paramedic scope of practice to non-emergent medical management.

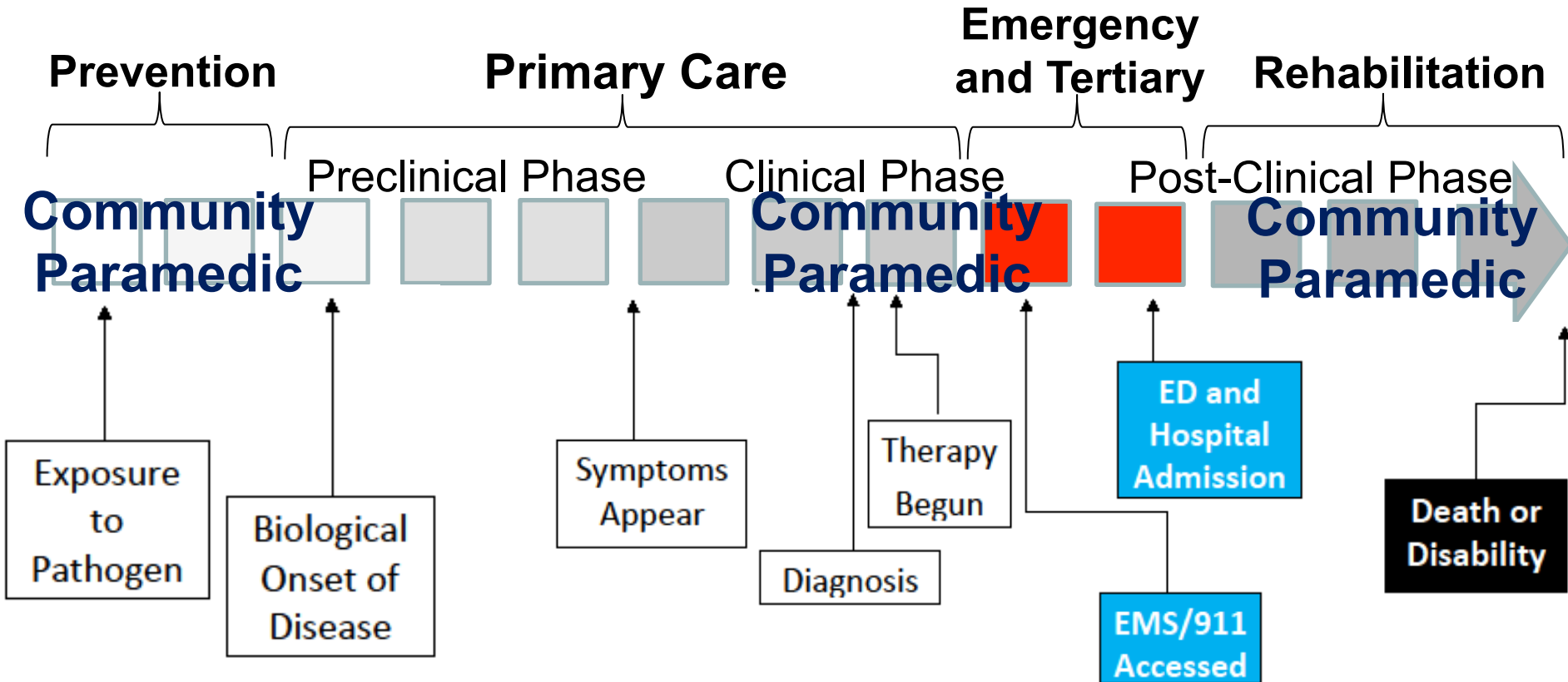


- ✓ *Support acute episodic illness, usually one to five days*
- ✓ *New medical treatment options for people in the community*

Community Paramedic Program

- ✓ Changing the focus of Paramedic scope of practice
- ✓ New medical treatment options in the community for physicians, medical clinics and patients
- ✓ Community Mobile Medicine

Biomedical Perspective



Delivering health care before emergencies begin

Program Operations

- 7 days a week, 6am-10pm
- 7 Community Paramedic units/day
- 1 City Center Team unit
- Providing services to 500-600 patients/month
- Assess Treat and Refer –
Coordination Desk

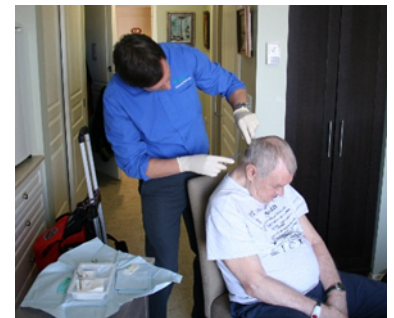


EMS Community Response Teams

- ✓ Single Community Paramedic
- ✓ CCT has 2 Paramedics and can transport
- ✓ Supported with direct Physician consultation
- ✓ No cost to patient



**Non-Emergency
Response Vehicle**



Medical Direction

1. Most Responsible Physician – Family Physician, Specialist, On-Call Facility Physician
2. MIH OLMC Physician



First
Pathway



Second
Pathway



Patient Subsets

- ***Medically fragile*** individuals requiring specialized treatments which are necessary to remain out of hospital
- ***Frail elderly, individuals aging in place or persons with developmental disabilities*** that have limited mobility and social support which restricts them from accessing needed medical care
- ***Individuals recently discharged*** from acute care at-risk for re-admission

Clinical Interventions

Through physician orders, Community Paramedics can provide:

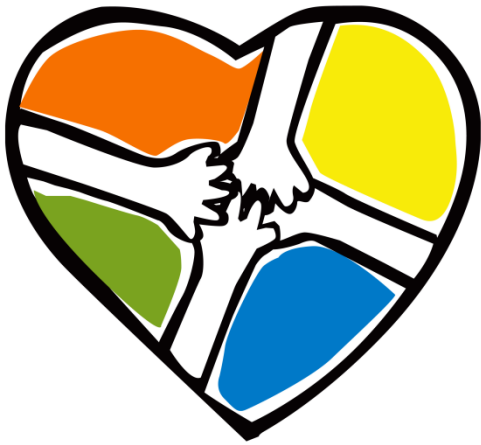
Diagnosics available:

- Specimen collection (blood, urine, swabs)
- 12/15 lead ECGs
- Vital signs including temperature, blood glucose, SPO2, Side Stream CO2, BP
- Facilitate transports for diagnostic imaging

Treatments available:

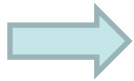
- CVC & IV rehydration
- IV, SQ, IM, PO, PORT & PICC medication administration including IV antibiotics
- 53 stocked medications
- Blood transfusions
- Urinary catheterization
- Wound closure & care (tissue adhesive, sutures, dressings)
- Oxygen and nebulizer therapy
- Prescription facilitation
- Coordination of community services
- Observational and focused assessments

Community Paramedic Provides



Accessing Services

1.



1-855-491-5868

2.



Alberta Health Services Calgary Zone Community Paramedic Program Referral
 Print and fax completed form to 403.776.3035
 Call 1.855.491.5868 or email CommunityParamedics@albertahealthservices.ca for further information.

Patient Information	
Last Name	First Initial
Date of Birth (yy/mm/dd)	PHN Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address	City Postal Code
Home Phone	Cell Phone
Diagnosed Active Diagnoses	
1) _____	4) _____
2) _____	5) _____
3) _____	6) _____
Relevant History	
Chief of Care Designation	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please indicate designation type	
<input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> M1 <input type="checkbox"/> M2 <input type="checkbox"/> C1 <input type="checkbox"/> C2	
Previous Onwards	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Medications	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes - #1 you indicate below or attach itemized sheet
Allergies	<input type="checkbox"/> No <input type="checkbox"/> Yes - #1 you indicate below or attach itemized sheet
Physician's Instructions	
Please list (chronic, pregnancy, Cardiovascular, Endometrial, etc.)	
Diagnosis	<input type="checkbox"/> Heart Rate <input type="checkbox"/> SpO2 <input type="checkbox"/> Weight <input type="checkbox"/> GCS
<input type="checkbox"/> Respiratory Rate <input type="checkbox"/> Temperature <input type="checkbox"/> ECG	<input type="checkbox"/> Other
<input type="checkbox"/> BP <input type="checkbox"/> 12/15 Lead ECG <input type="checkbox"/> Heart Sounds	
<input type="checkbox"/> Urinalysis (pH <input type="checkbox"/> Blood Glucose (mmol/L) <input type="checkbox"/> A/P	
Type of Interventions	
<input type="checkbox"/> Cardiac Discharge	<input type="checkbox"/> Personal Rehydration
<input type="checkbox"/> Diagnostic Imaging (acquisition required)	<input type="checkbox"/> Specimen Collection (acquisition required)
<input type="checkbox"/> Medication Administration	<input type="checkbox"/> Other (specify) _____
Interventions (Infectious Disease risk, rabies, sexually transmitted disease, and administration including etc.)	



Community Paramedic Referral Form



Community Paramedic Response Team Referral

- Fax completed form and supporting documents (as required) to

Patients in and North of Red Deer Patients South of Red Deer
 Fax: 780.735.0421 Fax: 403.776.3835
 Call: 1.833.367.2788 Call: 1.855.491.5868

- Call to confirm that your fax has been received; Incomplete referrals will not be processed

- Services and availability may vary by Zone

- **Physician must be available to Community Paramedics by phone at the time of treatment**

When does Patient need to be seen? <input type="checkbox"/> Today ► For same day treatment, call ahead for availability <input type="checkbox"/> Date (yyyy-Mon-dd) _____			
Additional / Follow Up Dates Required (yyyy-Mon-dd) _____			
Patient Information			
Last Name		First Name	Date of Birth (yyyy-Mon-dd)
Gender	PHN	Phone	Alternate Phone
Site and/or Address where patient will be for treatment		Is Patient a current client of other care providers? (eg. Home Care) <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes, specify _____	
Allergies <input type="checkbox"/> No Known Allergies <input type="checkbox"/> List attached			
Goals of Care Designation <input type="checkbox"/> Unknown <input type="checkbox"/> None <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> M1 <input type="checkbox"/> M2 <input type="checkbox"/> C1 <input type="checkbox"/> C2			
Does patient have Central Venous Access Device? <input type="checkbox"/> No <input type="checkbox"/> Yes ► Attach catheter insertion record with CVC tip verification			
Referral Information			
Reason for Referral (Include Diagnosis or History relevant to referral)			
Physician Orders (Include: dose, route, rate/volume, frequency and duration as applicable)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
► Attach List of Current Medications and Additional Orders (if required)			
Tests Required (Check all that apply)			
Community Paramedics will assess Vital Signs on arrival for all patients (GCS, HR, RR, Temp, Blood Pressure, SpO ₂)			
<input type="checkbox"/> ETCO ₂ <input type="checkbox"/> JVP <input type="checkbox"/> Weight <input type="checkbox"/> Blood Glucose Level			
<input type="checkbox"/> 12/15 Lead ECG (not interpreted by a cardiologist) <input type="checkbox"/> Swab/Specimen Collection ► Attach requisition			
Referral Source			
Clinic/Site Name		Clinic/Site Contact Name	Direct Phone Fax
Physician Name		Direct Phone	Cell Pager
Signature		Date (yyyy-Mon-dd)	Please consult Physician <input type="checkbox"/> during visit <input type="checkbox"/> after visit

19552 (Rev 2018-02)

Page 1 of 1

Can a community paramedic help?



Program Partnerships

- **ISFL – Calgary Zone**
 - **Supportive Living (3/4/4D)**
 - **Long Term Care Sites (LTC)**
 - **Personal Care Homes (PCH)**
- **Community Lodges and Contract Service Providers**
- **AHS Home Care**
- **PLC - Complex Chronic Disease Management Clinic (CCDMC)**
- **PLC & FMC Cardiac Function Clinic (CFC)**
- **East Calgary Health Centre – Family Care Clinic (FCC)**
- **Crowfoot & Calgary Foothills Primary Care Networks (PCN)**
- **RGH ED**
- **RGH Internal Medicine**
- **Rapid Access Unit (RAU) at South Health Campus**
- **Calgary Lab Services (CLS)**
- **Sheldon M. Chumir Diagnostic Imaging (DI) Department**
- **AHS EMS & Inter-Facility Transport (IFT)**
- **Palliative Services**
- **Public Health (seasonal influenza vaccination campaigns & outbreak support)**
- **Tom Baker Cancer Centre (TBCC)**
- **PLC – Anticoagulation Clinic**
- **RGH – Complex Care Hub**

Health Outcomes

- Study done in 2014 -1598 patient seen
- Each patient was assessed to determine if there was an EMS event within 7 days of being seen by a community paramedic
- **95%** of patients treated in place improved
- **5%** still required an ED or acute care admission
- No reported adverse outcomes or increase rates of mortality or morbidity

Cost Benefit 2015

Savings when compared to
an EMS/ED admission

\$1100.00 per event

\$4.8 million annual
cost avoidance or cost
capacity building

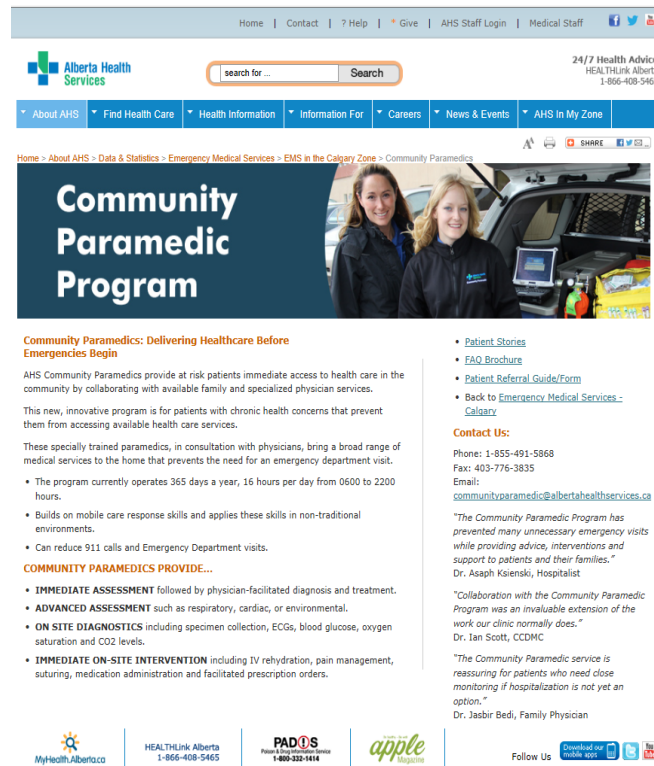
Level 4	Level 5	Account Type	EBO Category	2015 Full Capacity
A0031665.ED Calgary Zone EMS Operations	00085031.Community Paramedics Project Manager	Expense	Medical and surgical supplies	39,066
			Other contracted services	146,314
			Other expenses	187,822
			Salaries and benefits	1,718,188
		Expense Total		
			Support Salaries	\$ 197,963
			Total number of events	6000
			Number of EMS/ED avoidance events	4,860
			EMS/ED op costs	\$ 1,893,427
			Total cost to AHS	\$ 390
			fee for service physician consultation	\$ 18
			Total cost of Community Paramedic visit	\$ 408
			Number of subsequent ED transports after initial CPP Consult	243
			Cost of additional transports due to 5% subsequent ED transports	\$ 359,714
			Total cost of Community Paramedic visit with 5% subsequent ED Transport	\$ 2,253,141
			Total cost to AHS	464
			fee for service physician consultation	18
			Total Cost including Subsequent ED Transports (5%)	482
			EMS Transport to and from hospital based on 2012-13 Dec YTD operational cost only	1,038
			ED visit - does not include facility costs - drugs, etc or physician fee for service costs	302
			Total ED transport and visit	1,340
			fee for service physician visit	\$ 101
			fee for service physician follow up	\$ 39
			Total cost of ED transport and visit	\$ 1,480
			Difference	\$ 1,073
			Difference with Subsequent ED Transports (5%)	\$ 999

System Capacity Building

There were **6839** patients care events in **2017**, helping Albertans avoid unnecessary EMS usage, emergency departments visits, and saving acute care beds.



Questions



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24/7 Health Advice
HEALTHLink Alberta
1-866-408-5465

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Community Paramedic Program

Community Paramedics: Delivering Healthcare Before Emergencies Begin

AHS Community Paramedics provide at risk patients immediate access to health care in the community by collaborating with available family and specialized physician services.

This new, innovative program is for patients with chronic health concerns that prevent them from accessing available health care services.

These specially trained paramedics, in consultation with physicians, bring a broad range of medical services to the home that prevents the need for an emergency department visit.

- The program currently operates 365 days a year, 16 hours per day from 0600 to 2200 hours.
- Builds on mobile care response skills and applies these skills in non-traditional environments.
- Can reduce 911 calls and Emergency Department visits.

COMMUNITY PARAMEDICS PROVIDE...

- IMMEDIATE ASSESSMENT** followed by physician-facilitated diagnosis and treatment.
- ADVANCED ASSESSMENT** such as respiratory, cardiac, or environmental.
- ON SITE DIAGNOSTICS** including specimen collection, ECGs, blood glucose, oxygen saturation and CO2 levels.
- IMMEDIATE ON-SITE INTERVENTION** including IV rehydration, pain management, suturing, medication administration and facilitated prescription orders.

- [Patient Stories](#)
- [FAQ Brochure](#)
- [Patient Referral Guide/Form](#)
- Back to [Emergency Medical Services - Calgary](#)

Contact Us:


Phone: 1-855-491-5868
Fax: 403-776-3835
Email: communityparamedic@albertahealthservices.ca

"The Community Paramedic Program has prevented many unnecessary emergency visits while providing advice, interventions and support to patients and their families."
Dr. Asaph Ksienski, Hospitalist

"Collaboration with the Community Paramedic Program was an invaluable extension of the work our clinic normally does."
Dr. Ian Scott, CCDCM

"The Community Paramedic service is reassuring for patients who need close monitoring if hospitalization is not yet an option."
Dr. Jasbir Bedi, Family Physician

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