



**Value-added community paramedicine programming:
CHAP-EMS (Community Health Assessment Program through
Emergency Medical Services)**

Dr Gina Agarwal MBBS PHD MRCGP FCFP

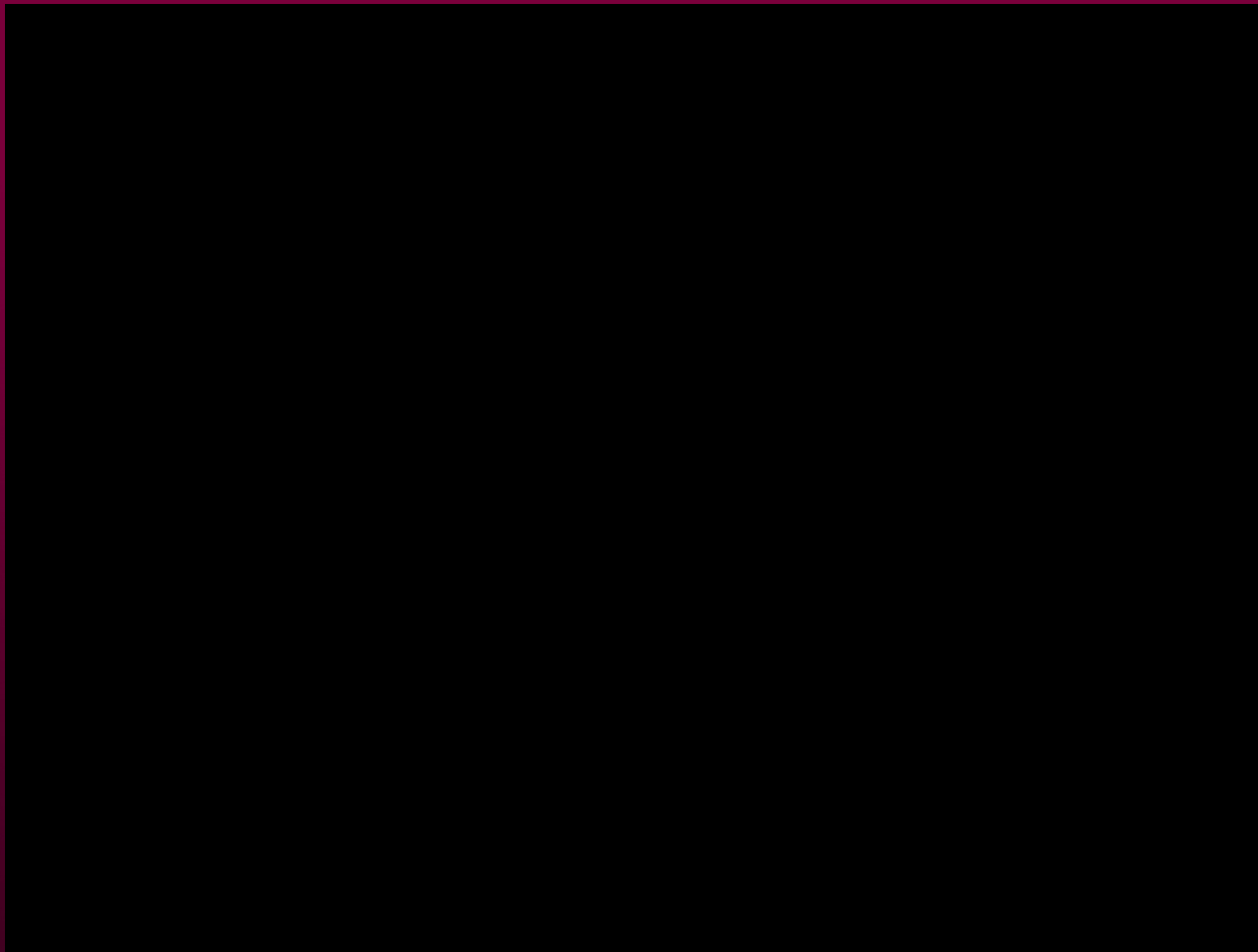


Dr. Gina Agarwal

- Qualifications
 - MBBS PHD MRCP CCFP FCFP
- Background
 - Nearly 25 years clinical medicine experience since qualification, predominantly family medicine
 - Family physician for 20 years (in UK and Canada both)
- Affiliations:
 - Family Medicine Colleges (UK and Canada)
 - McMaster University: Family Medicine, Clinical Epidemiology and Biostatistics
 - McMaster Family Health Team: Clinician/Quality Lead
 - Canadian Diabetes Association: Guideline committee 2018
 - Public Health Agency of Canada: Expert consultant on CANRISK

Presentation Outline

- Community Health Assessment Program through Emergency Medical Services (CHAP-EMS)
- **Qualitative Results**
- **Paramedic Benefits**
- **Brent McLeod**
- **Chris Spearen**
- Questions with Panel (McMaster, Hamilton, York Region, Simcoe County)



CHAP^{ems}

**Community Health Assessment Program through
Emergency Medical Services**

- **Community Health Assessment Program through Emergency Medical Services**
Community Paramedicine program targeting older adults living in low-income housing with a focus on hypertension, diabetes, and falls prevention

CHAP-EMS

CHAPems

Community Health Assessment Program through
Emergency Medical Services

High Emergency Medical
Services (EMS) Calls and
Emergency Dept (ED) Visits

High incidence of
complications

Health Care Savings \$\$\$

What other effects could CHAP-EMS have?

- We hypothesized that CHAP-EMS must have some effects on
 - Social Isolation
 - Social Support
 - Social Connectedness

Qualitative Study Aims

- **To understand participants' involvement in the CHAP-EMS program from a non-clinical aspect**
- **To determine the perceptions and lived experiences of the participants attending CHAP-EMS**

Qualitative Methods

- One-on-one semi structured interviews of:
 - Adults living in the residential building
 - Current CHAP-EMS participants (>55 yr olds)
- Purposive Sampling
 - Invited after attending a session
 - Interviewed in a private room/participants' home
- Consent; digitally recorded; transcribed
- Demographic variables collected to ensure a wide range of interviewees

Qualitative Results

- 15 semi-structured interviews conducted
 - 9 females, 6 males
 - Ages ranged from 63-89
 - 3 participants lived with a spouse
 - 13 participants had attended the program >2 years
 - 12 participants had hypertension
 - Multiple participants with chronic health conditions (such as COPD, Diabetes)
 - Remainder of participants had minor health problems

Interview Guide

How do you think the program impacted your use of your: Family doctor? Of the ER? Of other health care providers? Of 911? Your lifestyle?

Has the program helped you access other community services?

What did you find most/least valuable about the program? And why?

Why do you participate in the program?

How often do you feel you need to go? Why?

Thematic Analysis

5 themes about well-being and community emerged:

Filling a
perceived health
care gap

Motivators to
attend

Relationships
between the
paramedics and
participants

Social
connectedness

Changes in the
building due to
the program

Filling a Perceived Health Care Gap

- Offered an additional environment to seek medical care that was in contrast with their experiences in the current health care system
 - Other experiences with health care providers were impersonal and health care providers did not have time to address all of concerns

Filling a Perceived Health Care Gap

- Felt un-appreciated or dismissed by the system as a patient because they were not high health care users
- CHAP-EMS offered an alternative to their interactions in other areas of the health care system that fulfilled their personal needs

“Well yeah, because you can come down and talk to them about stuff. I mean when you have your ten minutes doctors appointment you get one question and that’s it. I mean he is a great doctor. But I mean, they don’t have time. Unfortunately the system doesn’t have time.” -P109

Motivators to Repeated Attendance

- Concerns over their health
- Opportunity to discuss health with paramedics, and seek advice or clarification
- Way to avoid seeking other medical attention such as calling 911

“... but I always have the ability to go and ask them the next time they come, Wednesday. I have this and this, what could that be?”

-P101

Relationships Between Paramedics and Participants

- Welcoming and personal experience

*“It has a lot to do with personality this thing. And how he interacts with people. Because he is open, is caring, is fun, he likes the people. He is concerned. All the things you want in a doctor or a health care professional. **Because its not the pills they give you; it’s the feeling they give you.**”*

-P107

“ I am still in it. Yeah. Because it gives us something to look forward to on a Wednesday eh? Crazy eh? We get along so good. Because [the paramedic], I am always pulling his leg and vice-versa and we call each other names and you know. It’s surprising.”

– P102

Improved Social Networking and Connectedness

- Program changed social dynamics/ relationships among building residents:
 - “social gathering” for themselves/others
 - enjoyed talking to other residents/paramedics
- Many stayed after sessions to socialize
- People popped down multiple times/day for chats
- All commented that they enjoyed social aspects
- Looked forward to the weekly CHAP sessions

“This is like a social gathering for me right. I come down here, I sit and talk with people and this and that... Sometimes when I don’t feel like coming I don’t come.”

-P106



- Opportunity to be involved socially in the building without stress of committing to a larger organized event

This is like a social gathering for me right. I come down here, I sit and talk with people and this and that.....Sometimes when I don't feel like coming I don't come."

- P106

opportunity to be involved socially in the building without stress of committing to a larger organized event



Changes due to the program

Individual Level:

- Lifestyle changes (healthier diet, medication)
- Addressed personal issues (housing)
- Later went to ask their doctor about concerns
- Felt more in control of their health in general

“And they gave me some information when I had this lump on my leg. I thought it was just “part of the process”. But he [the paramedic] wanted me to go to get it checked. So I did. But I wouldn’t have gone if he didn’t tell me to do it.”

-P110

Building Level Changes:

- More cohesive
- Social hierarchy was even affected

“We all like to go when the people are here, we all go down. And some people you see in the afternoons, we go down and chat a little bit and have a good time, half an hour or what, and it gives us a break during the day.”

-P101



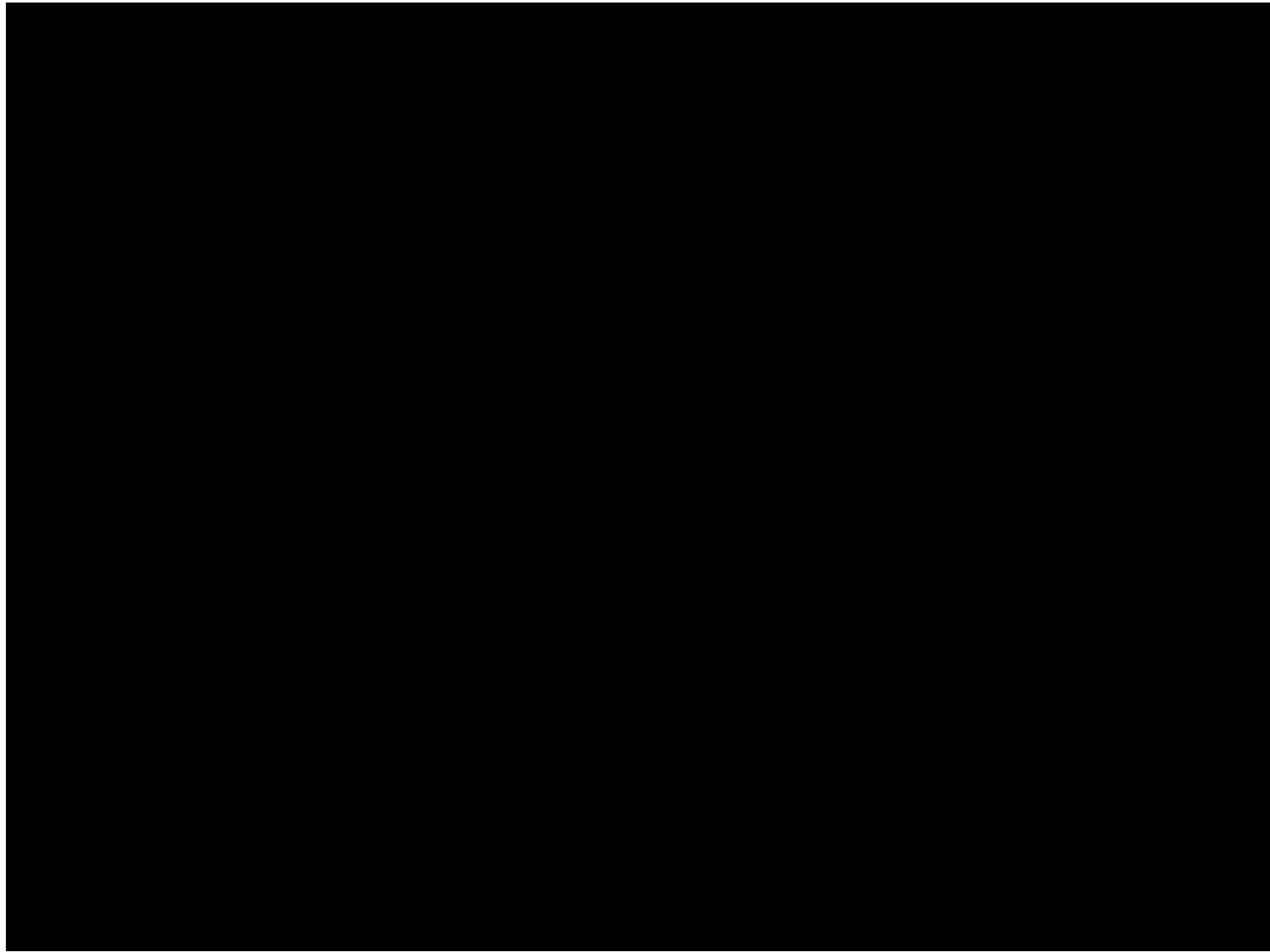
Summary

- Residents attending CHAP-EMS
 - likely to need greater support, due to financial situation, aging, health problems, loss of social networks
- **For this type of older adult, health promotion programs may add special benefit**
 - CHAP-EMS participants utilized the program as a unique coping strategy to mitigate their concerns and frustrations with both the health care system and their social networks



How did chap-EMS help?

- By offering flexible sessions
- Friendly approachable paramedics
- Comfortable familiar environment (their housing building)
- Consistent program (weekly)
- Health education focussed with resources that residents can access
- Mental Health support
- Emotional, mental and social support (many of the residents lived alone)



Paramedic Benefits

CHAP-EMS: Benefits for Paramedics

Paramedics

- 47 modified duty paramedics
- 19 paramedics (PCP or ACP)
- Modified duties (injured, pregnant)
- Break from the road (mental health, age)
- CHAP-EMS provides training for CP (Online training program in use - certificate)
- HQP: 79 have completed training
- Job satisfaction through continuity of staffing sessions and witnessing participant outcomes



Paramedic Training Modules

- Comprehensive online modules including:

Health
Promotion and
Disease
Prevention

Risk Factors for
Heart Disease

Diabetes Risk
Assessment

Falls

General Health
Education

How to Counsel
for Risk Factors

...And More!

The image shows two screenshots from the CHAP EMS Training Center. The top screenshot is the login page, featuring the CHAP EMS logo (Community Health Assessment Program through Emergency Medical Services) and a login form with fields for 'Your Username' and 'Your Password', and a 'LOGIN' button. Below the login form is a link: 'Oops! Here by accident? Return to the main site >'. The bottom screenshot is a 'CERTIFICATE OF COMPLETION' awarded to a user for successfully completing the training requirements for the Community Health Assessment Program through Emergency Medical Services. The certificate includes the logos for CIHR IRSC and McMaster University Family Medicine, and is signed by Dr. Gina Agreval, Principal Investigator, dated March 2016.

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Ontario launches plan to help first responders deal with PTSD

TORONTO — The Canadian Press
Published Monday, Feb. 01, 2016 11:59AM EST
Last updated Monday, Feb. 01, 2016 12:03PM EST

11 Comments



AA



Give
Hope

Ontario is launching a plan to help first responders deal with the impact of post traumatic stress disorder, which the government calls a serious and debilitating injury.

Labour Minister Kevin Flynn says the stress and danger faced by police, firefighters and ambulance attendants can have a lasting and serious effect not only on their physical health, but their mental health as well.

Flynn says Ontario will be a leader in helping them deal with PTSD with an approach that will include both preventative and legislative measures, as well as grants to better understand triggers and optimal prevention techniques.

The province will launch a public advertising campaign to increase awareness of PTSD and reduce the stigma association with it, which the labour minister calls one of the biggest challenges in hindering effective treatment.

Flynn says the fear of being perceived as weak or damaged leaves too many to suffer alone, so he wants people to talk openly about it to support and educate one another.

He says the government is looking at coverage for first responders with PTSD under the Workplace Safety and Insurance Act, promises legislation in the very near future to help those with work-related PTSD injuries.

Feedback From Paramedics

- Key representatives will be invited to participate in key informant interviews and focus group discussions
 - Along with other stakeholders
- All paramedics involved in running the program will be invited to participate in the process evaluation

Future Directions

CHAP ems

**Community Health Assessment Program through
Emergency Medical Services**

Moving to
other high
need
populations

Curriculum
development
for CP with
colleges

Expanding
the CHAP-
EMS staffing
model

Implementation
/ Evaluation of
complementary
CP approaches

The logo features the word "CHAP" in large, bold, orange capital letters. To its right, the letters "ems" are in a smaller, orange, lowercase font, enclosed within a light blue oval. A thin yellow line curves around the "CHAP" and "ems" text. The entire logo is positioned between two horizontal blue lines.

CHAP ems

**Community Health Assessment Program through
Emergency Medical Services**



Brent McLeod
Community Paramedicine
Supervisor
ACP, BSc, MPH

Paramedic Service Experience

- Initial goal to decrease 911 calls of selected locations
 - 30% decrease in pilot project location
 - Preliminary RTC results are promising
 - Many other benefits have been identified

Paramedic Service Experience

- Modified work paramedics led sessions
 - Meaningful work
 - Patient Contact
 - Mental Health Improvement
- Paramedic staff engagement and sense of ownership to the program
- Financial savings for the Paramedic Service, the City
- Community members benefits from a free program

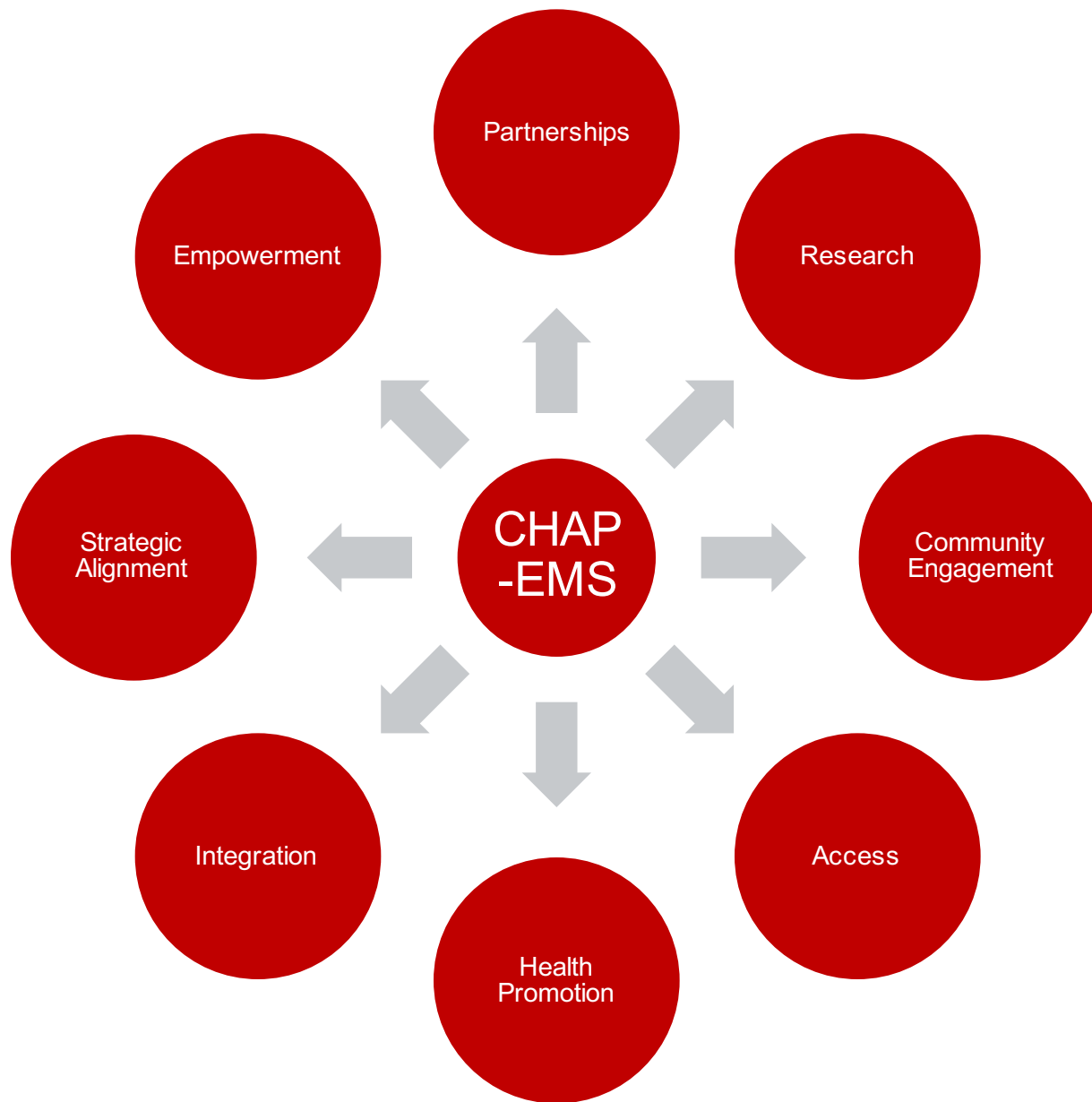


Some of Our Partners and Collaborators





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Merideth Morrison

Deputy Chief, Performance, Quality &
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Panel Discussion with Audience

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