


Community paramedicine model of care: an observational, ethnographic case study

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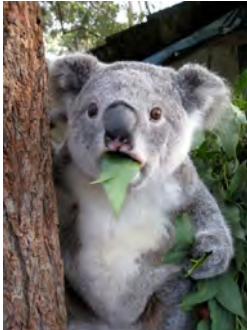
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Introduction

- † Locating community paramedicine
- † Aims
- † Methods
- † Findings
- † Discussion
- † Acknowledgments
- † Publications



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Locating community paramedicine

- † CP is part of the future as we address ageing populations and stressed health systems
 - CP is a focused extension of traditional paramedicine models of care and an example of the paramedic practitioner model
 - it will change the way we deliver services and redefine the roles of paramedics
- † This study correlates with research related to ECPs, MIH and CPs in the U.K., U.S., Canada, Australia and New Zealand
 - Best Quality research as been completed in the U.K. around ECP innovations
 - This specific research builds directly on Australian work funded by CAA in 2005 – the RESP Project.

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Practitioner Paramedic Model of Care

- † Definition
 - An integrated pre-hospital system that provides a range of services to prevent injury and illness, respond to emergencies and facilitate recovery, resulting in a healthy community.
- Value Statement**
 - A view that sees pre-hospital care as an integral part of an integrated health care system, with professional staff sharing roles that best utilize their skills and knowledge.
- Evolving Versions**
 - Extended Care Paramedics (UK, Australia, New Zealand)
 - Community Paramedicine (USA, Canada)
 - Mobile Integrated Healthcare (USA)



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Aims

1. Identify and analyse how community paramedics create and maintain new role boundaries and identities in terms of flexibility and permeability
2. Develop and frame a coherent community paramedicine model of care that distinguish the model from other innovations in paramedic service delivery.

Methods

- † Observational ethnographic study
- † Set in the County of Renfrew, Ontario
- † Minimisation of bias
 - purposively recruited participants
 - multiple researchers
 - two field visits (2012 and 2013)
 - varied data collection methods
- † Questions and initial conceptual framework drawn from the RESP study, with the Domains modified iteratively
- † Boundary theory used for analysis of permeability and flexibility



Findings

- † Integration of Australian and Canadian data
- † Findings in two parts:
 - CP Domains (RESP)
 - CP Enabling Factors (IGHT)

= **RESPIGHT Model**



RESPIGHT Model Descriptors

Domains of Practice / Enabling Factors	Descriptions
Response to emergencies	Timely emergency responses remain the core business of paramedic services.
Engaging with communities	Encouraging and embracing co-production with patient groups and/or communities.
Situated practice	Key component of the model, giving it flexibility to respond to local needs and take account of existing resources.
Primary health care	Expansion of practice from acute incidents to interprofessional care.
Integration with health, aged care and social services	Both an enabler and a key benefit of the community paramedicine model.
Governance & leadership	Paramedic leadership and effective interprofessional clinical governance systems.
Higher education	Access to degree-level education for entry-level practitioners, consistent with other health professionals.
Treatment and transport options	Development of clear and transparent clinical and social pathways for patients in collaboration with other health professionals, families and social services.

Community Paramedicine Domains

Response to emergencies

“... providing emergency medical response is still there, we are not taking anything from that. This particular program [paramedic response unit] is actually adding more to that because they do have a first response capability and responsibility in these geographical areas” (P4)

Community Paramedicine Domains

Engagement with community

Opportunities for public participation were demonstrated in the County of Renfrew through regular service planning meetings, shared activities between the paramedic service and other health and community agencies, involvement in discharge planning, and other ad hoc activities.

Community Paramedicine Domains

Situated practice

The home visiting program is an excellent illustration of the value of situated practice with participants noting that there is much to observe in the home environment of patients, while observing that the power dynamic between the patient or client and the health professional is changed in this setting.

Community Paramedicine Domains

Primary health care

Many of the participants suggested that patients and their families would benefit from being able to access a health professional to help them navigate the complexity of an often fragmented health system that can be characterised by a historical ‘disconnect’ between family medicine, acute care and community health services.

Community Paramedicine Enabling Factors

Integration with health, aged care and social services

"If we are going to talk about patient-centered care then it is a team event and so we need to bring everybody in... from the physician all the way to the paramedic and everybody in-between. We all have to play together to make sure that this patient is dealt with in the most cost effective way..." (P10)

Community Paramedicine Enabling Factors

Governance and leadership

"... a number of the physician participants in one of the focus groups suggested that this system [Medical Direction] might be inappropriate for CP programs providing primary healthcare, while several paramedic participants raised the issue of professional self-regulation ..."

Community Paramedicine Enabling Factors

Higher education

"... there isn't any education on health determinants, social determinants, the actual structure of how the system works ... what kind of skills do we need to be able to possess or what skills do we need or what knowledge do we need to be able to successfully integrate, collaborate with our partners". (P3)

Community Paramedicine Enabling Factors

Treatment and transport options

"We've got to find a different place to take some of these people rather than into Emergency, find clinics, find alternatives and that's what we are trying to do. To get them to a Day Hospital, Geriatric Hospital, something that they can have people come and work with them at their home". (P25)

Discussion

- † Distinguishing features of CP compared to ECPs and MIH models
- † Key leadership challenges for the paramedicine discipline and paramedic services
- † Professional and policy issues



Key leadership challenges for the paramedicine discipline and paramedic services

- † Develop treatment and transport options for patients
- † Improve integration with health, aged care and social services



Professional and policy issues

- † Education and training beyond emergency medicine paradigm, embracing the principles of public health
- † Change paramedic attitudes and behaviour toward low acuity patients (a professional identity question)
- † Develop a regulatory framework that encourages paramedics to take lead roles in partnering with others, rather than being 'subservient' health professionals

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Publications

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Thank you

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