





Care planning & case management by Community Paramedics: a case study analysis

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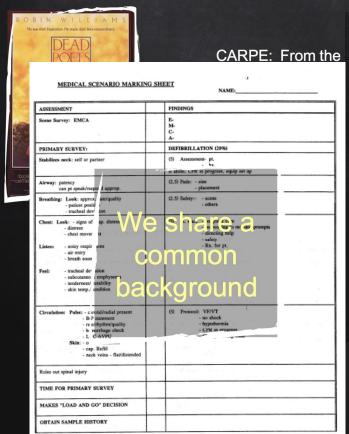
BIG DATA & GERIATRIC MODELS OF CARE

Integrated knowledge translation:

Approaching a challenging topic

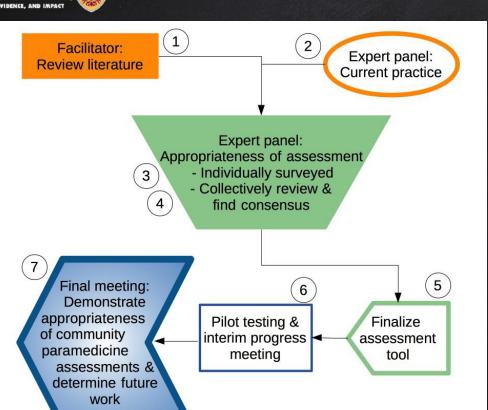
through collaboration of research

Common Assessments for Repeated Paramedic Encounters











- 1. Review literature
- 2. Current practices
- 3. Appropriate items
- 4. Collective review
- 5. Finalization
- 6. Pilot testing
- 7. Demonstrated results





?

How are patients assessed in community paramedicine?









A case study analysis of models of care









- **X** Systematic literature search
- **X** Literature screening by two reviewers
- **X** Data extraction
- **X** Common terminology
- **X** Author consultation
- **X** Consolidation of core components
- ✗ Qualitative case study analysis







- **X** Summary of articles included
- **X** Patient enrolment
- **X** Assessment
- **X** Collaboration
- **X** Treatment
- **X** Qualitative case study analysis















The process is easy

Assessment Enrolment-&

Treatment

Collaboration







Enrolment

A.

Service/program identified participants

B.

Voluntary selfenrolment C

On-demand or asneeded







Care & Treatment

A. Assessments

B. Pharmacologic Care

Non-pharmacologic
Care









Collaboration

	A	В	С
Doctors	Primary care/GP	Emergency	Specialist
Allied health	Pharmacy	Home care	Social worker



1. (in the context of Japanese popular culture) cute. 1. the quality of being cute, or items that are cute

ka·waii /kə'wī, 'käwī ē/







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MEDICAL SCENARIO MARKING SHEET

NAME:				

T	
ASSESSMENT	FINDINGS
Scene Survey: EMCA	E- M- C- A-
PRIMARY SURVEY:	DEFIBRILLATION (20%)
Stabilizes neck: self or partner	(5) Assessment- pt hx. It alone; CPR in progress, equip set up
Airway: patency can pt speak/respor d approp. Breathing: Look: approx patient positi - tracheal dev ion	(2.5 Pads size oh.vemen (2.5, Safely: scene - others
Chest: Look: - signs of - distress - chest moven t Listen: - noisy respir - air entry - breath soun	C Pt. 2a e - f A soim c r es ond y g to vnor tr · pr m es - es ond y g to vnor tr · pr m es - safety - Rx. for pt.
Feel: - tracheal de ation - subcutaneo : emphysem - tenderness/ satability - skin temp./ ondition	ad-to-toe
Circulation: Pulse: - curotid/radial present - B/P statemsnt - ra e/rhytht (av lit**) - h norrhage check - L C-AVPU Skin: - ci - cap. Refill - neck veins - flat/distended	(5) Protocol: VF/VT S S no if ck hy at erria CPR in progress CPR in progress
Rules out spinal injury	A CONTRACTOR OF THE CONTRACTOR
TIME FOR PRIMARY SURVEY	
MAKES "LOAD AND GO" DECISION	. As a second of the second of
OBTAIN SAMPLE HISTORY	









Where do we go from here?

Considering patient outcomes

Education

Standards

Accreditation

Regulation

Collaboration

Research

Evolution

Models of care





"The use of paramedics to provide immediate or scheduled primary, urgent and/or specialized healthcare to vulnerable patient populations by focusing on improving equity in healthcare access across the continuum of care."

CSA Community paramedicine: framework for program development



