

## **Community Referrals by EMS Frequently Asked Questions**

### **I have a patient who is already on service with CCAC (Community Care Access Centre). Can I submit a CREMS for this patient?**

Yes. CREMS also serves as tool to monitor for possible changes in the patient's situation and then update the CCAC. For example: CCAC may not have visited the patient in some time and might not be aware of their new needs or changes in their condition.

### **What can I do if the patient refuses to give consent?**

The patient can then be referred to the Community Paramedicine Program (CPP) at **416-392-1208-1**. Here you will speak with, or leave a message for, the Paramedic assigned to the program. Provide the same details as you would a referral. A follow up visit would be made to the patient's home to explain services available and try to obtain consent. If the patient is transported, CPP would notify the hospital CCAC who would do a follow up.

### **What if the patient is not able to give consent? (unconscious, language barrier, no direct contact – dispatcher referral)**

This would be managed in the same manner as a refusal. Report it to the Community Paramedicine Program at 416-392-1208-1.

### **How long will it take for CCAC to contact the patient?**

CCAC typically contacts the patient by phone within 24-36 hours. Services are usually established within about two weeks.

### **Who am I talking to when I call the CREMS Yes line?**

During business hours you will speak with a Toronto Central CCAC call taker (not necessarily medically trained). CCAC call takers are all very familiar with CREMS. After hours it will be a third party answering service for CCAC. Since December 2009 a voice menu has been established that will identify your call as a CREMS and prompt the answering service call taker to gather specific information.

A CPP Paramedic reviews all calls that go through to CCAC. This is done in order to transcribe info for files and monitor for possible call taking problems.

### **What details are essential for the referral?**

Patient name, address and phone number.

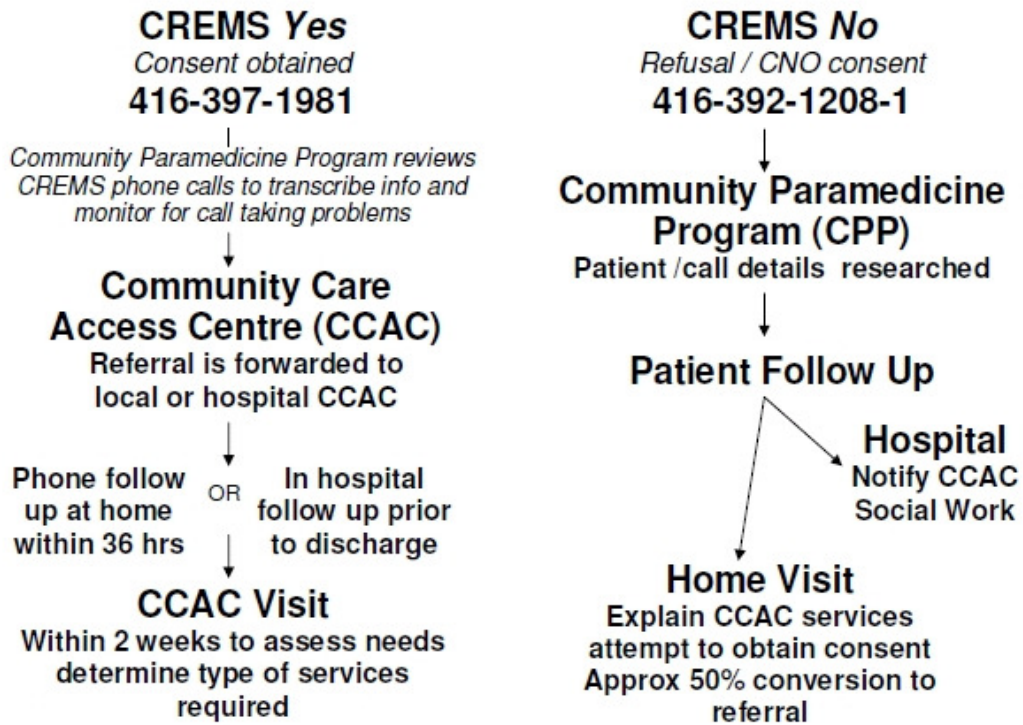
Health Card Number

If transported, which hospital?

Briefly give reason for EMS call and your concerns.

Your: vehicle number, run number and OASIS number.

# SUBMITTING A REFERRAL



## CREMS Impact on EMS Call Volume

