

EHS Nova Scotia Community Paramedicine:

Programs Bringing Care into the Home

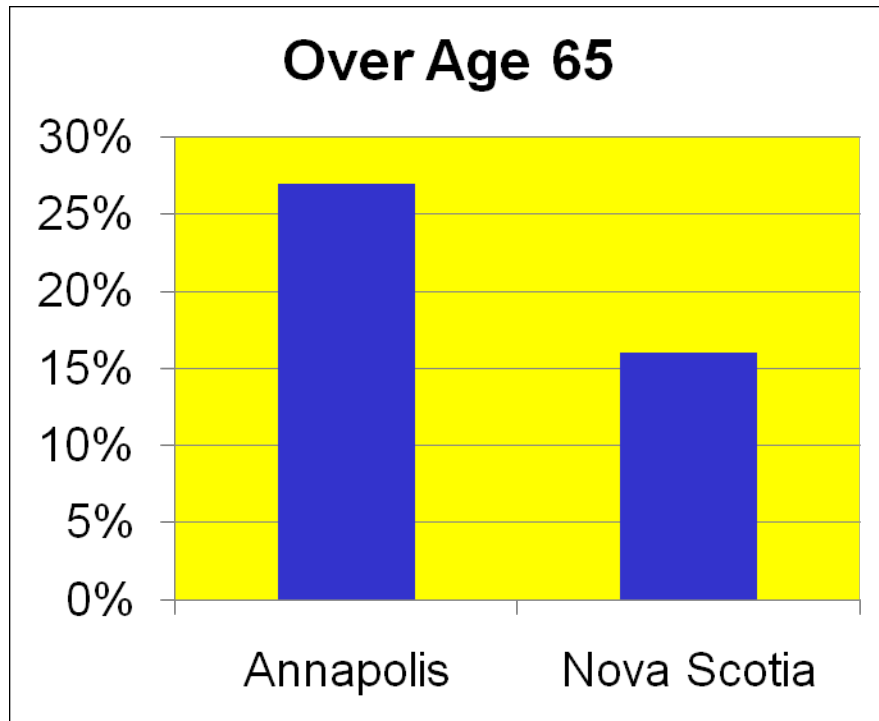
V.I.S.I.T

(Vitals, Interviews, Safety, Inspection & Treatment)





Aging Population



The Situation

- Approximately 40 local seniors identified by the Seniors LINCS (Living Independently with Community Supports) Program as being at risk for health complications or a health related event.
- These seniors are either awaiting placement in a local area LTC Facility or still wish to live independently.

Seniors LINCS

A team of health care professionals that offer in home care, assessment and management for a variety of health conditions such as:

- CHF
- COPD
- IDDM
- Mobility Challenged / Falls Risk

Challenges Facing Seniors LINCS

- Resources spread thin over a large territory.
- Cannot provide the consistent attention to certain clients that is required.



Local EMS Excess Capacity

- Approximately 90 calls/month handled by 2 ambulances.
- Identified down times allows for additional use of services.



Program Objective

On duty Paramedic crews perform home visits to:

- Provide additional layer of care and support to seniors.
- Act as the eyes and ears for Seniors LINCS so they may act appropriately.



Education

Paramedics learn:

- Observing and correcting self medication techniques (Ex: Inhaler usage).
- Asking defined questions on patients current well being related to their condition.
- Performing detailed home assessments for falls hazards not previously identified.



**VISIT Program:
Annapolis
Royal**

Medication Compliance Home Assessment

What you should ask about or do



Last Reviewed
June 2012

Assessment:
Medication
Compliance

Visit Program
Coordinator:

Annapolis-CEC:

Community
Pharmacy:
Hutchins Pharmacare
902-532-2356

Prepared By:
Dylana Arsenault

Education on Medications or Devices and Literacy:

- Can I see your medication schedule/calendar
- Tell me how you take your medications
 - Make sure responses align with label on bottle & med schedule

Side Effects

- Any issues or concerns with side effects or overall how are you doing with your medications
 - If there are issues, how do you handle them

Financial Situation

- Ask whether there are any issues with insurance/Pharmacare covering the cost of medications

Cognitive Deficit (known or missed)

- When was the last dose you took of each medication
- Ask if they use a dosette and if so, who fills it for them

Physical Limitations

- Get the patient to open the bottle for you so you can assess if there are any dexterity or strength issues

Overall Assessment

You should open and inspect each bottle for the following:

- Appropriate number of pills in the container
- Recent refill date on label
- Same physician on all labels
- Same pharmacy on all labels
- Only one kind of pill in each bottle

If concerns, contact community pharmacy to verify meds, doses, directions, discuss refill timing and ask if any identified cognitive or other barriers to medication compliance



The screenshot shows a medical software interface with a menu on the left and a main content area on the right. The menu includes options like ID, Patient ID, HPI, Present Hx, IA, V/S, LV, O/E, R/P, CP, and T. The main content area displays patient information (Pt 3, R 08:45:59) and a list of assessment categories: General Systems, Special Body Areas, Acute Medical Problems, Chronic Conditions, Social Factors, and VISIT Program (highlighted in yellow). There are also checkboxes for 'Able to View Patient's Medication' and 'Does how the patient take their medications align with instructions on bottle?'.

Referral Process

Min 24 HRS Notice

Pt Identified and
referral form
completed by
Seniors LINCS.



In partnership for excellence.

Date Sent



Confirmation #

REQUEST FOR VISIT PROGRAM REFERRAL

THIS FORM IS ONLY FOR USE WHERE THERE IS AT LEAST 24 HOURS BEFORE THE REQUESTED PICKUP TIME.

You will receive a return e-mail with a confirmation number.
If you do not receive a confirmation number contact EHS @ 1-888-346-9999

ONCE COMPLETED, EMAIL TO TRANSFER@EMCI.CA

Patient's Last Name

Patient's First Name

PT.'s Address

PT.'s Phone Number

Referring Agency

Caller Name

Contact Number with extension

Contact # in case of Cancellation:

Visit Date

Visit Time

Must be between 3:30 - 5:30 PM Weekdays and 9:00 AM - 1:00 PM Sundays.

Patient's Pertinent Medical History:

Pertinent Home Issues (Animals, Accessibility, etc.):

Reason/Goals of Visit:

Program Challenges to Date

- Some lack of buy in from local physicians resulting in low number of referrals.
- Some confusion on how patient care report written by paramedics gets back to the Seniors LINCS team.

Early Success

- Elderly female non-compliant with HTN meds. BP high. No symptoms.
- Crew reported findings back to Seniors LINCS.
- Seniors LINCS performed an immediate visit to client and re-established treatment regime.
- Paramedics sent back since then and patient compliance continues.

Possible sentinel health event avoided. An event that would change the patient's life negatively forever and cost the universal system immensely.

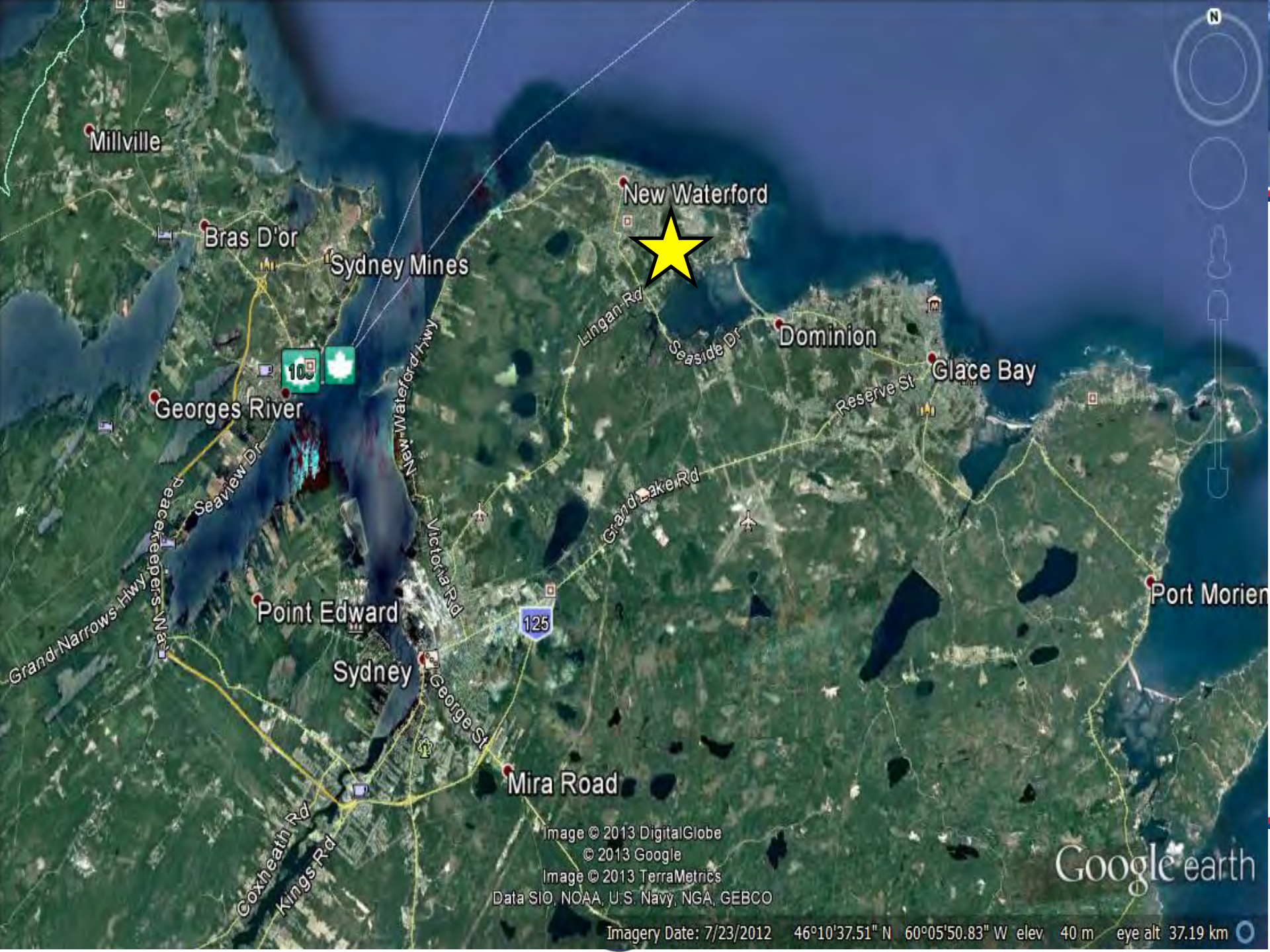
Future

- Expand program into other small communities with similar issues. Capitalize on our systems known excess capacity areas.
- Refer patients the EMS system sees to programs like Seniors LINCS so they benefit from their services. “Reverse – VISIT”.

New Waterford Mobile Care Team

A New Model of Collaborative Emergency Centre





Millville

Bras D'or

Sydney Mines

New Waterford

Dominion

Glace Bay

Port Morien

Georges River

Point Edward

Sydney

Mira Road

Image © 2013 DigitalGlobe

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Data SIO, NOAA, U.S. Navy, NGA, GEBCO

Google earth

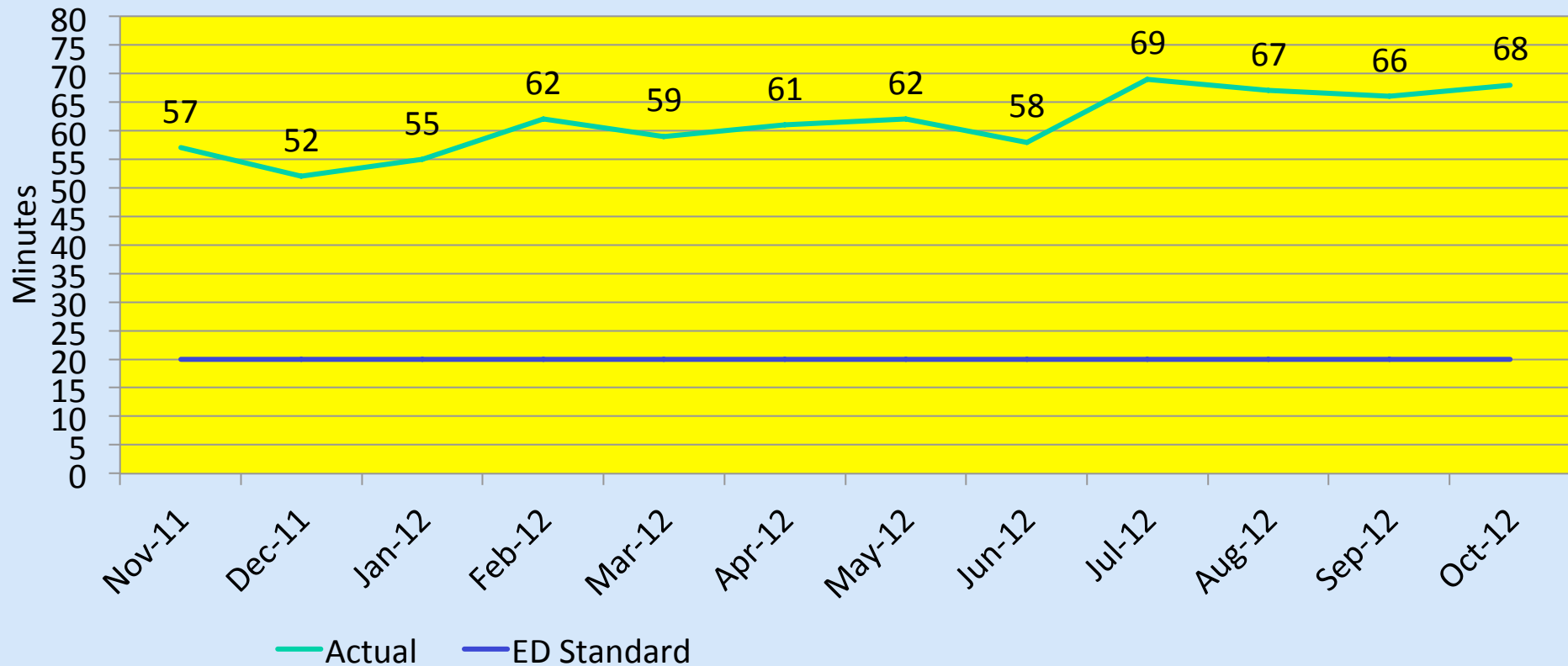
Imagery Date: 7/23/2012 46°10'37.51" N 60°05'50.83" W elev 40 m eye alt 37.19 km

Challenges Facing Industrial Cape Breton

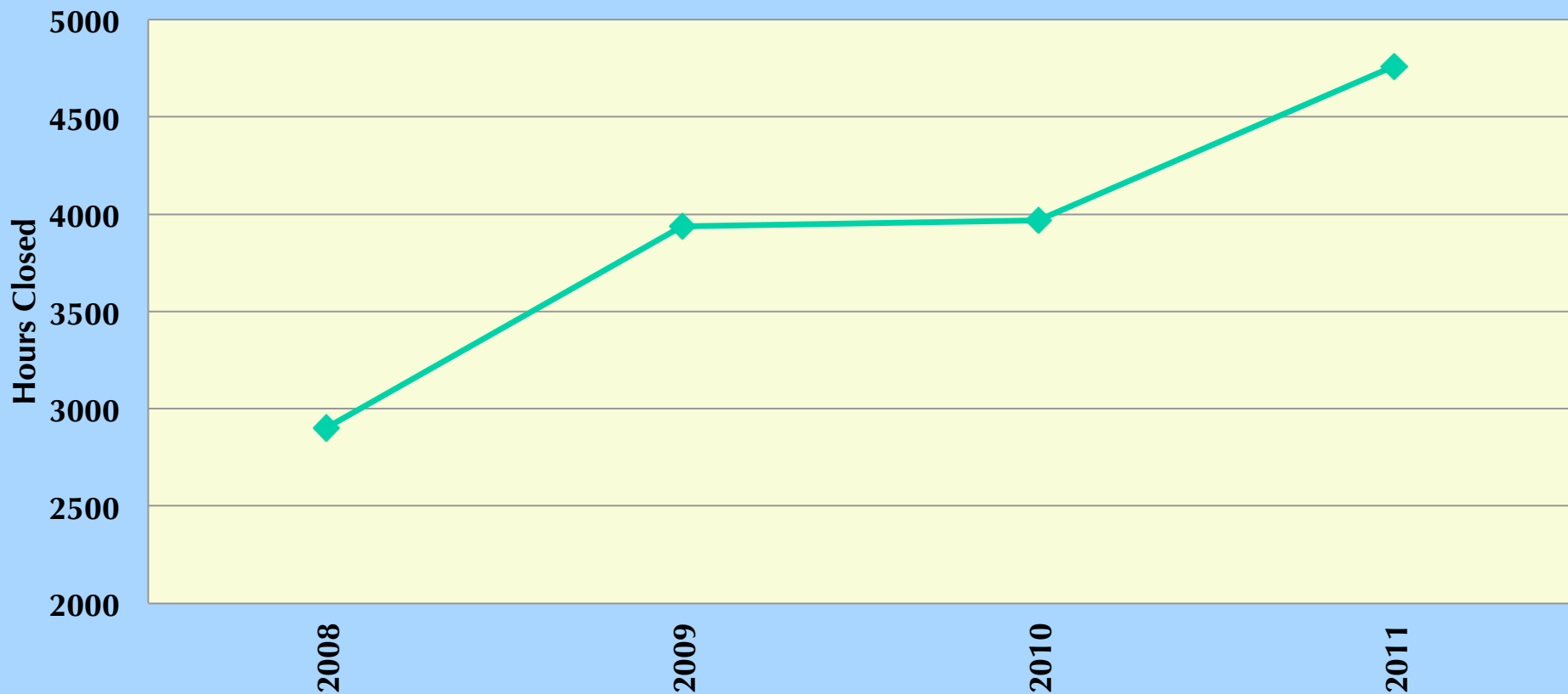


EHS Ambulance Offload Interval (OLI)

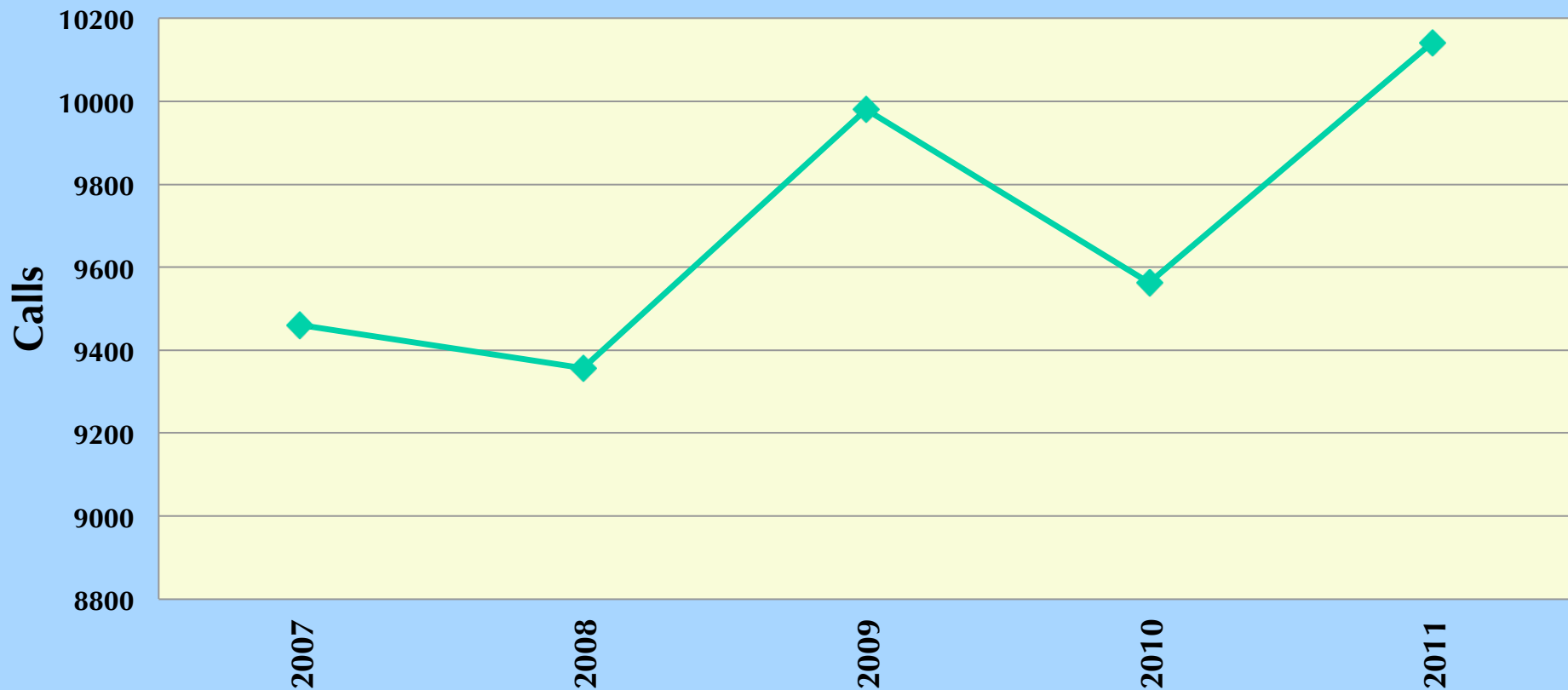
Cape Breton Regional Hospital



Northside, Glace Bay & New Waterford ED Closure Hours



Industrial Cape Breton Emergent & Urgent Responses



Guiding CEC Principles

- Medic & RN working together in overnight hours. Typically in Hospital ED. Currently in 6 other Hospitals throughout Nova Scotia.
- Supported by Online Oversight Physician.
- Providing patient dispositions:
 1. Treat and release outright.
 2. Treat and release with scheduled next primary care appt.
 3. Request ambulance to transfer patient to more definitive care.

Same Guiding CEC Principles Except:

ED closing at night

Care brought to the home by Paramedic & RN via:

- 911 Specific Dispatch Determinants
- Referrals from Day Time CEC
- Ambulance Hand Over's

Why Mobile?

- High population of seniors with co-morbidities. Past history of heavy industrialized work force.
- High population of single parent homes.
- Low socioeconomic status.
- No public transit system.



Set Response Criteria to Match Common Complaints

- Sick Person / General Malaise (Ear Aches, Sore Throats, Chest Colds)
- Minor Trauma / Lacerations
- Falls
- Allergies
- Back pain
- Minor diabetic issues

Extended Skills

- Suturing
- Otoscope skills
- Slab Casting



Challenges

- Local Physician resources still lacking to run program daytime portion of program 7 days/week.
- Community representatives included at advisory and operations committee levels. Difficult to discuss delicate matters.
- RN push back working in EHS environment (base, vehicle etc.).

Progress

**Nighttime portion is ready
but need daytime portion
solidified to proceed.**

Soft Launch

- Limited response capabilities

Go Live

- 911 triaged calls able to
launch unit over regular
ambulance.



