



Contrasting community paramedicine program aspects in Canadian settings

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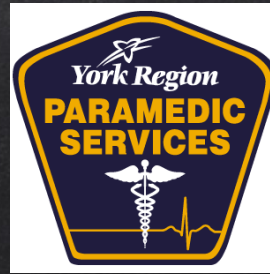
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York



EPIC – Partnering with primary care in chronic disease management



Hamilton



[CP@clinic](#)

Partnering with community housing to establish presence in frequent call locations



Windsor



VPN – Vulnerable patient navigators

Serving loyalty clients with home visits

Renfrew



CPRU – Using CP in dual-
role to reach rural patients

Health Links – Using CP to
establish co-ordinated care
plans



Nova Scotia



Extended Care Paramedic model
deployed to LTC

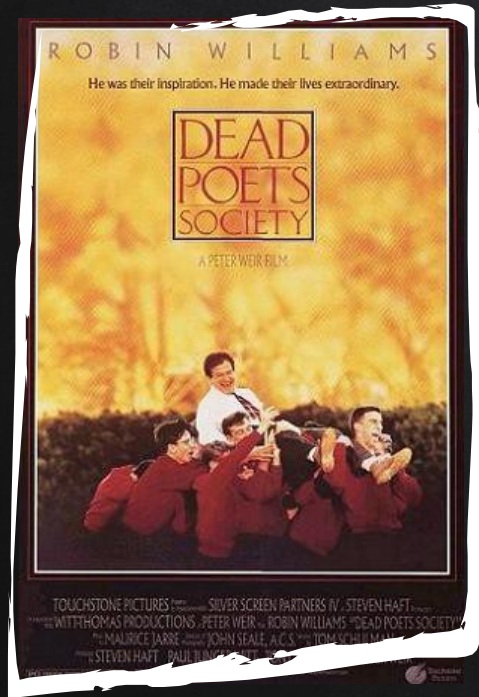
Paramedics participating in
palliative care teams



**So
What?**



Common Assessments for Repeated Paramedic Encounters



CARPE: From the latin to seize or pluck

What do you “seize” on in assessment?



Objectives

A.

Can case finding tools identify patients at-risk of or experiencing functional decline or social isolation?

B.

What outcomes are associated with patients that experience functional decline or social isolation?

C.

Does Community Paramedicine deliver interventions that address these outcomes or functional decline?



Assessment

Determining problems affecting a patient in order to plan treatment or management

MEDICAL SCENARIO MARKING SHEET

NAME: _____



| ASSESSMENT | FINDINGS |
|---|---|
| Scene Survey: EMCA | E- M- C- A- |
| PRIMARY SURVEY: | DEFIBRILLATION (20%) |
| Stabilizes neck: self or partner | (5) Assessment- pt. - hx. if alone; CPR in progress, equip set up |
| Airway: patency can pt speak/respond approp. | (2.5) Pads: - size - placement |
| Breathing: Look: approx. rate/quality - patient position - tracheal deviation | (2.5) Safety: - scene - others |
| Chest: Look: - signs of resp. distress - distress - chest movement | (5) - rate - response to manual prompts - directing help - safety - Rx. for pt. |
| Listen: - noisy respirations - air entry - breath sound | |
| Feel: - tracheal deviation - subcutaneous emphysema - tenderness/instability - skin temperature condition | |
| Circulation: Pulse: - carotid/radial present - B/P statement - rate/rhythm/quality - hemorrhage check - L. C-AVPU | (5) Protocol: VF/VT - no shock - hypothermia - CPR in progress - emergency code |
| Skin: - color - cap. Refill - neck veins - flat/distended | |
| Rules out spinal injury | |
| TIME FOR PRIMARY SURVEY | |
| MAKES "LOAD AND GO" DECISION | |
| OBTAIN SAMPLE HISTORY | |

We share a
common
background



Capturing the full breadth of observations in a standardized way





Common Assessments for Repeated Paramedic Encounters



Different settings

Different types of patients

Different goals



CAP: CARPE Advisory Panel



Integrated knowledge translation:
Approaching a challenging topic
through collaboration of research
and practice.

aka: knowledge transfer, knowledge
exchange, knowledge mobilization



How do we assess
patients in community
paramedicine?





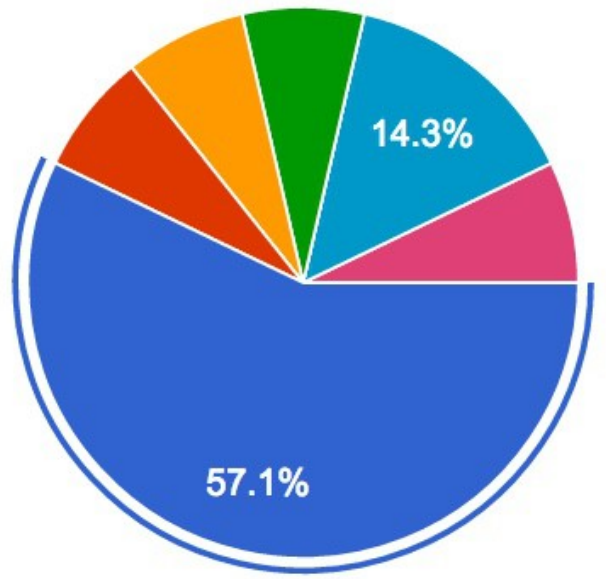
Asked services about their model of care

Who do you
see?

What do you
assess?

Why?

What population group is your program designed to serve?



- Community dwelling older adults
- Older adults in assisted living
- Older adults in long term care
- Individuals with mental illness
- Individuals with substance abuse or addictions
- Palliative care patients (at home or institutionalized)
- Other



Assessing patient needs: present practice

Most respondents indicated:

- Pain management
- Unmet mental health needs
- Difficulty with Activities of Daily Living (ADL)

Few respondents indicated:

- Need for substance abuse treatment
- Risk for violence/harm (to self or others)
- Need for palliative care
- Need for comprehensive geriatric assessment

Nutrition was one area where few respondents collected information





Why?

Considering patient outcomes

Everyone is considering repeated 9-1-1 calls as a program outcome.

Other outcomes mentioned included number of police interactions or days spent in shelter

No one is measuring changes in functioning.

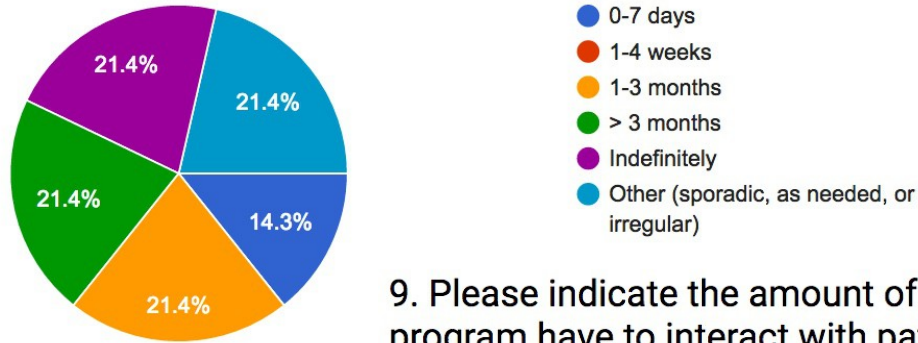
Six respondents indicated recording patient death

Seven respondents indicated tracking changes in disease symptoms



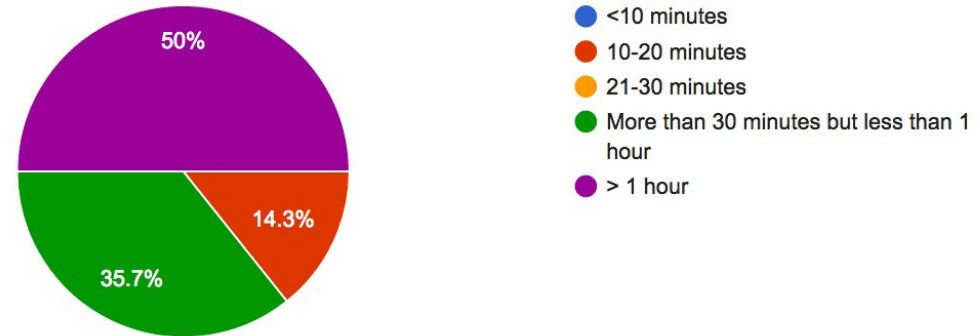
8. Please indicate the period of time that your program is designed to interact with patients

(14 responses)



9. Please indicate the amount of time that Community Paramedics in your program have to interact with patients during an initial assessment/encounter.

(14 responses)





Common Assessments for Repeated Paramedic Encounters



Different settings

Different types of patients

Different goals

Common assessment

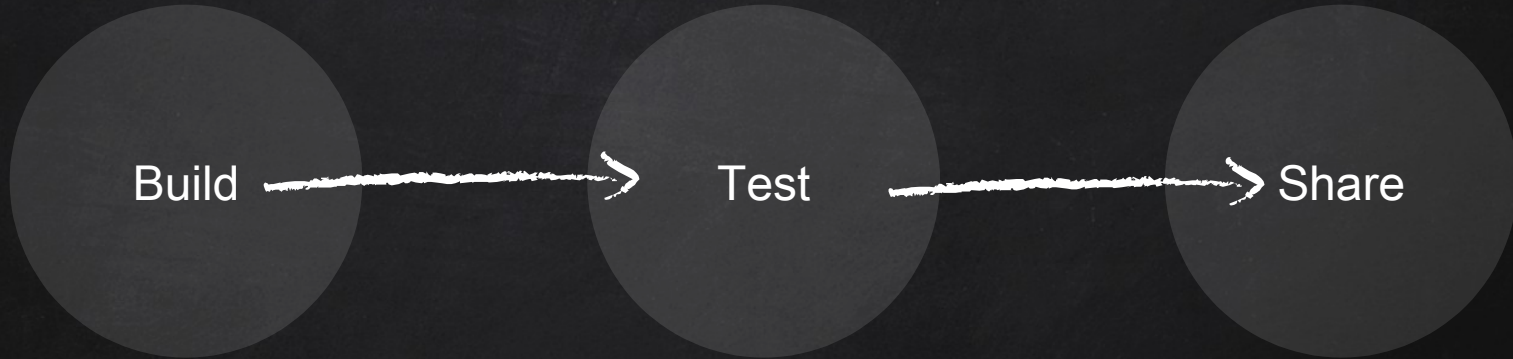


Validated algorithms

- ✘ Vulnerable Persons at Risk
 - Designed to identify patient risk level during state of emergency
- ✘ Detection of Indicators and Vulnerabilities for Emergency Room Trips
 - Designed to identify home care clients likely to visit ED
- ✘ Assessment Urgency Algorithm
 - Designed to identify ED patients requiring CGA
- ✘ Frailty Index
 - Designed to identify patients lacking fitness
- ✘ Brief Mental Health Screener
 - Designed to identify patients at risk for acute mental health crisis
- ✘ + more



The process is easy





Questions?

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