



Development and Implementation of Community Paramedic Patient & Resource Management Systems

2016 IRCP

CALGARY

COMMUNITY PARAMEDIC PROGRAM



825 square kilometers (512 miles)



6 response vehicles



Dedicated Patient Coordinator Resource



Established Patient Coordinator Centre



70 partnered continuing care sites; as well as, private residence



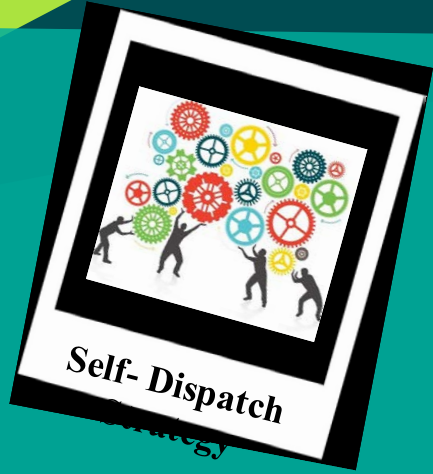
Over 5000 patient care events annually



Right Care, Right Time, Right Place?



GENESIS

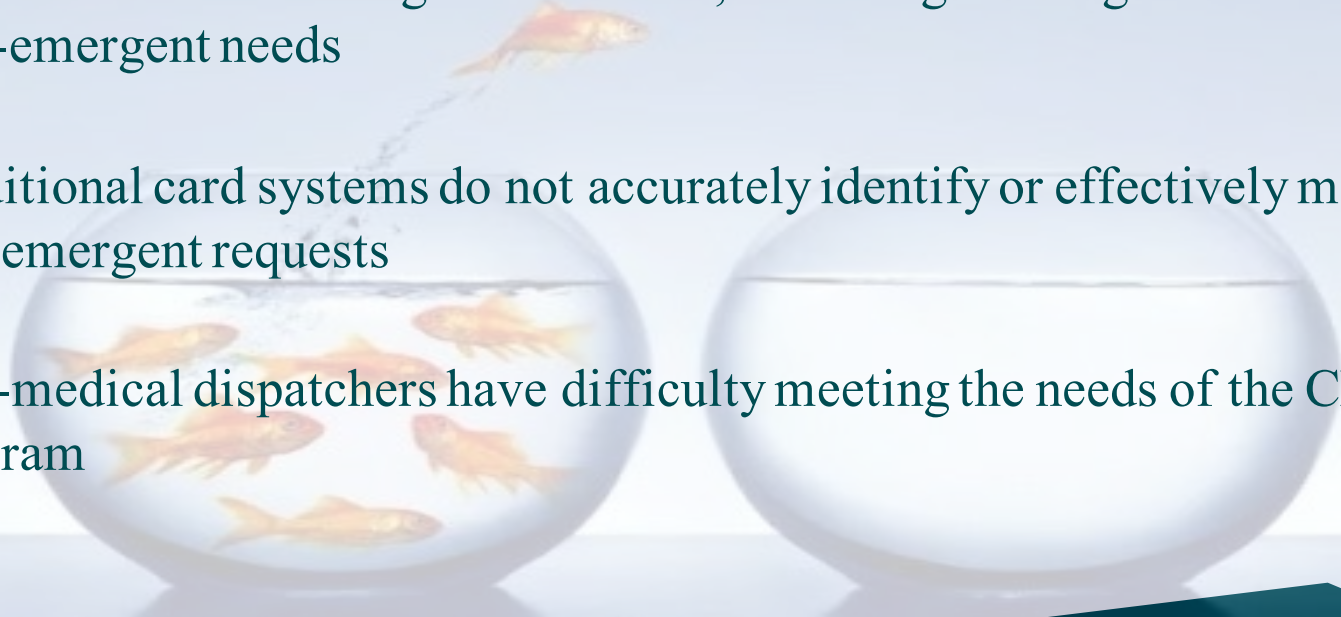


Self-Dispatch Strategy

2012

Why not utilize a 9-1-1 Dispatch?

- Reserve 9-1-1 for emergent situations; discourage calling for non-emergent needs
- Traditional card systems do not accurately identify or effectively manage all non-emergent requests
- Non-medical dispatchers have difficulty meeting the needs of the CP program



The Original Community Paramedic Request for Service

- Community Paramedics(CP) received requests for service from over 20 Supportive Living Sites
- 4 CP specific phone numbers
- CPs received requests for service and self-dispatched to patient care events



Notification of Your Nurse Practitioner or Community Paramedic

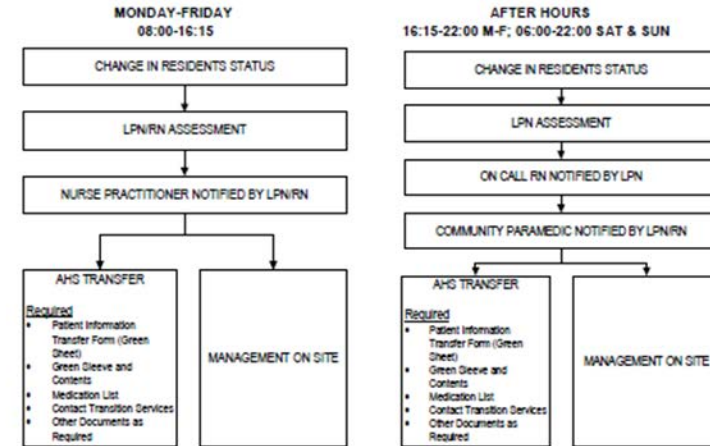
Change in Resident Status

1. **CHANGE IN CONDITION:**
 - SUDDEN ONSET
 - A MARKED CHANGE (i.e. more severe) in relation to usual signs and symptoms
 - UNRELIEVED by measure already prescribed

Need to Know

- Goals of Care
- Situation
- Background
- Assessment
- Request
- MAR
- Vitals

NOTIFICATION PROCESS



CONTACT

Nurse Practitioner	Phone
Catherine Puhl	403-607-1758
Debra Vermunt	587-593-2140
Kimberly Shapkin	587-596-7326
Kathy Tillington	403-678-0676
Faye Lazar	403-607-2183
Julie Bertram	587-592-3083
Haley Bent	403-673-8626
Mary Elizabeth Cooper	587-596-7406
Susanne Pereira	403-510-9063

Community Paramedic	Phone
CP1 Lou LaBrash Brenda Stanger	403-968-3413
CP2 Ty Eggenberger Brenda Latimer	403-968-8378
CP3 Claire Wakeelin Lee-Anne Reggin	403-968-8407
CP4 Amanda Gamble Anne Webb	403-968-9005
Rovers- Tracy Stewart Michele Smith	

NOTE: If resuscitation and/or emergency medical interventions are immediately required then emergency response procedures should be followed first. The NP should be notified when staff is able so she/he can follow up on the resident in acute care.



2012

Initial Challenges

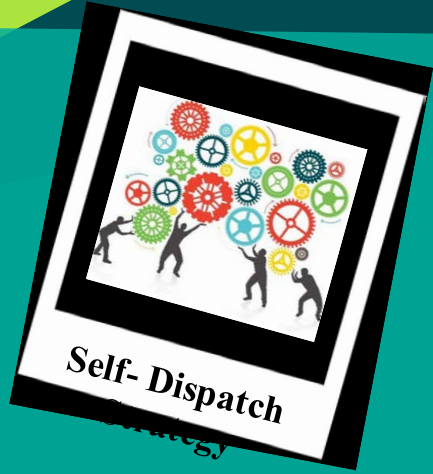
- Lack of central intake line
- Lack of dedicated resource coordinator
- Recognized early that primary urgent care triage criteria would be required – nothing available
- Ensuring CP safety/tracking while working alone
- Began operating beyond daily capacity- processes no longer scalable



2012

Risks

- Patient safety - missed or untimely patient care
- Incomplete follow up care
- Paper patient care record made transfer of care challenging
- Requestors become frustrated and divert to calling 9-1-1



2012



2013

CENTRAL INTAKE LINE, REFERRAL FORM & PATIENT TRACKING SYSTEM



Alberta Health
Services

Community Paramedic Notification

Contact the Community Paramedics when residents show any **NEW** or **WORSENING** signs, symptoms or apparent discomforts that are **NOT NORMAL** for the resident and are **UNRELIEVED** by measures already prescribed when the site **Nurse Practitioner is unavailable.**

Community Paramedics can provide:

- immediate assessment, physician facilitated diagnosis and treatment for the resident
- advanced assessments (respiratory, cardiac)
- on site diagnostics (STAT bloodwork, ECG, blood glucose)
- immediate on site interventions (IV rehydration, pain management, suturing, medication administration and facilitated prescription orders)

Community Paramedics will:

- consult with the resident's family physician, if possible
- send a copy of the resident's patient care record to their family physician
- inform the resident's case manager and the site Nurse Practitioner

Call the Community Paramedics at

1.855.491.5868

Notify your site RN and provide us with:

- Goals of Care Designation
- Patient Name and PHN
- Vital Signs
- Medication Assessment Record

06:00-22:00 7 days a week

NOTE: If resuscitation and/or emergency medical interventions are immediately required then emergency response procedures should be followed.





1)



2)

Referral Form





Patient Tracking System

SEPTEMBER		Date Pt To Be Seen	Time: PT to be seen	Estimated Length of Event	PT Initials (First, Last)	Reference Event number	Location or Community	Chief Complaint or Need	CP Assigned	Event Status	Notes
TUESDAY								4 CP UNITS			
1	1-Sep	7:15	2.5 HR		CP5210508311355	Lake Midnapore	POW! A/C Admin	Olivia	Completed		CP1 Brenda 6-6 HW
2	1-Sep	7:30	2 HR		cp1201508250730	Keoma	PICC Lasix admin	Brenda	Completed		CP 2 Tracy 10-10 SG
3	1-Sep	9:00	1 HR		CP5201508211400	Panorama	Venofer	Brenda	Completed		CP 3 Claire 10-10 HW
4	1-Sep	9:00	2 HR		CP5201508311156	Erin Woods	IV Hydration	Krystle	Completed	Available as early as 8:30	CP 4 Olivia 6-6 SG
5	1-Sep	10:00	1.5 HR		CP5201508311225	Manchester (Chinook Mall Area)	IV Antibiotics	Olivia	Completed	Day 1/5	CP 5 Krystle 8-6 HW
6	1-Sep	11:00	2 HR		CP5201508311400	Monterey Park	CCDMC Cardio/Resp Assess	Brenda	Completed		CP 6 Michele 6-6 Navigating
7	1-Sep	11:00	1.5 HR		CP5201508311715	Southwood LTC	IV Lasix	Claire	Completed		
8	1-Sep	11:00	3 HR		CP5201508311430	Bearspaw	Palliative IV Hydration	Tracy	Completed		
9	1-Sep	11:00	1 HR		CP4201508291700	Ogden	assessment	Olivia	Completed	Confirmed Aug 31-M5	
10	1-Sep	11:00	2 HR		CP5201508311910	Drop in Centre	IV Antibiotics	Krystle	Completed	Pick up med order at Central Pharmacy prior to attending event	
11	1-Sep	12:30	2 HR		CP5201508311315	Heritage	IV Hydration & PRN Med Admin	Claire	Completed		
12	1-Sep	13:30	1.5 HR		CP4201508071000	Downtown	rehydration and lab draw	Krystle	Completed		
13	1-Sep	13:00	1 HR		CP5201508311615	Monterey Park	Assessment	Brenda	Completed		
14	1-Sep	14:30	2.5 HR		CP6201508281400	Mayland Heights	IV hydration	Brenda	Completed	Visit 3 of 3	
15	1-Sep	15:00	1 HR		CP2201508241530	Hillhurst (Bethany Care)	IV Antibiotics	Tracy	Completed	9 of 14	
16	1-Sep	1 HR			CP5201508311455	Valley View Lodge	wound care	Olivia	Completed		
17	1-Sep	2 HR			CP5201508311604	Spruce Lodge	back pain	Krystle	Completed		
18	1-Sep	13:30	1.5 HR		CP5201508312130	Southwood LTC	IV hydration	Claire	Completed		
19	1-Sep	1 HR			CP5201508301130	Tudor manor	STAT INR	Michele	Completed		
20	1-Sep					Whitehorn Village Retirement Community	cough	Michele	Completed		
21	1-Sep					Heartland	pain management	Michele	Completed		
22	1-Sep					URSA PCH	N/V & abdo pain	Michele	Completed		
23	1-Sep	14:00	2.5 HR			Brentwood	Arm Assessment & Labs	Tracy	Completed		
24	1-Sep					Whitehorn Village Retirement Community	chest assessment	Brenda	Completed		
25	1-Sep				CP2201509011700	Silver Springs	IV Hydration	Tracy	Completed		
26	1-Sep					Whitehorn Village Retirement Community	edema assessment	Claire	Completed		



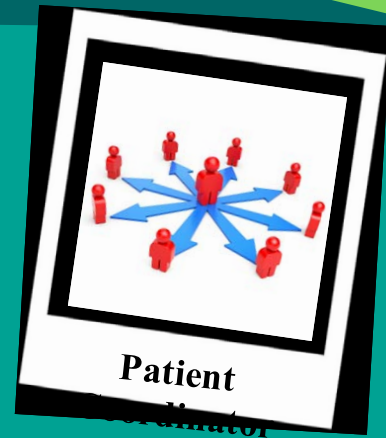
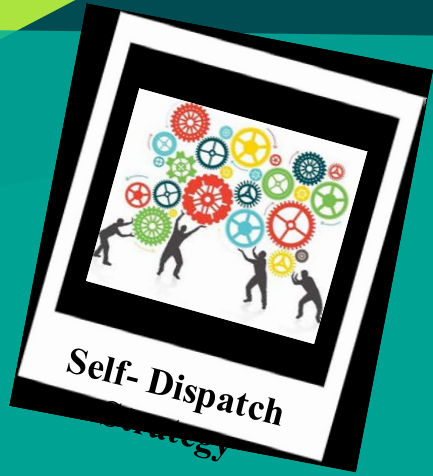
2013

Challenge: Demand for Services

- Program quickly gained popularity & had a sudden increase in number of referrals
- Lack of a dedicated person to process requests for services and deploy CP resources
- Rapidly outgrowing current model



Implementation of a New Patient Coordinator Position



2012

2013

2014



2014

Patient Coordinator

- ❖ Dedicated position
- ❖ Processes and manages all incoming referrals
- ❖ Synchronizes all patient care events
- ❖ Organizes and deploys Community Paramedic resources
- ❖ Primary problem solver!



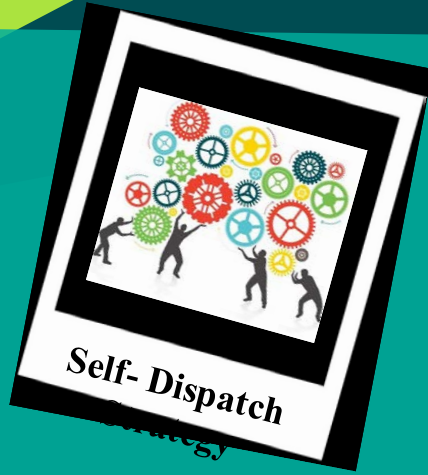


2014

The Patient Coordinator Advantage

- 1) Familiarity with program operations, policy and constraints – direct access
- 2) Clinical knowledge and judgment advocates for patient safety and navigation of the health care system
- 3) Effective and efficient scheduling of patient care based on referral request
- 4) Valuable communication - continuity of care
- 5) Allows our team to remain patient focused

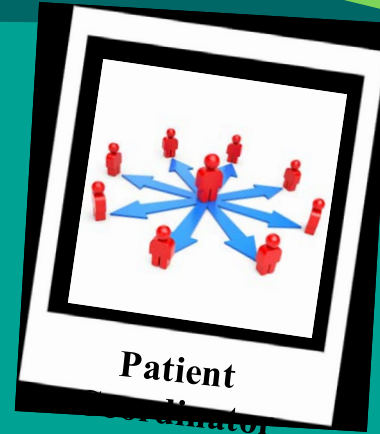
Application of Scheduling Software



2012



2013



2014



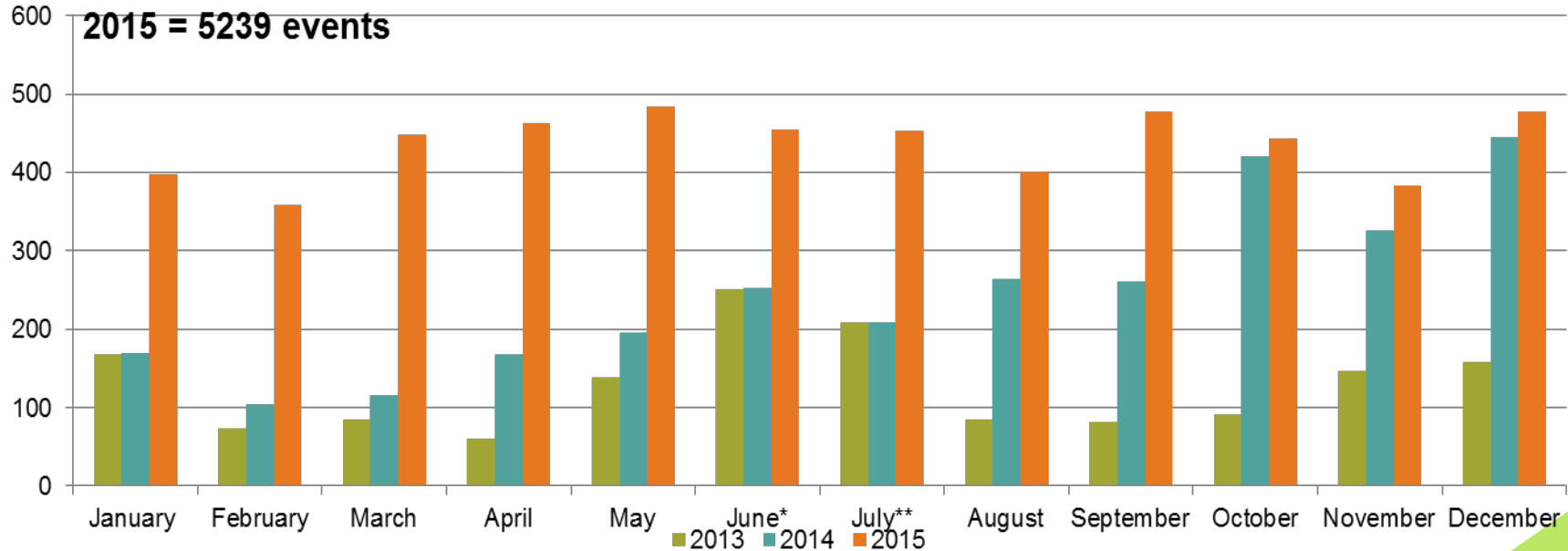
2015



2015

2014 Challenge: Maximum Capacity & Scheduling

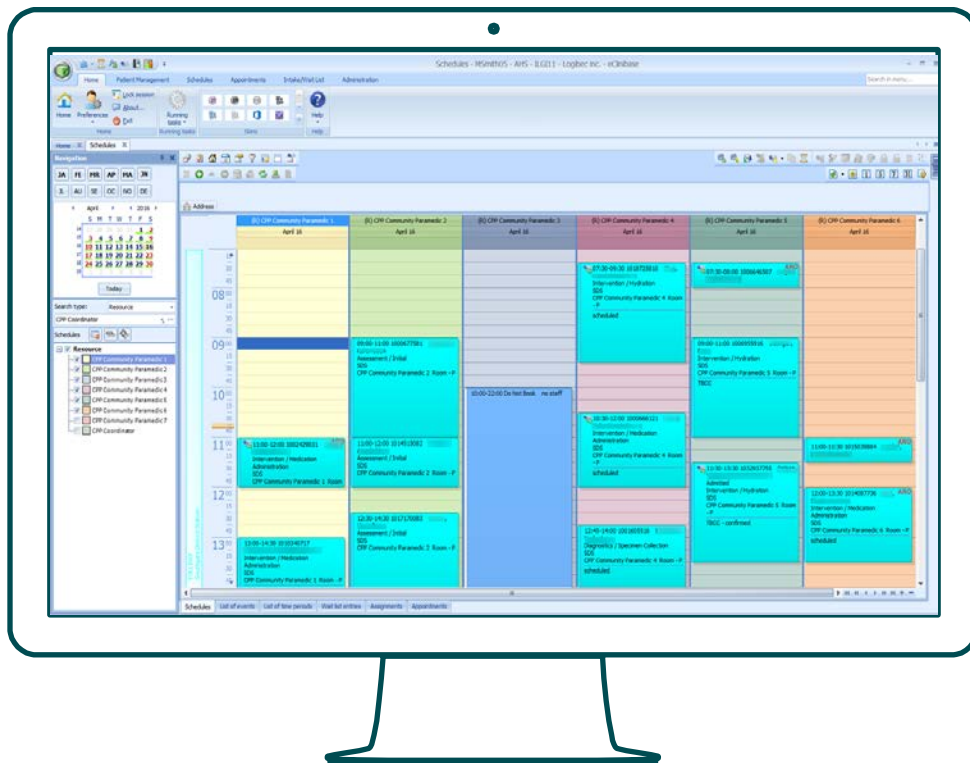
2013 = 1548 events
2014 = 2926 events
2015 = 5239 events





2015

eClinibase Scheduler _(eScheduler)



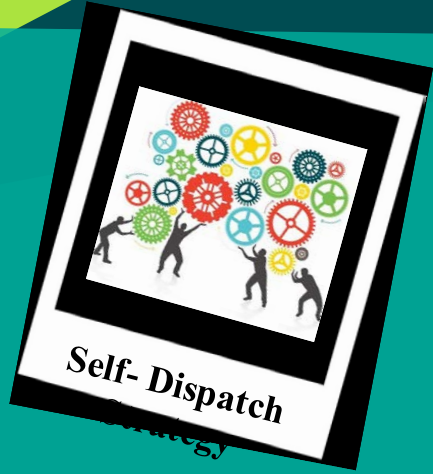


2015

Benefits of eClinibase

- 1) Ability to wait list requests for service
- 2) Efficient management of patient load & program capacity
- 3) Optimization of CP resource deployment
- 4) Link to acute care sites to alert if in ED or admitted
- 5) Real time updates about event status

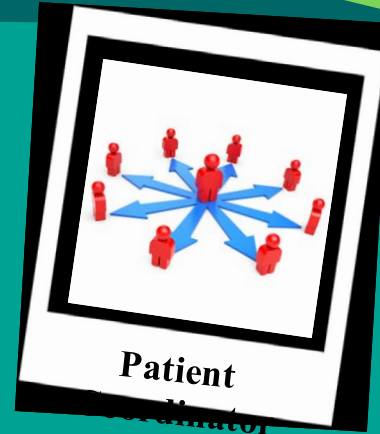
Evolution



2012



2013



2014



2015

Key Objectives for CP Resource & Management System:

- Central Intake Line
- Request for service model that allows easy and reliable access to the program
- Patient Tracking System to coordinate resource efforts
- Determining what is sustainable capacity
- Employing a dedicated coordinator of resources
- Scheduling tool



Thanks!

Any question?

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