

Informing Community Paramedicine in Ireland

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What we'll be talking about

- Irish Context
- Where it all started
- Role of the Regulator
- The next step
- Development of Framework
- Education
- What has worked well
- Challenges
- The future



Irish Context



- Pre-hospital care services regulated by the Pre-Hospital Emergency Care Council
 - State regulator
 - Sets education and clinical standards
 - Sets clinical guidelines for practice
 - Licenses service providers and educational institutions
 - Maintains register of practitioners



- National Ambulance Service (NAS) statutory provider of pre-hospital care in Ireland

Irish Context

- National Ambulance Service (NAS) statutory provider of pre-hospital care in Ireland
 - c. 360,000 calls per year
 - > 2000 staff
 - > 100 Locations
 - > 630 vehicles
 - Patient transfer service
 - Aeromedical services
 - Paediatric/ neonatal transfers
 - Critical care/ Retrieval
 - Community first responder schemes



Irish Context

- NAS & Dublin Fire Brigade (DFB) provide ambulance services in Dublin
- Other pre-hospital care providers:
 - Private ambulance companies
 - Event clinical services
 - Voluntary/ Auxiliary organisations





An
Phríomh-Oifig
Staidrimh

Central
Statistics
Office

Population & Migration Estimates April 2022

5,100,200

Ireland's estimated
**Usually Resident
Population**

4,396,500

Irish nationals (86.2%)

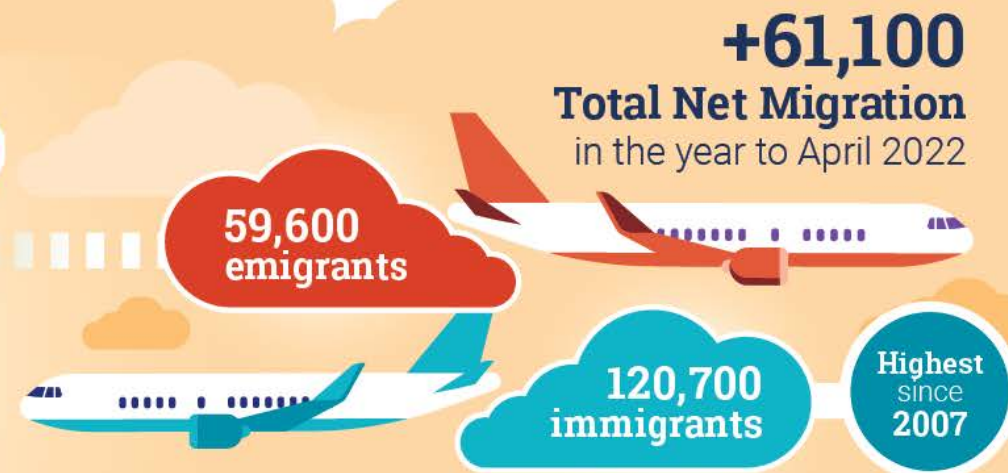


703,700

Non-Irish nationals (13.8%)



768,900
Persons aged
65 and over an
increase of 139,100
(22.1%) since 2016



Migration of **Irish nationals**

28,900 returned

to live in Ireland

27,600 left

to live abroad



How does unscheduled care look in Ireland?

- **Irish ED Waiting Times:** 23 out of 26 (88%) hospitals are below the HSE designated target of 70% admissions within six hours.
- ED wait time performance in hospitals is consistent across years, indicating that interventions to reduce long waits have been potentially ineffective.
- 38% increase in > 65 age group by 2031
- 32% of over 18 year olds have a chronic condition
- > 75 years = 6% population
 - Account for 33% ED attendances
- **Reduction in GP numbers**
- **Increase in emergency calls to the ambulance service:**
 - 2019 – 2022: 17% increase



Where it all started

- EU-funded partnership:
 - Co-operation And Working Together (CAWT) programme commenced 2017
- Collaboration between Ireland, Northern Ireland and Scotland Ambulance services
 - Community paramedicine pilot programme
 - Education provided by Glasgow Caledonian University; Autumn 2017
- NAS trained four community paramedics
 - Placement with specified General Practitioners
- Clinical governance provided by:
 - NAS Clinical Director
 - Affiliated General Practitioners
- Funding extended due to success of programme



Next steps

- Following conclusion of CAWT programme NAS established a further pilot scheme focusing on Irish jurisdiction only
- Trained an additional six community paramedics through their partnership with University College Cork (Masters programme)
- Links to General Practice continued to support development in a primary care setting



Role of the regulator

- PHECC Medical Advisory Committee develop guidelines:
 - established a Community Paramedic sub-committee
- Considered CAWT programme findings and international practice
- Produced a report 'The introduction of Community Paramedicine into Ireland'
 - 13 recommendations
- 2021 new sub-committee established, encompassing subject matter experts, stakeholders and Irish community paramedics
- Comprehensive framework established



Development of Framework for Specialist Paramedic – Community Care

- Starting point was the ***‘Introduction of Community Paramedicine into Ireland Report’*** by PHECC
- Stakeholder seminar to discuss and set out vision
- Scoping exercise to examine international systems
- Restricted review to synthesise existing evidence
- Stakeholder workshop to enhance engagement and harness expertise



What does the framework look like?

- **The framework provides guidance on:**
 - Roles and responsibilities
 - Scope of practice
 - Education
 - Clinical practice guidance
 - Medications
 - Clinical governance
 - Performance metrics
 - Clinical supervision and support
 - Continuing professional competence and development
 - Research, audit and quality improvement



Education

- A parallel process undertaken by PHECC to develop competency frameworks and education standards for all practitioner levels
 - Included specialist roles such as community care
- Community paramedic competency framework and standard
 - Expert group (including community paramedics)
 - Learning from scoping review and restricted review, stakeholder engagement
 - Engagement with current CPs
- Next step is to deliver the programme
- Followed by evaluation, review and update

Referral Pathways

- Community Intervention Teams
- Integration with Chronic Disease Hubs
- Education on pathways for care facilities
- ICPOP Teams – Integrated Care Pathways for Older Persons
- COPD Outreach Teams
- Falls Intervention Teams

BUT

- Difficulties in interconnectivity
- Variable depending on location

What has gone well?

- Collaboration with stakeholders
 - Excellent engagement
- Learning from international experience
- Publication of Framework for Specialist Paramedic – Community Care
 - Flexible
- Continued education for additional community paramedics
- Inclusion of current CP practitioners



What has gone well?

- Role can be reproduced in other organisations
- Role focused on patient safety
 - Not meeting targets
- Education and placement structure
 - Allows gradual transition to decision-making and autonomy
- Senior management involvement in design and implementation of CAWT programme



Challenges

- Establishing a professional identity
- Operational issues
- Needs flexibility to tailor services to local environment
- Identification of appropriate calls
- Current legislative limitations in Ireland
- Staffing resources
- Integration into Irish healthcare system
 - Understanding of role

The future



- Further resourcing of service – practitioners
- Alternative Care Pathways
- Implementation & evaluation
- Development of legislation
- Further integration into healthcare system
- Scope of practice developments

Other Alternative Care Pathways



Pathfinder

- Joint initiative between NAS and public hospitals
- Paramedic and Occupational Therapist or Physiotherapist
- Responds to emergency calls from low acuity elderly patients
- Aim to treat on scene and refer if required, as alternative to ED attendance

Two public hospitals staff a response car with ED staff

- Similar aim to Pathfinder

Cork University Hospital, University Hospital Kerry, and NAS collaboration

- EM Registrar and NAS staff
- Real-time telemedicine support from ED
- Non-conveyance rate of 70%

Acknowledgements

