



**Paramedics' Role in End of Life Care in Long Term Care:**



**Insights and Experiences from the Halifax Extended Care Paramedic Program**

Jan L Jensen  
Tom Dobson

**Objectives**

- Describe the Halifax ECP program
- Experiences with EOL care
  - Findings from qualitative ECP study
- Future Directions & Opportunities for paramedic EOL care





Extended Care Paramedic Program

**BACKGROUND**

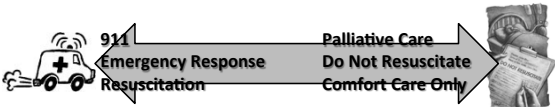
**Background**

- Long term care (LTC) patients are frequently transported to Emergency Departments (EDs).
- These older, often frail patients can be subjected to long wait times in an unfamiliar and uncomfortable environment.
- In a recently implemented **Extended Care Paramedic (ECP)** program, specially trained paramedics manage LTC patients, often leaving them at the LTC facility or arranging "facilitated transfer" at a time when the receiving department can see patient quickly.
- ECPs develop tailored care plans, in consultation with EHS and LTC physicians, RN staff, patient & family.

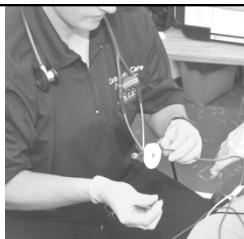


**Paramedics and EOL Care**

- Traditionally, EOL care has not been part of Canadian paramedic scope of practice
- This role is emerging
- Unique opportunity in the LTC population:
  - LTC residents often do not wish transport to hospital

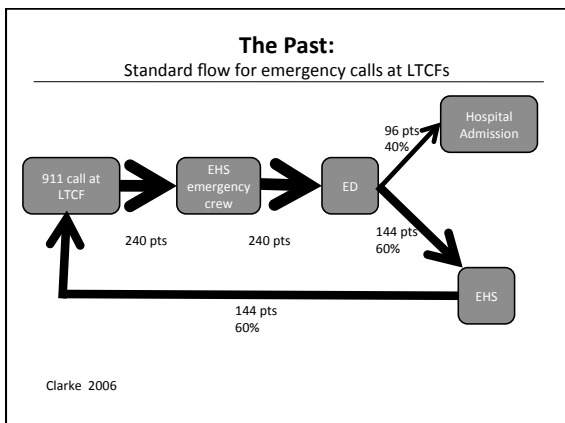


- Time
- Assumptions of care
- Protocols & preparation



Extended Care Paramedic Program

**EVOLUTION OF THE ECP PROGRAM**



## Impact of ED Visits on the Elderly

*Ambulance ride*

*Unfamiliar surroundings*

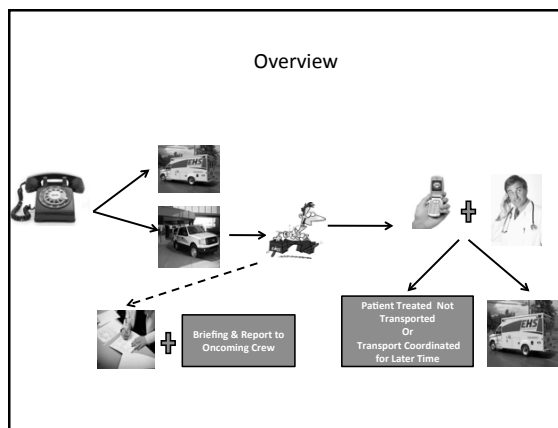
*Long waits*

*Loud & bright surroundings*

*Difficult to move from stretcher*

### Extended Care Paramedic Program

- Started Feb 15<sup>th</sup> 2011
- Initially hired 7 Advanced Care Paramedics, now up to 16
- 1 week of in-class training, 1 day clinical at teaching LTCF, 1 day in ED
- Work in non-transport capable vehicle
- Broadened scope of practice
- Respond to 15 CBD LTCFs in Halifax region
- Hours of work: 0900-2100, 7 days/week
- Consult with LTC and EHS physician for every call



## ECP Research: Pilot Study

- 3-month Pilot study of LTC calls
  - Dispatch determinants, call outcomes, EOL cases
- ECPs most often requested specifically by LTC staff
- 70% of calls in which ECP were involved were not transported
  - 6% relapse rate after ECP no transport
- 11 EOL cases
  - Advanced Directive status recorded in 61%
- Larger before-and-after study underway

Jensen JL, Travers AH, Leadlay S, Cain E, Carter AJE

### ECP ROLE IN END OF LIFE CARE: FINDINGS FROM A QUALITATIVE STUDY

## Study Questions

1. What **insights** have been gained and **lessons learned** from the implementation and operation of a novel paramedic-long term care program?
2. What are the **experiences of ECPs** in particular clinical situations, specifically **end of life** cases?



## Methods: Recruitment & Data Collection

- Four homogeneous focus groups:
  - Front-line paramedics & communications officers
  - ECPs
  - Decision-makers
  - EHS and long term care physicians
    - Who are involved in ECP program (planning or training)
- Research Ethics from Capital District Health Authority
  - Consent obtained prior to start of focus group
- Focus groups followed semi-structured question guide
- Interviews transcribed verbatim by professional transcriptionist, checked by investigator

## Methods: Data Analysis

- Thematic analysis
  - Open coding by two investigators
  - Development of themes
  - Iterative process with investigator discussions & consensus on meaning of codes and themes



## Results: Participants

- **Front-line paramedics & communications officers**  
n = 7
- **Extended Care Paramedics**  
n = 6
- **Physicians**  
n = 3
- **Decision-makers**  
(managers/coordinators)  
n = 5
- **Mean years experience: 13.95** (range: 0-25)
- 15/20 male (75%)
- **Mean age: 40.61 years** (range: 28 -50)

I had one experience. You see, originally the ECP truck was sent and while they were en route, the call priority changed and we got put on the call. But the ECP continued on the call. It turned out the patient was seizing.

I'm kind of a nosy fellow so I decided that I would go anyway. By the time I had gotten there, there's already an advanced care paramedic and a PCP paramedic on the scene. And they're getting ready to load this lady up onto their stretcher and take her off to the hospital because she is still seizing and she's been seizing for almost 20 minutes.

And she was still actively seizing so we went on to give her some Diazepam to stop the seizure. And the family arrived. The son arrived. And the family doctor was there. And then the ECP arrived. And we were going along on our regular track of information gathering and getting this patient ready to be packaged and taken to, you know... She had stopped seizing but she still was completely unresponsive.  
Probably going to bed 11, 12, 13 at the Q...

And they are asking me for a hand to kind of load her up onto the stretcher. And like, "Just hold it a second. Let's just slow this down for a second." So she's still seizing. They've already given some Valium. It's not working. And I asked about her care directive plans and I asked about her history.

And then ECP came and said, "Well, before we do anything here, let's just take a look at things." And she was very advanced stage. She didn't have a DNR but the family was there. Advanced stage. She had a lot of co-morbid factors. And they had a discussion with the doctor, the ECP, us and the family, and said, "Well, what are we going to do here?"

And so we took the son out of the room and had a little bit of a discussion. And the decision path was made that we weren't actually going to treat this patient any longer, that we were going to try and make her comfortable and re-evaluate things in a little bit.

The ECP came in and said, "Let's just take a step back and look at where this is going to go." And they discussed it and in the end, I walked out in awe.

And the paramedic crew that was on the scene, they couldn't believe what was happening in front of them. It was completely against what our training is, completely against what they've done historically. And they said that I hadn't showed up and we hadn't had that discussion that they would have brought that patient to hospital.

I don't know how the patient ended up. But it saved an overnight in Emerg, plus probably an admission and, you know, the resources. And then the family had a chance to all be in the room and sit there with her, and make the decision right there on the spot. And allow that time in their mother's room to sit there and mourn and, you know, and grieve for her.

### Results: End of Life Care

- **ECP approach** to LTC emergency calls differs from standard paramedic approach:
  - Time on calls
  - Consultation and discussion
  - Complexity of Decision Making
- **Right Decision** for the Patient
  - 'flipping the plan'

### Results: End of Life Care

- **Influence of Advanced Directives**
  - ECPs state important factor directing their approach and subsequent care plans
- **Communication** with patient, family and staff
  - ECPs can bring important information and a fresh perspective

### Results: End of Life Care

- **EOL Care Hand-over**
  - Recognizing when it was time for ECP to leave
  - Importance of hand-over
- **ECP Preparation** for End of Life Cases
  - Some discussion in initial training, but more EOL care cases than expected
  - ECPs feel they are learning as they go; ECP experience important

### Conclusion

In this qualitative study, it was discovered ECPs have a role to play in end-of-life care, which is novel for paramedic practice.

The insights gained and lessons learned in EOL care during the implementation and operation of the Halifax ECP program would likely be helpful in other EMS systems considering similar EOL programs.

Extended Care Paramedic Program

### EHS EOL CARE: FUTURE DIRECTIONS AND OPPORTUNITIES

**Pre-Identified Outcomes:**  
**Is there a Role for ECP/EHS?**

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**Improve**

- pain and **symptom control** for all persons at end of life ✓
- community and professional understanding and support ✓
- **coordinated 24/7 care** for all persons at end of life ✓
- satisfaction with care and control of family and provider distress ✓
- assurance of **quality, timely and cost-effective** care ✓

**Decrease**

- delay in commencement of a palliative approach ✓
- **multiple assessments**, referrals and transfers ✓
- ineffective use of hospital beds, emergency department and diagnostic testing ✓



**Increase Collaborations**

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**EHS Palliative Care Registry**

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SPECIAL PATIENT


Patient Name \_\_\_\_\_

Protocol Number \_\_\_\_\_

Provincial Medical Director \_\_\_\_\_

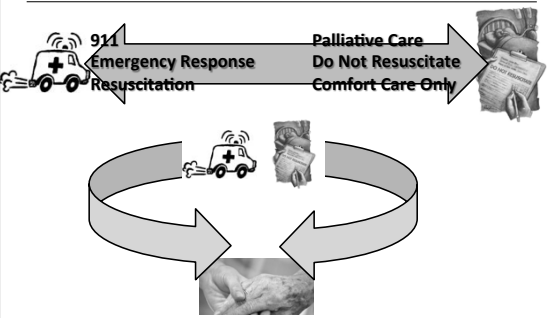
**Paramedic Preparation**

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**Paramedics and EOL Care**

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911 Emergency Response Resuscitation

Palliative Care Do Not Resuscitate Comfort Care Only

**Extended Care Paramedics:**  
**A Novel Long Term Care – Paramedic Program**


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**EHS**  
 Emergency Health Services

End of Life Care

Jan L. Jensen: [jan.jensen@emci.ca](mailto:jan.jensen@emci.ca)

Tom Dobson: [thomas.dobson@emci.ca](mailto:thomas.dobson@emci.ca)

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