



2023 PROGRAMME
19th ROUNDTABLE

May 23-24, 2023
The Nottingham Belfry
Nottingham
NG8 6PY GBR

19th Roundtable Host



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07.30 **Arrival and Registration – All IRCP sessions will be held in the Marlborough Room.**

08.00 *Welcome to England*
Tracy Nicholls
Chief Executive, College of Paramedics of the UK [GBR]

08.10 *IRCP Welcome*
Gary Wingrove FACPE CP-C, [USA]

The passing of the IRCP Gavel

Gary Wingrove, Chair, IRCP [USA]
Anne Montera, NEMSMA Representative [USA]
Tracy Nicholls, Chief Executive, College of Paramedics of the UK [GBR]

Proposal by the Paramedic Chiefs of Canada to host the 20th IRCP in Canada

IMPORTANT NOTE: The IRCP uses a standardized nomenclature of professional titles and agency names in order to reduce audience confusion. The actual local titles of the presenters and their program names may be different from those listed in this programme.

08.30 19.A.1 Keynote Address: *Informing Community Paramedicine in Ireland*
Ann McDermott, MSc, G Dip EMS Dip EMS: Subcommittee on the Development of Community
Paramedicine
Pre-Hospital Emergency Care Council [IRL]

Declan Smith, Msc PgD Grad Dip EMS HDip EMS: Subcommittee on the Development of
Community Paramedicine
Pre-Hospital Emergency Care Council [IRL]



In Ireland, the Pre-Hospital Emergency Care Council is the statutory regulator of pre-hospital emergency care and develops guidelines and standards for responders, practitioners, and service providers. PHECC also holds the professional register for practitioners and provides governance oversight of service providers.



The National Ambulance Service (NAS) is the statutory Pre-Hospital emergency and intermediate care provider for the State. In the Dublin metropolitan area, ambulance services are provided by the NAS and Dublin Fire Brigade.

NAS are currently evolving into different models of care provision such as community paramedic and hear and treat services. NAS are a PHECC Recognised CPG Service Provider.

09.00 19.A.3 *Dutch (urgent) healthcare system update 2023, Patient Care and Mobility*

Jaap Hatzenboer, MSc: Innovation Advisor
UMCG Ambulancezorg [NED]



Patient Care: Care coordination is the joint organisation and coordination of acute care at the regional level, 24/7, by the various health care providers, so as to create a coherent system. It concerns all activities focused on directing, coordinating, and monitoring the organisation and performance of the care delivered to patients with acute care needs.

This session will give an overview of patient care developments in the Dutch EMS system like the introduction of care coordination centres, a new EMS urgency classification system, relevant changes in the hospital system, citizen participation in EMS and the introduction of the SPART-model (a new clinical reasoning approach for EMS).

Mobility: The Dutch ambulance sector is the first emergency service to connect to Talking Traffic services nationwide. Thanks to Talking Traffic, ambulances on their way to an emergency will from now on always be "connected" and therefore "digitally visible". Smart traffic lights can give ambulances a green light and therefore a safe passage when they cross over an intersection. Other road users are warned in good time that an ambulance is approaching so that they can react accordingly. This helps increase road safety for other road users, the ambulance crew, and the patient on board.

This session will give an overview of mobility developments in the Dutch EMS system like Talking Traffic, the national EMS zero emission roadmap, the introduction of electric helicopters (eVTOL) for EMS, the introduction of cargo drones, and discussing some mobile communication developments.

09.45 19.B.3 *No New Buildings*

Scott Willits, BS, ACP, CP: Clinical Network Director
Medically Home [USA]



A systematic review of integrating multidisciplinary teams to provide patient-centric care outside of a brick-and-mortar facility throughout the care continuum with various care models. From ED in Home, Hospital at Home, Recovery and Observation, Longitudinal, Palliative, and Primary Care models built around the community paramedic role.

10.30 19.D.1 *Community Paramedic/primary care relationships*

Michael Nolan, MA: Chief

County of Renfrew Paramedic Service [CAN]



This presentation will overview an innovative partnership between primary care physicians and paramedics to support populations who do not have access to a family doctor.

11.00 – 11:45 Refreshment Break with the College of Paramedics

11.45 19.A.2 *How do you make a community paramedic?*

Alan Batt, PhD: Professor

Fanshawe College [CAN]



Paramedic practice continues to evolve and there is a duty to ensure that education reflects the complexity of contemporary paramedic practice, and outlines the features required for competent practice in diverse contexts across Canada. Paramedic practice in Canada is enacted across diverse contexts, presentations, and populations. We propose that such contexts must be considered when we attempt to describe or represent paramedic practice. In doing so, we may realise that paramedic practice comprises interdependent healthcare and social care aspects. Indeed, as the role and scope of practice of paramedics have evolved, emergency care has become merely one aspect of broader practice, and as a profession, we can evolve and develop larger social care and advocacy roles. As one example, community paramedicine has emerged across Canada as a non-urgent and public health care service across the country, which requires consideration and appropriate recognition within our renewed understanding of the practice. This presentation will outline how the Paramedic Association of Canada's National Occupational Standard for Paramedics project is improving our understanding of what community paramedics need to know and do.

12.15 19.C.5 *College Degrees in the Paramedic Profession*

Jeffrey Egnatovich, Ed.D, MBA, BSN, RN, ACP: Director of Graduate Studies / Program

Coordinator - Healthcare Administration

Caldwell University [USA]



This presentation will provide an overview of a study investigating how paramedic employers and paramedic employees view the necessity to obtain a minimum of an associate degree to pursue the profession and whether the skills obtained or enhanced with a college degree would be applicable and beneficial to the paramedic role. Five different research questions were used in this study to determine the relevancy of college degrees in paramedicine.

13.00 – 14:00 Lunch with the College of Paramedics

14.00 19.D.2 *Community Paramedic Response units*

Michael Nolan, MA: Chief

County of Renfrew Paramedic Service [CAN]



Surge capacity and optimized care Exploring the hybrid role of Community Paramedic Practice and emergency response availability

14.40 19.B.1 *Advances in Community Paramedicine in Canada in response to COVID-19*

Alan Batt, PhD: Professor

Fanshawe College [CAN]



Already well situated in the community, paramedics work collaboratively with other community partners to ensure patients receive the services that they require and the high-quality in-home and in-community care they deserve. The ongoing COVID-19 pandemic highlighted the prevalence of social inequities in Canada, particularly in already marginalized groups, and the importance of social connectedness and caregiver well-being solutions. The COVID-19 pandemic highlighted the essential collaborative care role community paramedicine programs can provide to patients in their homes or communities. Community paramedicine programs have evolved to meet the needs of their communities. These programs have demonstrated their ability to support public health measures, provide home and community-based care, and most importantly, collaborate with other healthcare professionals in coordinating and providing care to Canadians regardless of social circumstances.

15.15 19.D.4 *Use of Immersive Technology in CP Education*

Anne Montera, RN: Director of Nursing Programs

VRpatients [USA]



With the advances in technology and increasing complexity in patient care management, new solutions are becoming available to assist the students, instructors, and providers to better prepare for what may present before them. This session will explore the advancement of technology and use cases for impacting patient outcomes and improving patient safety.

15.50 – 16:20 Refreshment Break with the College of Paramedics

- 16.20 19.B.5 *Multidisciplinary Teamwork and Community Health Workers: Enhancing Patient Care and Outcomes in Mobile Integrated Healthcare*
Sabrina Ballew, ACP, CP-C, CHW: Program Manager
Mercy Flights [USA]



Discover the transformative impact of multidisciplinary teams in mobile integrated healthcare. Join us to learn how the Mercy Flights MIH team's innovative approach, which includes community health workers, has improved patient outcomes, decreased hospital admissions, and reduced healthcare costs. Gain insights into the effectiveness of a collaborative approach to care delivery through real-life examples and case studies. Come away inspired to adopt a similar team-based approach to patient care.

19:00 An Evening with the College Dinner (separate registration required)



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08.00 19.A.5 *What is the perceived impact of paramedics working in primary care teams on the working practices of other professionals in primary care and the experiences of patients?*

Georgette Eaton, BSc(Hons) PGCert MSc MCPara FHEA: Clinical Academic Advanced Paramedic University of Oxford [GBR]



Using the most recent research published within the last two years, this session will explore the contribution that community paramedics are making within NHS primary care. Moving through five key components, I will give an overview of the background of the UK paramedic profession and the development towards community paramedicine; the roles in which they are currently working in primary care; fostering patient acceptance of the paramedic role in primary care; how primary care can maximise the paramedic role; and the range of deployment models for paramedics to make a difference in primary care.

08.30 18.B.2 *Driving Success Through Diversity*

Scott Willits, BS, ACP, CP: Clinical Network Director
Medically Home [USA]



The future of Community Paramedicine under Mobile Integrated Health care models through diverse staff, programs, and operations.

09.15 19.C.3 *Lessons from across the pond: a comparison of UK and Canadian Community Paramedic systems and what we can learn from each other*

Shannon Leduc, MSc, ACP: Commander, Clinical Programs
Ottawa Paramedic Service [CAN]

Georgette Eaton, BSc(Hons) PGCert MSc MCPara FHEA: Clinical Academic Advanced Paramedic University of Oxford [GBR]



This presentation will explore the origins and evolution of Community Paramedicine (CP) programs in the UK and Canada, highlighting key similarities and differences in their structures, scopes of practice, funding models, and education and credentialing. We will discuss the top challenges and criticisms facing each program and identify lessons that can be learned from each other. We will discuss how CP integrates with the emergency call system in each country. We will also explore the role of business intelligence and data-driven decision-making in CP programs, and how acute care partnerships and telemedicine are being implemented in each model. Finally, we will examine how CP programs in the two countries are integrating or partnering with primary care, and identify opportunities for further collaboration and improvement.



- 10.00 19.C.2 *The Potential of CP in the United States*
Scott Willits, BS, ACP, CP: Clinical Network Director
Medically Home [USA]



An industry review of the community paramedicine in a commercialized health insurance environment and the opportunities available

10.30 – 11:00 Refreshment Break with the College of Paramedics

- 11.00 19.B.4 *Case Studies: Fails, Successes, and Something in the Middle*
Kimberlyn Tihen, BSN, CP: Battalion Chief MIH division
St. Charles County Paramedic Service District [USA]

Sherri Hercules, CP-C: Captain MIH division
St. Charles County Paramedic Service District [USA]



Three case studies of actual MIH patients in High Utilizer and Readmission Avoidance programs. Each case study is a 10-minute presentation in duration. One of a failed patient, one of a successful patient, and one that has both successes and failures with MIH involvement.



- 11.45 19.B.6 *Germany*
Sebastian Gerosch, RN ACP: Chief of EMS Department
Bavarian Red Cross, District of Regensburg [GER]

Andreas Bauer, ACP: Chief ACP – Education
Coordinator Community Paramedic Response Unit
Bavarian Red Cross, District of Regensburg [GER]



After seven years of preparation, in April 2022 started the first Bavaria-wide Community Paramedic response unit in Regensburg. What are the experiences so far and in which direction will the project develop? Sebastian Gerosch and Andreas Bauer will provide insight into how the program was planned and implemented.



12.15 19.C.1 *Community Paramedicine in BC Lessons Learned and a New Path Forward*

Amy Poll, PCP: Director

BC Emergency Health Services [CAN]

Monica Morgan, MA PCP: Manager, Community Programs

BC Emergency Health Services [CAN]



Since 2015 the community paramedicine program in British Columbia expanded from 126 positions in 99 communities to 174 positions in 100 communities in 2021. In this presentation, we explore the growth of this program, from the establishment of our four-pillar approach to the expansion of scope to include ALS paramedics in rural communities. We will discuss the patient pathway from referral to scheduled appointment, the impacts of 911 integration, and general program demographics. We conclude with a discussion of the lessons we can take from the latest changes to our landscape of care to ensure that BC CPs are able to continue to provide pre-scheduled patient visits and community-focused outreach events that promote health outcomes and improved quality of life for BC residents.

12.55 IRCP Group Photo

13.00 – 14:00 Lunch with the College of Paramedics

14.00 19.C.4 *Our Story of Resilience and Lessons Learned*

Kimberlyn Tihen, BSN, CP: Battalion Chief MIH division

St. Charles County Paramedic Service District [USA]

Sherri Hercules, CP-C: Captain MIH division

St. Charles County Paramedic Service District [USA]



This is the story of the development of our MIH division in a timeline fashion. It will contain the ups and downs of developing new programs. Points of resilience in the Community Paramedic world and lessons learned along the way.

14.45 19.D.5 *Developing Advanced Paramedic Practitioners through a Rotational Primary Care Model: The PACESETTER project.*



Kerry Robertshaw, BSc, MSc, MCPara: Professional Development Lead - Advanced Practice Welsh Ambulance Services NHS Trust [GBR]

This session will firstly provide an overview of the College of Paramedics, the professional body for all paramedics in the UK, considering the pace of change and development.

Secondly, we will discuss the evaluation of rotational working on front-line advanced paramedic practitioners in Wales, who work across 999 and Primary Care on a weekly basis

15.25 – 15:55 Refreshment Break with the College of Paramedics

15.55 19.D.3 *Indigenous CP in Canada*

JD Heffern, AEMCA, ACP, BSc, MBA(c): Chief of Paramedicine

First Nations and Inuit Health Branch, Indigenous Services Canada, Government of Canada [CAN]



Since its inception, paramedic education has followed the traditional colonial model to provide educational opportunities. This has not allowed Indigenous members a suitable pathway to attain the education to support their community in practice and leadership. Paramedicine has not been seen as a career opportunity in remote and isolated Canadian Indigenous communities as they have always had to leave their traditional territory to attain education.

The recruitment of Paramedic students from remote and isolated Indigenous communities has been a challenge for many years. In this educational model, we are educating local First Nation members on Paramedic practice using a non-traditional pedagogical style that will in turn allow Paramedics to be enabled in the context of their local communities to provide appropriate and culturally relevant care.

This education model aims to assist in the recruitment and retention of Indigenous students who will in turn become Paramedic practitioners and leaders within their respective communities and therefore provide a sustainable and long-term solution to the lack of Paramedics in emergency response and Community Paramedic primary care practice settings. This model is assisting the overall health transformation agenda to meet community needs while contributing to the reconciliation of Indigenous communities in the Canadian context.

16:35 Group discussion: what is one thing you learned at IRCP this year, and are you coming to Canada in 2024

17:45 Evening on your own



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