



COMMUNITY PARAMEDICINE

*PATIENT-CENTERED APPROACH TO PRIMARY CARE IN
RURAL AND REMOTE COMMUNITIES*

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BCEHS | BC Emergency
Health Services
Provincial Health Services Authority

COMMUNITY PARAMEDICINE IN BC

Aims to transform paramedicine practice away from the existing emphasis on pre-hospital emergency care to a model that includes prevention, health promotion and primary health care in rural and remote communities

Staffing Model

129 Community Paramedic positions

106 part-time & 23 full-time

95% Primary Care Paramedics

Implementation to Rural & Remote Communities

2015: Introduced 9 prototype communities

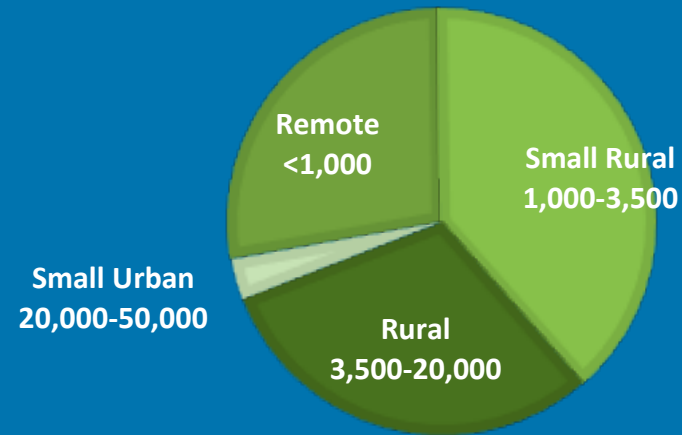
2015-2018: Roll-out to 76 communities across the province

2018: Introduced full-time positions, Advanced Care Paramedics, and rolled-out to 14 additional communities

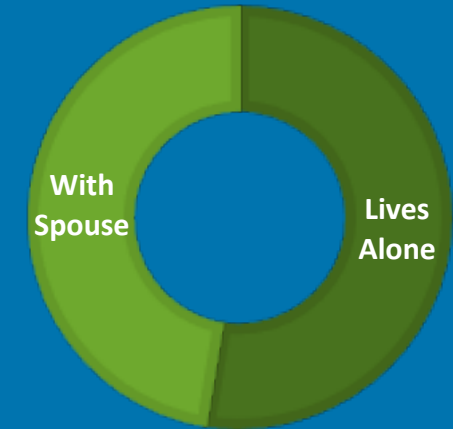
PATIENT PROFILE



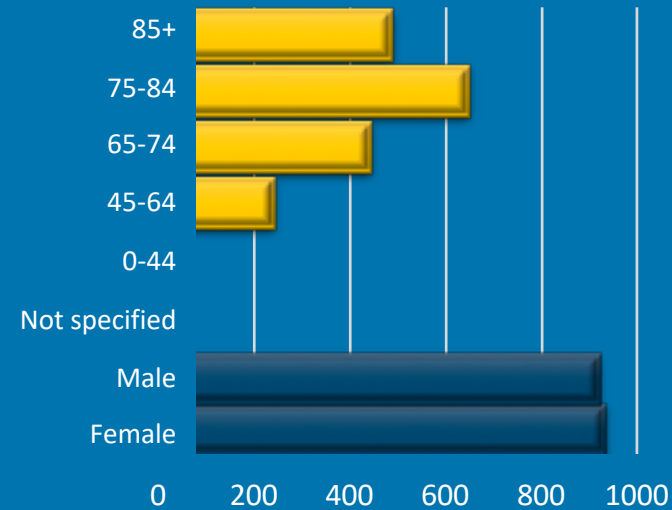
Community Population



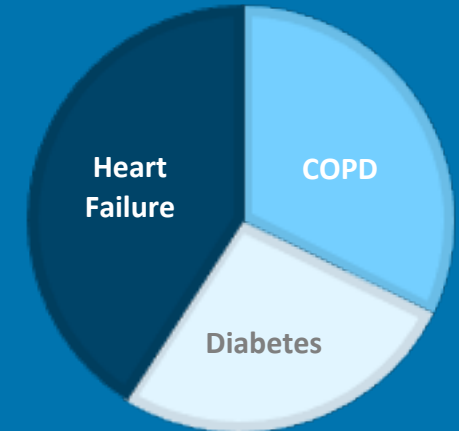
Co-Habitation



Age & Gender



Chronic Conditions



SERVICES

Health Promotion & Wellness Clinics

4,463
events
attended

In-Home Wellness Checks

24,447
home
visits

1,874
patients
seen

Community Outreach & Awareness

5,159
events
attended

EVALUATION OBJECTIVES

1

Determine the extent to which the program achieved its objectives

2

Inform how well the program delivered services in alignment with the Quadruple Aim, Ministry of Health and BCEHS strategic directions

3

Identify important lessons to be learned

4

Analyze the impact or changes that have occurred

5

Analyze the process of implementation

Quadruple Aim – Patient Perspectives & Impact

1

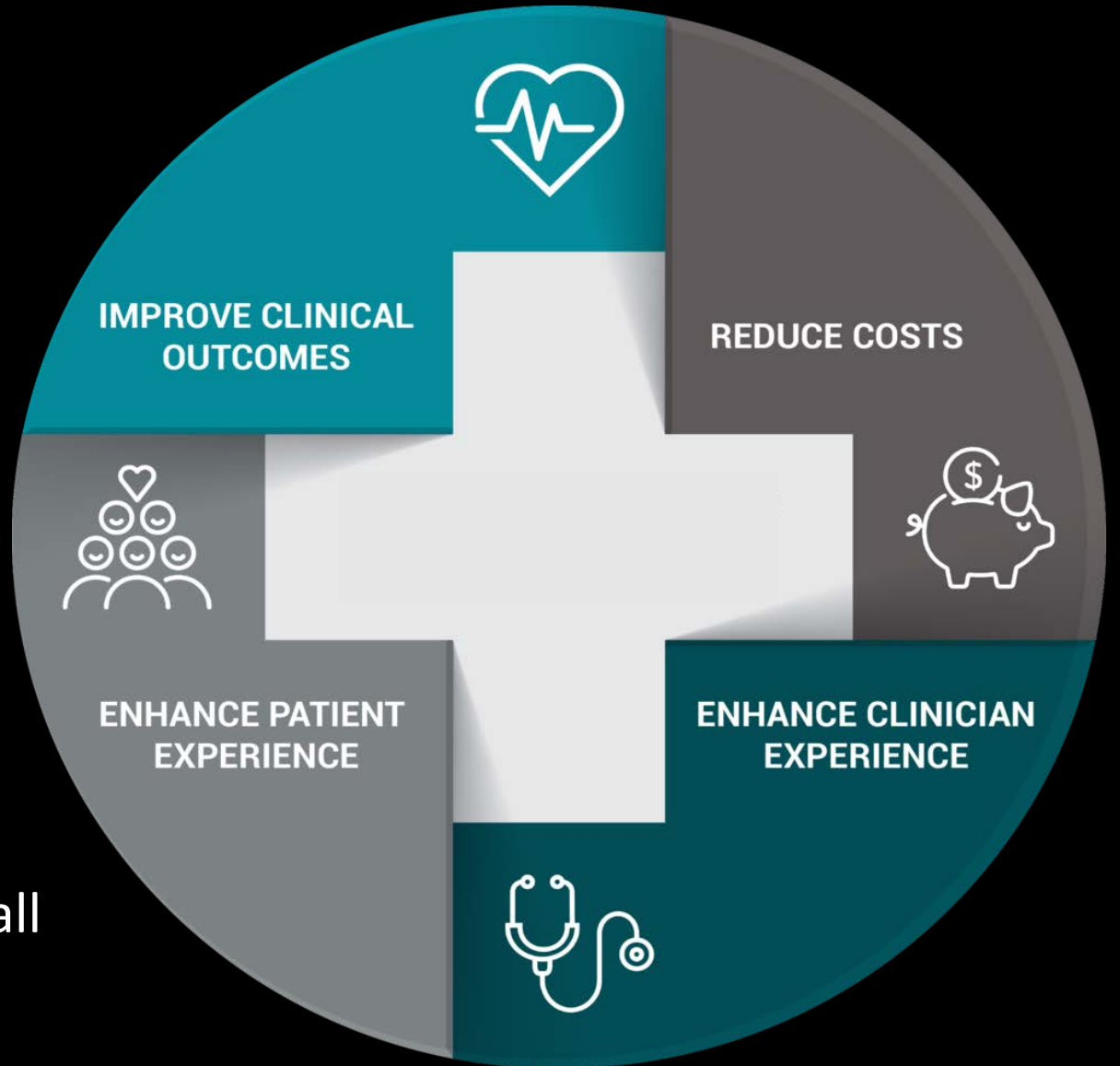
Quality of Life
(EQ-5D-5L)

2

Patient
Experience
Survey

3

9-1-1 Study:
CP Impact on Call
Volume



QUALITY OF LIFE EQ-5D-5L TOOL

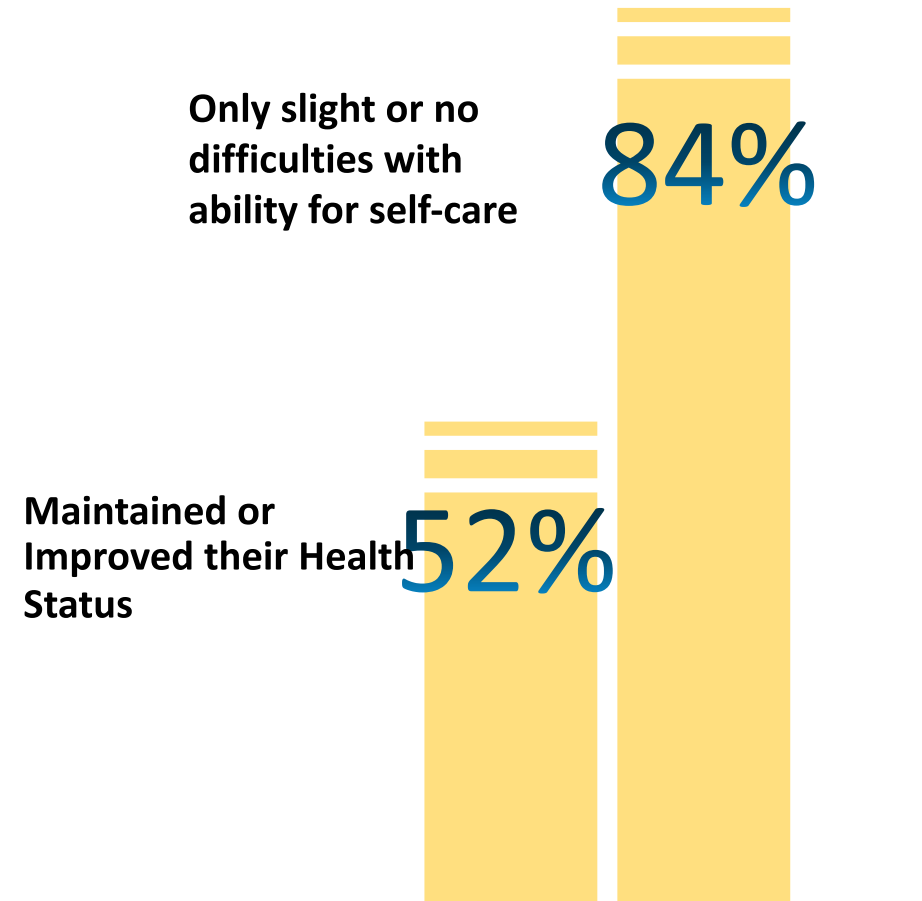
Patient Reported Outcome Measure

Questionnaire administered during initial visit
and after 6 weeks of CP services.

EQ-5D-5L tool focused on:

- ✓ **Mobility**
- ✓ **Self-care**
- ✓ **Usual activities**
- ✓ **Pain/discomfort**
- ✓ **Anxiety/depression**

120 Patients
(Matched Pairs)



PATIENT EXPERIENCE SURVEY

Sharing the Patient's Voice

Criteria & Approach

- Received services at least 3 times over 6 months
- Census survey strategy

510 Letters
Mailed

441 Phone
Calls Made

264 Surveys
Completed

Confidence in
own ability to
take care of
their health

83%

94%

98%

CP knew what
kind of care was
needed and how
to provide it

Patient's
wishes and
needs were
listened to, and
CP took the
time to answer
questions



“I feel safer because I know someone comes to check on me. I look after myself better.”

“I’m beyond happy with the program... such a relief to know that [my mom] is being checked in on and cared for.”

“If [the CP] spots something that is not right, he tells the doctor and we get an appointment as soon as possible.”

— CP Patient Experience Survey Respondents

Setting

- 9 Rural Communities (initial prototypes)
- 15 PCP Community Paramedics
- 206 patients referred for CP services in 2017

Patient Criteria

- Excluded those seen once or not yet discharged from CP services

147 Patients

- 86% were 65 years & older

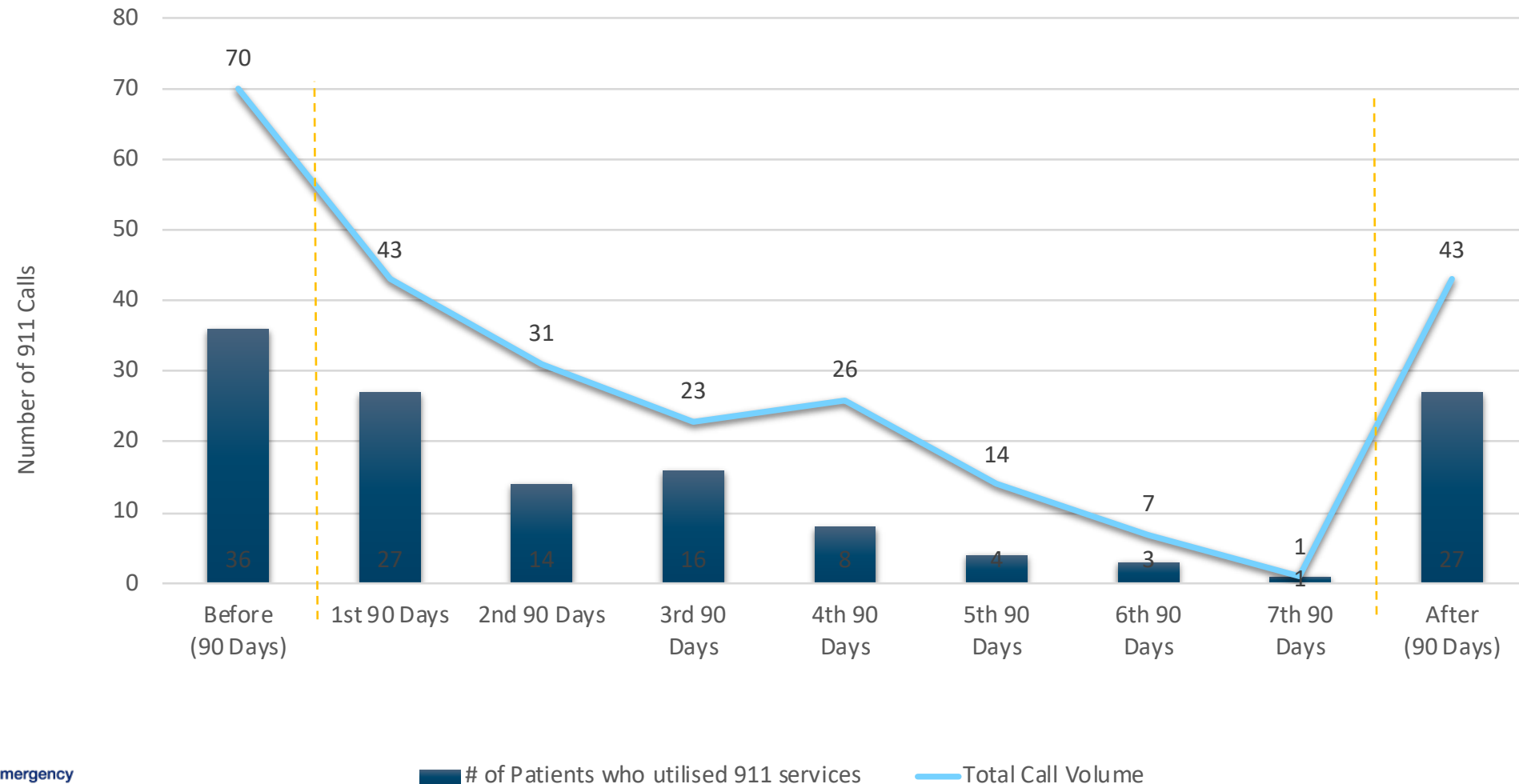
Approach & Validation

- 9-1-1 call volume data 90 days before 1st visit, and 90 days post CP care discharge
- 6 MPDS Cards impacted by CPs intervention
- Low acuity 9-1-1 calls
- Validation: One-Tail Paired t-Test

9-1-1 STUDY

9-1-1 Call Volume for CP Patients in 2017

Before, During & After CP Services, n=147



Number of 9-1-1 Calls

90 days prior to CP's first visit and
90 days post-discharge

39%

of 9-1-1 calls for selected MPDS Cards

Breathing Problems
Chest Pain (non-traumatic)
Diabetic Problems
Falls
Heart Problems
Sick Person

46%

of Low Acuity 9-1-1 Calls

Alpha
Bravo
Charlie
Omega

47%

Results lead to an
overwhelming
success in the
introduction of
Community
Paramedicine in
rural and remote
areas of BC.





When you're living alone and you have a chronic illness, it's comforting to know that [my CP] will be here

— CP Patient, [BC EHS Community Paramedicine Video](#)