2016 PROGRAMME

Sponsors
THURSDAY June 2 2016

18.00 – 19.30 Opening Reception (Delta Bessborough Hotel, Terrace Room)

FRIDAY June 3 2016

07.00  Arrival and Registration
Morning Coffee & Tea (William Pascoe Room)

CONFERENCE OPENING (William Pascoe Room)

08.00  Welcome to IRCP

08.05  Welcome to Canada
Randy Mellow, President, PCC [CAN]

08.10  North American Collaboration
Richard Patrick, Department of Homeland Security [USA]

08.20  IRCP Welcome
Brian La Croix, NCEMSI [USA]

Passing of the IRCP Gavel
Gary Wingrove, Chair, IRCP [USA]
Ross Coburn or David Waters, CAA [AUS]
Randy Mellow, President, PCC [CAN]

Proposal by the Association of Ambulance Chief Executives to host IRCP 2017
Martin Flaherty, AACE [GBR]

SESSION A  RESEARCH (William Pascoe Room)

08.45  12.A.1  Interdisciplinary Collaboration: Community Paramedicine Improves Access to Supportive Clinical Medicine for Oncology Patients
Ryan Kozicky, ACP BSc: Operations Manager
Alberta Health Services Calgary Zone Community Paramedic program [CAN]

09.05  12.A.2  Why frequent users of EMS services call 9-1-1: A knowledge-to-action approach
Brent McLeod, MPH MHM ACP: Paramedic Supervisor, Research and Community Paramedicine
Hamilton Paramedic Service [CAN]

09.25  12.A.3  The Community Health Assessment Program through Emergency Medical Services (CHAP-EMS): A Community Paramedicine Initiative for older adults in subsidized housing
Gina Agarwal, MBBS PhD MRCGP CCFP FCFP: Associate Professor
McMaster University [CAN]

09.45  12.A.4  The Value of Community Paramedicine: Patient, Paramedic & Physician Perspectives on the EPIC program
Katie Dainty, PhD: Research Scientist
St. Michael’s Hospital [CAN]

10.00  Refreshment Break – (William Pascoe Room)
10.30  12.A.5  *What Are Community Paramedicine Programs Doing to Fill Rural Health Care Gaps?*  
Davis Patterson, PhD: Research Assistant Professor  
University of Washington School of Medicine [USA]

**SESSION B  STANDARDS AND DATA (William Pascoe Room)**

10.45  12.B.1  *Developing a Canadian national standard on community paramedicine programs*  
Ron Meyers, CRSP: Project Manager  
CSA Group [CAN]

11.05  12.B.2  *Why Longitudinal Patient Charting is Vital to Sustainable Community Paramedicine*  
Jonathon S. Feit, MBA MA: Co-Founder & Chief Executive Officer  
Beyond Lucid Technologies, Inc. [USA]

11.25  12.B.3  *Management of Low Acuity Presentations*  
Matthew Simpson, ACP: Paramedic Specialist – Intensive and Extended Care  
NSW Ambulance [AUS]

**SESSION D  CLINICAL (William Pascoe Room)**

11.40  12.D.1  *TB Care is More Than Just a Skin Test*  
Mike Taigman, CREDS: Improvement Guide  
First Watch [USA]

12.15  **Lunch – William Pascoe Room – Sponsored by Saskatchewan Polytechnic College**

**SESSION B  STANDARDS AND DATA (Continued)**

13.00  12.B.5  *Quality Assurance in Community Paramedicine*  
Sherri Julé, BSN RN: Manager Prehospital Emergency Medical Services  
Saskatoon Health Region [CAN]

Erika Stebbings, BSN RN: Clinical Nurse Educator Pre-hospital EMS  
Saskatoon Health Region [CAN]

**SESSION A  RESEARCH (Continued)**

13.15  12.A.6  *Value-added community paramedicine programming: CHAP-EMS (Community Health Assessment Program through Emergency Medical Services)*  
Gina Agarwal, MBBS PHD MRCGP CCFP FCFP: Associate Professor  
McMaster University [CAN]

**SESSION C  INTEGRATION (William Pascoe Room)**

14.15  12.C.1  *The Power of Integration*  
Louis Mendiola, ICP: Health System Development Manager  
Humboldt General Hospital [USA]

15.00  **Refreshment Break – (William Pascoe Room)**
15.30  12.C.2 *Investigating paramedic service use by home care patients*
Matthew Leyenaar, PCP BSc MA: Project Champion: National Research Database
Paramedic Chiefs of Canada [CAN]

Andrew Paul Costa, PHD: Assistant Professor
University of Toronto [CAN]

15.45  12.C.3 *Community Paramedicine Expanding Interdisciplinary Team Models to Enhance Client Care in Rural Settings*
Sherri Julé, BSN RN: Manager Prehospital Emergency Medical Services
Saskatoon Health Region [CAN]

Kelly Prime, ACP: Director of Operations
Midway Ambulance Care Ltd. [CAN]

Kelly Tokarchuk, MPH: Manager Home Care East
Saskatoon Health Region [CAN]

SESSION D  CLINICAL (Continued)

16.15  12.D.2 *Integrating Community Paramedics into Heart and Stroke Initiatives*
Patrice Lindsay, PhD RN: Director Best Practices and Performance, Stroke
Canadian Heart and Stroke Foundation Foundation [CAN]

17.00  DINNER – ON YOUR OWN
07.00  Arrival and Registration
Morning Coffee & Tea *(William Pascoe Room)*

**SESSION D  CLINICAL (William Pascoe Room)**

08.00  **12.D.3**  *Improving Patient Care, Access and Transportation (IMPACT) by Paramedics*
Walter Tavares, PhD: Assistant Professor
McMaster University [CAN]
Scientist / Researcher, Community Paramedicine and Research Unit, York Region Paramedic and
Senior Services
Research Chair, Paramedic Association of Canada

08.15  **12.D.4**  *Building Global Educational Pathways for Enhancing the Reach of Community Paramedicine*
Josephine Kershaw, PhD: Professor and Associate Dean of Arts & Sciences
Christ College of Nursing & Health Sciences, [USA]

Mary Ahlers, ACP CP RN MEd: Clinical Coordinator
UC Health/UCMC Air Care & Mobile Care [USA]

This session is sponsored by Image Trend

08.40  **12.D.5**  *Panel Discussion on Community Paramedicine in Saskatoon Health Region*
Moderator - Sherri Julé, BSN RN: Manager Prehospital Emergency Medical Services
Saskatoon Health Region Humboldt [CAN]

Andrew Williamson: Deputy Chief of Operations
MD Ambulance [CAN]

Faron Nakaska, ACP: Saskatoon Pilot Community Paramedicine Program
MD Ambulance [CAN]

Anita Bergen, BSN MS: Manager, Senior’s Health and Continuing Care
Saskatoon Health Region [CAN]

09.20  **12.D.6**  *The Immersive Ambulance Simulation Module – bringing your vehicles inside the class room*
Duncan McConnell, AFAIM, AFCHSM, MAP, CHM: Paramedicine Program Director – School of Medicine
Griffith University [AUS]

09.35  **12.D.7**  *Leading Through the Darkness*
Pat Songer, ACP AS: Administrative Director
Humboldt General Hospital, [USA]

10.05  Refreshment Break *(William Pascoe Room)*
SESSION D  CLINICAL (Continued)

10.40  12.D.8  Community Paramedic In-home Transfusion of Blood Components and Products Pilot
Dana Dalgarno, PCP: Senior Quality Assurance Strategist
Alberta Health Services [CAN]

SESSION B  STANDARDS AND DATA (Continued)

11.00  12.B.4  Strength in numbers: Proving efficacy in a sea of small “N”
Chris Hamper, ACP AAS CP-C: Faculty Instructor
Oregon Institute of Technology/Oregon Health and Sciences University [USA]

Paul Bollinger, MPH: Senior Project Manager
Health Share of Oregon [USA]

Louisa Partain, AAS OR-P: Quality Improvement and Education Coordinator
Washington County EMS [USA]

SESSION A  RESEARCH (William Pascoe Room)

11.40  12.A.7  Social Navigator Program: An innovative approach in helping frequent users of emergency services
Brent McLeod, MPH MHM ACP: Paramedic Supervisor, Research and Community Paramedicine
Hamilton Paramedic Service [CAN]

12.00  Lunch (William Pascoe Room) – Sponsored by Medavie EMS

SESSION E  INNOVATION (William Pascoe Room)

13.00  12.E.1  Paramedicine Models of Care: past, present and future
Peter O’Meara, ACP PhD: Professor of Paramedicine
La Trobe University [AUS]

13.20  12.E.2  Community paramedicine in rural northern Ontario: Lessons learned
Jill Sherman, MPH: Research Associate
Jordan Nixon, MHK Candidate
Chad Prevost, MSc Candidate
Centre for Rural and Northern Health Research at Laurentian University [CAN]

13.50  12.E.3  Homeless Shelter Embedded Community Paramedics: Reducing EMS use and Enhancing Access to Primary Care in individuals experiencing homelessness
David Oliver Johnson, ACP AAS CMPA: Community Paramedic
Hennepin County Medical Center Emergency Medical Services [USA]

Nancy Kotani: Executive Director, Strategic Planning and Implementation; Project Lead for the Community Paramedicine Initiative
BC Emergency Health Services [CAN]

Daniel Sirivar: Senior Business Analyst
BC Emergency Health Services [CAN]
14.50  Refreshment Break – *(William Pascoe Room)*

15.20  12.E.5  *Community Paramedic Urgent Response Team for Continuing Care sites*
Robert Sharman, BSN MA: Manager of EMS Community Care
Alberta Health Services [CAN]

15.50  12.E.6  *Development and Implementation of Community Paramedic Patient and Resource Management Systems*
Michele Smith, ACP BHS: Community Paramedic – Team Lead
Alberta Health Services [CAN]

16.10  12.E.7  *Sole Paramedic Collaborative Emergency Center*
Steven Skoworodko, ACP: Chief
Paramedic Service [CAN]

Kayla Burechailo, BC MS: Manager
Wakaw Primary Health and Collaborative Emergency Centre [CAN]

16.30  Closing Remarks
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12.A.1 Interdisciplinary Collaboration: Community Paramedicine Improves Access to Supportive Clinical Medicine for Oncology Patients
Ryan Kozicky, ACP BSc: Operations Manager
Alberta Health Services Calgary Zone Community Paramedic program [CAN]

Access to supportive clinical medicine for oncology patients along the entire cancer continuum is a growing concern. The Alberta Health Services’ Community Paramedic Program (CPP) provides clinical care to patients in the community in collaboration with existing healthcare services and providers. TBCC partnered with the CPP to provide mobile services to oncology patients. It is a novel program that offers care which historically has not been available in the community. The program was initiated in June 2014 and within six months, 353 patients benefited from care in their homes. This statistic doubled in the following six months. Qualitative data from patients and families is overwhelmingly positive; patients report improved health outcomes and overall enhanced quality of life. To date, this service has saved over 1036 visits to the cancer center, increased capacity in the treatment area, and prevents patients from accessing emergency departments.

12.A.2 Why frequent users of EMS services call 9-1-1: A knowledge-to-action approach
Brent McLeod, MPH MHM ACP: Paramedic Supervisor, Research and Community Paramedicine
Hamilton Paramedic Service [CAN]

There is compelling evidence that frequent users of 911 or Paramedic Services places burden on the health care system and can lead to misallocation of resources which are already limited. Based on academic review and collaboration with Hamilton Paramedics Services, we have identified a small subset of patient population in Hamilton who frequently call for paramedics. Our study aims to investigate factors influencing Hamilton residents to call paramedics frequently in order to identify the root of this issue. Specifically, our objective is to understand patients’ views, perceptions and attitudes regarding the use of paramedics. Using our findings, we hope to identify areas of improvement to ensure that these frequent users of paramedics are receiving quality care according to their needs. This study has identified several distinct characteristics and tendencies within the frequent users of paramedics demographic. In addition to facilitating an understanding of this group, this information has important implications with regards to policymaking and the efficient allocation of health resources. These results have guided us in the generation of a survey tool that will be mailed to a larger sample of frequent callers to understand the magnitude of the issues identified.

12.A.3 The Community Health Assessment Program through Emergency Medical Services (CHAP-EMS): A Community Paramedicine Initiative for older adults in subsidized housing
Gina Agarwal, MBBS PhD MRCGP CCFP FCFP: Associate Professor
McMaster University [CAN]

Older adults, especially those with low income and with complex chronic illness, are known to be frequent users of paramedic transport and emergency department. The Community Health Assessment Program through Emergency Medical Services (CHAP-EMS) is a community paramedicine program that targets older adults living in low-income housing and focuses on hypertension, diabetes, and falls prevention; refers to local health promotion resources; and, links with primary care physicians. It aims to optimize care of chronic health conditions, maximize use of underutilized community resources, leading to better health outcomes, reduced ambulance calls, and improved health resource utilization. In our presentation we will describe CHAP-EMS and present the results from the ongoing Randomized Controlled Trial across Ontario.
12.A.4 The Value of Community Paramedicine: Patient, Paramedic & Physician Perspectives on the EPIC program

Katie Dainty, PhD: Research Scientist
St. Michael’s Hospital [CAN]

The EPIC Community Paramedicine Program is a collaborative partnership between primary care and specially trained community paramedics (CP) designed to provide additional support for complex chronic disease patients (CHF, COPD and Diabetes). This model is currently being studied with a randomized trial in two regions in Ontario, Canada (York Region & Grey County) by the rescue research program at St. Michael’s Hospital, Toronto. However, it is common for community programs such as EPIC to have a much more profound impact than numbers can measure. As part of the larger trial we undertook a qualitative interview study with 40 patients, 8 community paramedics and 6 family physicians to better understand the value of this program from their perspective. Our findings reveal patient-centered concepts such as EPIC as a safety-net, a source of health education & accountability and the value of the relationship that is built between the CPs and their patients, as well as paramedic perspectives on their expanded scope, job satisfaction and the impact of the emotional aspects of the work. In addition, we will discuss feedback from participating physicians on their view of the role of CPs as members of the integrated health team.

12.A.5 What Are Community Paramedicine Programs Doing to Fill Rural Health Care Gaps?

Davis Patterson, PhD: Research Assistant Professor
University of Washington School of Medicine [USA]

Community paramedicine (CP) is promoted as an innovative strategy to help rural communities achieve the “Triple Aim” of improving care and population health while lowering costs. This study presents findings on characteristics and outcomes of rural-serving CP programs in the U.S. Rural CP programs provide multiple services with the potential to shift costs from more to less expensive care settings and to provide appropriate care where vulnerable patients live. More outcome results are needed to show that care is safe, effective, and economical. Most U.S. CP programs are self-funded, and more impact evaluation would help demonstrate value and improve long-term sustainability.

12.A.6 Value-added community paramedicine programming: CHAP-EMS (Community Health Assessment Program through Emergency Medical Services)

Gina Agarwal, MBBS PHD MRCGP CCFP FCFP: Associate Professor
McMaster University [CAN]

Panel discussion: Value of community paramedicine programs. Older adults, especially those with low income and with complex chronic illness, are known to be frequent users of ambulance transport and the emergency department. The Community Health Assessment Program through Emergency Medical Services (CHAP-EMS) is a CP program that targets older adults living in low-income housing and focuses on hypertension, diabetes, and falls prevention, refers participants to local health promotion resources, and links them with primary care physicians. It aims to optimize care of chronic health conditions, maximize use of underutilized community resources, leading to better health outcomes, reduced ambulance calls, and improved health resource utilization. We learned that CHAP-EMS identified many issues that affected the health and quality of life of residents. CHAP-EMS was able to address several of these issues and relationships between the para-medics/participants were unique. There were some interesting spin-offs of the program that involved seniors’ socialization that we have researched and will discuss.
12.A.7 Social Navigator Program: An innovative approach in helping frequent users of emergency services
Brent McLeod, MPH MHM ACP: Paramedic Supervisor, Research and Community Paramedicine
Hamilton Paramedic Service [CAN]

The development of the Social Navigator Program (SNP) was based on the Ontario Mobilization and Engagement Model of Community Policing. The program integrated and reflected the principles of the model, which emphasized the importance of crime prevention through social development and a community based approach to policing. The Hamilton Police Service partnered with Hamilton Paramedic Services to help assist the vulnerable population through a more holistic, collaborative and coordinated approach. The objective of the SNP was to evaluate the feasibility of implementing the SNP and its effect on reducing reliance on the judicial and healthcare systems by navigating clients toward the appropriate agency while improving the health, safety, and quality of life for all citizens. Results suggest that SNP is feasible with a community paramedic and effective in decreasing negative police interactions.

12.B.1 Developing a Canadian national standard on community paramedicine programs
Ron Meyers, CRSP: Project Manager
CSA Group [CAN]

The Canadian Standards Association (operating as CSA Group) is working with Paramedic stakeholders across the country to develop a new Canadian Standard for Community Paramedicine Program Development. This project is being supported under the Canadian Safety and Security Program (CSSP) and through other project partners. While many paramedic services and jurisdictions are developing and expanding community paramedicine programs, there are no nationally accepted guidelines for the development of these programs. This proposed Standard will address the elements that experience has shown to be the most critical in developing an effective community paramedicine program. The Standard will provide guidance to enable paramedic services across Canada to fully understand the context, key considerations and essential components for community paramedicine program development and planning.

12.B.2 Why Longitudinal Patient Charting is Vital to Sustainable Community Paramedicine
Jonathon S. Feit, MBA MA: Co-Founder & Chief Executive Officer
Beyond Lucid Technologies, Inc. [USA]

Over the past several years, electronic charting has expanded nationwide: most paramedic services now have some option, whether paid for by government or paid for individually, to digitally capture patient care records. But as EMS 2020 gets closer, there has been a call to evolve community paramedicine documentation away from incident-specific patient care charting toward person-specific charting, in alignment with the electronic health records that are used inside hospitals, nursing homes, and other care facilities. Person-specific charting also coincides with the universal ID lookup methods being advanced by Health Information Exchanges and interchange methods like CommonWell Health Alliance. In this presentation, we will identify technical, operational, and financial insights that can be gained from longitudinal patient care documentation, when the resultant data are fed into prehospital health information exchanges like those that are emerging in California, Texas, Michigan, Indiana, and elsewhere.
12.B.3  *Management of Low Acuity Presentations*
Matthew Simpson, ACP: Paramedic Specialist – Intensive and Extended Care
NSW Ambulance [AUS]

The demand from low acuity patient presentations has seen many ambulance services in western countries exploring alternatives to the traditional pre-hospital model of ‘respond and transport’. Much of the literature describing non-transport models of care for low-acuity patients focuses a very small proportion of the paramedic workforce, such as ECPs specialists in NSW Ambulance. Few studies have evaluated non-transport pathways designed for use by the broader paramedic workforce, with none having evaluated such programs in a non-metropolitan context. The expansion of various models of Community Paramedicine continues across the USA and Canada. The aim of this project was to describe LAP utilization in rural and remote regions, since their integration into standard paramedic practice in NSW Ambulance.

12.B.4  *Strength in numbers: Proving efficacy in a sea of small “N”*
Chris Hamper, ACP AAS CP-C: Faculty Instructor
Oregon Institute of Technology/Oregon Health and Sciences University [USA]

Paul Bollinger, MPH: Senior Project Manager
Health Share of Oregon [USA]

Louisa Partain, AAS OR-P: Quality Improvement and Education Coordinator
Washington County EMS [USA]

Like many developing community paramedic programs, efforts in the Portland, Oregon area are starting out small. Funding is readily available for small pilot projects. The challenge comes from attempting to transition from small pilot to a sustainable and funded project. A group of eight local paramedic services, a regulatory body, two coordinated care organizations, a community college, and university partnered to tackle the problem of demonstrating value. In collaboration and consultation with national Community Paramedic workgroups and paramedic services from around the nation, the group has developed and agreed upon a standardized set of data metrics and is moving forward with construction of a data repository and a front end charting system. The project is designed to allow for aggregate CP data with the intent to strengthen requests for project funding. The project is still in the development stages and the anticipated long term effects of this effort will not be immediately realized.

12.B.5  *Quality Assurance in Community Paramedicine*
Sherri Julé, BSN RN: Manager Prehospital Emergency Medical Services
Saskatoon Health Region [CAN]

Erika Stebbings, BSN RN: Clinical Nurse Educator Pre-hospital EMS
Saskatoon Health Region [CAN]

The Saskatoon Health Region (SHR) has engaged in a number of community paramedic projects over the last 5 years. Some have been short term and others have evolved into long term projects with lasting impacts. What has been consistent is having the data drive, support and improve our processes. This presentation will address: Measurements of Community Paramedicine programming; Identifying qualitative and quantitative drivers as well as key stakeholders and engage them in productive dialogues.
12.C.1  *The Power of Integration*
Louis Mendiola, ICP: Health System Development Manager
Humboldt General Hospital [USA]

This session will look at how paramedic services and rural health care systems can partner to improve health and outcomes and generate new revenue sources. Health care reform is here to stay and all rural health care leaders must become more vigilant with regard to productivity and evidenced based patient outcomes. See how Humboldt General Hospital (Winnemucca, NV) uses paramedics in non-traditional ways to increase service lines, decrease expenditures and greatly improve patient satisfaction and outcomes. Additionally, see how the emerging field of Community Paramedicine will be changing the way we all view paramedics, paramedic services and Emergency Medicine.

12.C.2  *Investigating paramedic service use by home care patients*
Matthew Leyenaar, PCP BSc MA: Project Champion: National Research Database
Paramedic Chiefs of Canada [CAN]

Andrew Paul Costa, PhD: Assistant Professor
University of Toronto [CAN]

Referral to allied health care services is an important resource that community paramedics use. Conversely, home care services use DIVERT scores (generated from the interRAI HC) to identify patients at risk for visiting an emergency department (ED). Based on the characteristics of home care patients, it is expected that these patients will use paramedic services to access the ED. It is expected that paramedic services will benefit from identifying these patients in order to better co-ordinate clinical management. This project investigates whether long-stay home care patients who have been assessed to have high DIVERT scores utilized paramedic services within 90 days of assessment, when compared to patients assessed to have low DIVERT scores Use of paramedic services will be modelled using logistic regression and survival analysis. This investigation will have implications pertinent to the collaborative efforts between paramedic services and home care providers to improve care for these individuals.

12.C.3  *Community Paramedicine Expanding Interdisciplinary Team Models to Enhance Client Care in Rural Settings*
Sherri Julé, BSN RN: Manager Prehospital Emergency Medical Services
Saskatoon Health Region Humboldt [CAN]

Kelly Prime, ACP: Director of Operations
Midway Ambulance Care Ltd. [CAN]

Kelly Tokarchuk, MPH: Manager Home Care East
Saskatoon Health Region [CAN]

To meet the increased needs of client care within the Saskatoon Health Region rural areas, a community paramedicine collaboration program was developed and integrated into current care models. Local paramedics, Home Care, Occupational Therapy, and Physical Therapy joined together to create a unique, non-traditional partnership in rural Saskatchewan to provide extended care options for our community members. These programs allow clients to remain in their homes instead of utilizing long term care resources. Within the rural communities of Saskatchewan, access to extended care options is limited by geography and resources. To illustrate the creation, implementation and evaluation of a rural community paramedicine program we will utilize a true case study of our programming. Within this case, we will present on the impact that collaborative care has had on the client and on the family as a whole. Using a taped interview with a family and client from Jan of 2016, we can highlight the benefits of rural community paramedicine programs, examine the hesitation that families have at the introduction of these programs, and feature the outcome benefits of these joint programs for the client, family, and the professionals involved. In conclusion, we will discuss the facts and figures of implementing and delivering these types of programs in the rural areas. We will look at the fiscal abilities as well as the increase in team knowledge by joining professionals together in a common care goal. Themed throughout the presentation is the importance of developing an integrated multi professional approach to care for our rural clientele.
12.D.1 TB Care is More Than Just a Skin Test
Mike Taigman, CREDS: Improvement Guide
First Watch [USA]

Tuberculosis is not a sexy disease. There are no TV telethons raising funds for TB...no wrist bands or colored twisted ribbons. Yet this bacterium has caused more death over the course of history than almost any other disease and it continues to kill over 3 million people a year around the world. Community Paramedics in Ventura County, California partnered with their local public health department to provide outpatient care to people with TB.

12.D.2 Integrating Community Paramedics into Heart and Stroke Initiatives
Patrice Lindsay, PhD RN: Director Best Practices and Performance, Stroke
Canadian Heart and Stroke Foundation Foundation [CAN]

As practitioners regularly welcomed into the homes of people when they are at their most vulnerable day in life, paramedics can play a key role in the fight against heart and stroke conditions in addition to their supportive role as practitioners during recovery. This session will explore the potential relationship between the science of heart and stroke care and the role of the community paramedic, especially in rural areas.

12.D.3 Improving Patient Care, Access and Transportation (IMPACT) by Paramedics
Walter Tavares, PhD: Assistant Professor
McMaster University [CAN]

Scientist / Researcher, Community Paramedicine and Research Unit, York Region Paramedic and Senior Services
Research Chair, Paramedic Association of Canada

This presentation will summarize a multi-phase study critically examining existing practice models and identifying aspirational innovations to (restrictive) paramedic service delivery models. This study, titled Improving Patient Care, Access and Transportation (IMPACT) by paramedics exposes the opportunity for patient centered care and health care system efficiencies by examining pathways for a diverse patient population post patient-initiated contact with emergency services. This includes relevant intervention and diagnostic processes and disposition to identify those conditions / patient types most amenable to paramedic practice innovations in an unrestricted system. We draw on this data to hypothesize on what practice changes would be needed (including overall areas of clinical acumen) to better align community based patient needs with safe and appropriate paramedicine based health care options. We conclude with ambitious future directions for the field of paramedicine to consider in policy, practice, education, regulation, safety and governance.

12.D.4 Building Global Educational Pathways for Enhancing the Reach of Community Paramedicine
Josephine Kershaw, PhD: Professor and Associate Dean of Arts & Sciences
Christ College of Nursing & Health Sciences, [USA]
Mary Ahlers, ACP CP RN MEd: Clinical Coordinator
UC Health/UCCMC Air Care & Mobile Care [USA]

This session will present how innovative partnerships with Community Paramedicine professional organizations, health care networks, and accredited educational institutions can transform paramedic careers with expanded roles in health care systems around the world. Integrating global net- works and resources in education would open up the untapped potential for Community Paramedicine to be offered through trailblazing associate’s, bachelor’s and graduate educational pathways. These expanded roles would encompass Community Paramedics caring for patients at home or in other non-urgent settings both outside and inside hospitals under the supervision of the appropriate advanced care provider. Offering round-the-clock management of illnesses, mental health issues and chronic disease processes, the Community Paramedic would have significant impact in the reduction of readmissions and unnecessary emergency department use. Through multidisciplinary coordination, the Community Paramedic would be able to fill the gaps within the healthcare system, improving quality of life and decreasing overall healthcare costs.
Panel Discussion on Community Paramedicine in Saskatoon Health Region

Moderator - Sherri Julé, BSN RN: Manager Prehospital Emergency Medical Services  
Saskatoon Health Region [CAN]  

Andrew Williamson: Chief of Operations  
MD Ambulance [CAN]  

Faron Nakaska, ACP: Saskatoon Pilot Community Paramedicine Program  
MD Ambulance [CAN]  

Anita Bergen, BSN MS: Manager, Senior’s Health and Continuing Care  
Saskatoon Health Region [CAN]  

The Saskatoon Health Region, MD Ambulance and Community Stakeholders have engaged in a number of CP initiatives. The Health Bus; Community Paramedicine Pilot Program; Light House; and Saskatoon Police Services (SPS) – Paramedics provide 24/7 medical monitoring and assessment in the SPS detention center. Community Paramedicine is evolving and flourishing within SHR through these avenues.

The Immersive Ambulance Simulation Module – bringing your vehicles inside the class room

Duncan McConnell, AFAIM, AFCHSM, MAP, CHM: Paramedicine Program Director – School of Medicine  
Griffith University [AUS]  

Simulation modules have been used in aviation and other industries for a large number of years. This type of training saves thousands of dollars in aircraft operating costs, helps identify ways to prevent aircraft disasters from happening again that are based on pilot error and enables pilots maintain various currencies and other job-based skill requirements they need to maintain, as per government regulations and/or company requirements. The Griffith University, School of Medicine, Paramedicine Program, has just created the ambulance equivalent to what airlines use to train pilots. This ambulance simulation module enables Griffith University students to perform assessments, training and development inside a full size ambulance, complete with outside visual clues and sounds. Outside the module, the walls have projected video or still images, based on the scenario or scene they are attending, so no matter what aspect of the scenario students are in, they are completely immersed both inside and outside the ambulance simulation module. This immersive environment provides a much more realistic setting and learning environment to students as they progress through their paramedicine degree.

Leading Through the Darkness

Pat Songer, ACP AS: Administrative Director  
Humboldt General Hospital, [USA]  

EMS Leadership and Suicide Over the course of the past few years’ attention has been placed on the alarming rate of suicide among EMS providers. What was once EMS’ taboo secret has transformed into a provocative EMS talking point. Join EMS thought-leader and renowned EMS leader Pat Songer, a Paramedic Service Chief and Healthcare Executive as he explores the role and importance of leadership during some of the “darkest hours”. Mr. Songer’s real life experiences will give leaders the ability to better understand the behavioral processes in paramedicine that may lead to depression and suicide. Most importantly learn how paramedic services are working to curb suicides and the important role paramedic leaders play in the attempt to “revive responders”.
12.D.8 Community Paramedic In-home Transfusion of Blood Components and Products Pilot

Dana Dalgarno, PCP: Senior Quality Assurance Strategist
Alberta Health Services [CAN]

Blood transfusions improve quality of life, particularly for patients living with chronic disease or at end of life. Challenges with health system capacity coupled with patient barriers to accessing acute care sites results in delays to receiving blood transfusions. By expanding an existing partnership between the Tom Baker Cancer Centre (TBCC) and the Community Paramedic Program (CPP), capacity and access issues could be mitigated by providing transfusions in patients’ homes. In 2015, the CPP partnered with Calgary Lab Services Transfusion Medicine (TM) and TBCC to develop an innovative pilot to provide transfusions to patients in their home - a first for patients in Alberta. The evaluation captured patient experience, practitioner feedback, clinical and operational information. Qualitative data from patients and families was overwhelmingly positive in terms of quality of life. Based on the success of the pilot, in-home transfusions are now a standard service offered by the CPP. This ground breaking program improves capacity at day treatment clinics and emergency departments, allowing other patients to receive treatment not currently offered in the community.

12.E.1 Paramedicine Models of Care: past, present and future

Peter O’Meara, ACP PhD: Professor of Paramedicine
La Trobe University [AUS]

For the past 50 years’ paramedic services and paramedic roles have successfully evolved in response to changes in community needs and expectations. This has seen a transformation from often voluntary, semi-skilled roles to paramedics who have broad scopes of practice and acceptance as health professionals. Paramedics and the organizations they work continue to be expected to respond to health system changes and the changing values and expectations of communities through the continuing development of new and innovative models of care. The technological model characterized by professionally staffed and managed ambulance systems providing pre-hospital care based on the medical model including advanced technology and technically-skilled staff, is currently the dominant model in developed health systems. We are now observing the emergence of paramedic practitioner models that are part of integrated pre-hospital systems. This approach sees pre-hospital care as an integral part of an integrated health care system, with professional staff sharing roles that best utilize their skills and knowledge. This movement toward a paramedic practitioner model raises many policy and practice issues, including changes in scopes of practice, the design of education programs, and the self-regulation of a new health profession.

12.E.2 Community paramedicine in rural northern Ontario: Lessons learned

Jill Sherman, MPH: Research Associate
Jordan Nixon, MHK Candidate
Chad Prevost, MSc Candidate
Centre for Rural and Northern Health Research at Laurentian University [CAN]

Community paramedicine (CP) is a new model of community-based primary care and health promotion that is developing rapidly around the globe. Paramedics practicing CP use their skills in non-traditional situations to address non-emergent primary care needs of patients, usually seniors and other vulnerable members of a community. Models of CP vary by context, and although the literature on CP is limited, most CP programs appear to develop as ancillary programs alongside the usual emergency services. Moreover, financially-strapped district services boards are responsible for man- aging paramedic services, and additional funding for CP may not be sustainable. In this context, four rural EMS providers in northern Ontario have implemented an innovative model of rural CP for regular duty paramedics when not engaged in emergency services. This presentation will describe the emerging model of CP and the lessons learned, including the benefits, challenges, and considerations for implementing CP with regular duty paramedics. Although this model may not be feasible in busier urban areas, the lessons learned may benefit other rural and remote EMS providers.
12.E.3  *Homeless Shelter Embedded Community Paramedics: Reducing EMS use and Enhancing Access to Primary Care in individuals experiencing homelessness*

David Oliver Johnson, ACP AAS CMPA: Community Paramedic
Hennepin County Medical Center Emergency Medical Services [USA]

In the face of paramedic response volume growth at homeless shelters that outpaced overall paramedic service response volume growth, Hennepin County Medical Center EMS was awarded a grant by Hennepin Health, an Accountable Care Organization, to embed Community Paramedics in Minneapolis’ largest homeless shelter with the goal of reducing emergency services use, as well as enhancing access to primary care. Supporting all aspects of the Triple Aim, state certified Community Paramedics provided about 2000 hours of coverage to a large multi-service center/homeless shelter located in the downtown core of Minneapolis. The first grant cycle completed in February of 2016 and data is still being analyzed, but preliminary data shows overall paramedic response volume declines to the targeted shelter of ~25% when compared to year prior data, first responders appreciated reductions in their calls for services and traditional paramedic crews saw reductions in the acuity of the response mode when Community Paramedics were present. Additional collateral metrics surrounding reductions in avoidable utilization and improvements in appropriate utilization will be presented.

12.E.4  *Strengthening Paramedic Presence in BC’s Rural and Remote Communities through Community Paramedicine*

Nancy Kotani: Executive Director, Strategic Planning and Implementation; Project Lead for the Community Paramedicine Initiative
BC Emergency Health Services [CAN]

Daniel Sirivar: Senior Business Analyst
BC Emergency Health Services [CAN]

British Columbia’s rural and remote communities will soon have better access to health care through an innovative program involving an expanded role for paramedics. The first provincial initiative of its kind in Canada, the Community Paramedicine Initiative is a multi-year program focusing on prevention, health promotion and primary health care. Community paramedicine is being implemented by BC Emergency Health Services (BCEHS) working with key stakeholders including the BC Ministry of Health, regional Health Authorities, First Nations Health Authority and the Ambulance Paramedics of BC. Following an initial phase involving eight prototype projects, the initiative is rolling out to additional rural and remote communities throughout BC. Communities were selected using evidence-based methodology that took into account the population age, prevalence of chronic disease, the BCEHS response area, and ambulance stations with on call staff and therefore in the greatest need of a more stabilized paramedic presence. The selected communities were then reviewed and endorsed by key stakeholders.

12.E.5  *Community Paramedic Urgent Response Team for Continuing Care sites*

Robert Sharman, BSN MA: Manager of EMS Community Care
Alberta Health Services [CAN]

It has long been identified in the literature, that transport of seniors in care (continuing care sites) to an emergency department (ED) has a number of negative outcomes both medically, socially and from a recovery of health status at discharge level. Our department (Alberta Health Services – Edmonton Zone) decided to use an existing hospital based model of an ‘Urgent Response Team’ (URT) and to explore the possibility of its use within the community. An in-hospital URT is generally targeted at supporting inpatient nursing units with an ICU level team that can respond earlier in the progression of critical illness and either intervene on the unit itself or transport to the ICU for further assessment and intervention. We identified that approximately 85% of seniors’ in care that EMS attended through the 911 system were transported to an area ED with approximately 35% admitted into an in-patient bed. Our hypothesis was this number was much higher than needed and we undertook a project to change that paradigm.
12.E.6 *Development and Implementation of Community Paramedic Patient and Resource Management Systems*

Michele Smith, ACP BHS: Community Paramedic – Team Lead  
Alberta Health Services [CAN]

Currently there are limited systems or models in place to provide the coordination of Community Paramedic services and resource management outside of traditional 911 dispatch centers. The Calgary Community Paramedic Program provides primary and urgent healthcare services in 70 partnered continuing care sites, as well as, healthcare services in private residences when the patient’s attached physician or medical clinic is directly involved. This evolution included substantial community stakeholder engagement, the implementation and integration of IT healthcare systems customarily only used in hospitals, the development of patient triage criteria and the establishment of a new Patient Coordinator role. The necessity to create and implement an effective Community Paramedic patient and resource management system is integral to the success and evolution of any Community Paramedic program. We will be discussing the lessons learned, unanticipated challenges and program successes during the development of our Community Paramedic patient coordination centre.

12.E.7 *Sole Paramedic Collaborative Emergency Center*

Steven Skoworodko, ACP: Chief  
Wakaw and District Paramedic Services [CAN]

Kayla Burechailo, BC MS: Manager  
Wakaw Primary Health and Collaborative Emergency Centre [CAN]

The community of Wakaw/Cudworth and surrounding area has a population of approximately 6,000 people but in the summer the population can double due to the Wakaw Lake residents and visitors. Wakaw had a hospital but in 2011 it was closed due to lack of physician coverage. In 2015, through the Ministry of Health, Saskatoon Health Region and the community the Collaborative Emergency Centre model from Nova Scotia was adopted. It is the only CEC in Canada that is staffed solely by an ACP and PCP. The new Collaborative Emergency Center model has changed and evolved how Paramedics are used and changes in scope of practice. This new role has evolved to meet community needs to fill the gaps left in small rural communities and to reduce pressures on physicians.