

Paramedics Providing Palliative Care Initiative

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Overview

- ▶ Current vs. New Model of Care
- ▶ Program Benefits
- ▶ Existing Program Success
- ▶ Program Background
- ▶ Program Description /Design
- ▶ Future of the Program



Case 1

- ▶ Bert is 77 and has COPD. He is confined to his house and finds even minimal exertion (walking to the bathroom) makes him short of breath.
- ▶ His next appointment with his respirologist is 5 months from now. His family doctor does not make house calls.
- ▶ Bert becomes very short of breath after having a shower. He is gasping and can't walk to the bedroom. His wife panics and calls 911

Typical result

- ▶ Paramedics arrive and assess the situation.
- ▶ They put Bert on a stretcher, give oxygen and transport to the ER
- ▶ Everyone waits for two hours while Bert is triaged and assessed by the ER staff.
- ▶ Bert's wife is terrified of taking him home again and wants him admitted. The paramedics leave. Several hours pass before internal medicine evaluates him and determines that there is no need for admission. They advise an increase in puffers and follow up with the family doctor.
- ▶ Bert waits several more hours until his son can get him at the ER and bring him home. He becomes very short of breath trying to walk in the house. His wife calls 911.

Alternative result

- ▶ Bert is assessed by the paramedics with advanced palliative care knowledge.
- ▶ They review his condition and his goals of care (to be comfortable and stay home if possible)
- ▶ The paramedics discuss with the ER physician (who has advanced knowledge in palliative care) to create a plan of care that includes oxygen, increased puffers, small amounts of morphine for SOB and support for Bert's wife.
- ▶ A prescription for O2 is given. A consultation is put in for CHN services and palliative care, which will likely start in the home in 48-72 hr.

Case 2

- ▶ Anne is 43 and has a glioblastoma.
- ▶ There is no further chemo or radiation that will be effective.
- ▶ Anne wishes to stay home for as long as possible with her young children. She has been followed by the palliative care team and has a CHN who visits twice a week. Her PPS is 50%.
- ▶ Anne suffers two prolonged (over 5 min) seizures on Saturday am. Her husband calls 911.

Typical response

- ▶ Paramedics arrive to find Anne post dictal and mildly confused.
- ▶ She is transported to the nearest hospital ER.
- ▶ She waits 9 hours for a CT scan that shows further growth of the tumour and mild edema. She waits another 8 hours for the oncologist on call to see her and suggest an increase of her Decadron (steroids) but decline any other treatment.
- ▶ Anne doesn't want to stay in hospital but is afraid she will have another seizure. Her husband is upset: seizures are very frightening for their children and he is concerned she might die.
- ▶ Anne spends another day and a half in the ER waiting for a bed on the floor.

Alternative result

- ▶ Paramedics arrive to find Anne post dictal and mildly confused. They discuss Anne's goals of care with her husband who relates that Anne wants to stay home but indicates that they are frightened of the seizures.
- ▶ Paramedics discuss the case and their assessment with the ER doctor. A plan to increase the steroids and the antiseizure medication is put in place.
- ▶ Arrangements are made for an urgent palliative care visit on Monday
- ▶ Anne has been preapproved for the PCU and using this location instead of the ER is reinforced

What do palliative patient's want?

- ▶ Many studies indicate that patient's with life limiting or life threatening conditions wish:
 - ▶ To stay at home for as long as possible
 - ▶ To have knowledge about their condition and what options are available
 - ▶ To make decisions for themselves
 - ▶ To feel safe and supported

What do clinicians want?

- ▶ Their patient's to be supported and cared for
- ▶ Their patient's to have their needs met
- ▶ Knowledge and skills to provide the best possible care to the patients they serve.
- ▶ A collaborative health care process where communication and teamwork are foremost

The Paramedics providing palliative care program supports all of these goals, in addition to those of the patients.



How do paramedics with palliative care skills make a difference?

- ▶ Another member of the palliative care team
- ▶ Knowledge and support
- ▶ Able to provide basic symptom management
- ▶ Works collaboratively with the ER doctor and the palliative care service
- ▶ Focuses on the patient's goals of care and tries to implement these whenever possible
- ▶ Bridges gap when routine services are unavailable

How can this program help obtain this?

- ▶ Providing palliative patients with a service they can access at anytime, giving both patients and their families peace of mind
- ▶ Ability to provide care that specifically addresses the needs palliative patients, while supporting their wishes and values.
- ▶ Palliative in-home support leads to increased patient comfort, better quality of life, and increased satisfaction with care.
- ▶ Helping fulfill patient care wishes, including their location or care, and their death wishes

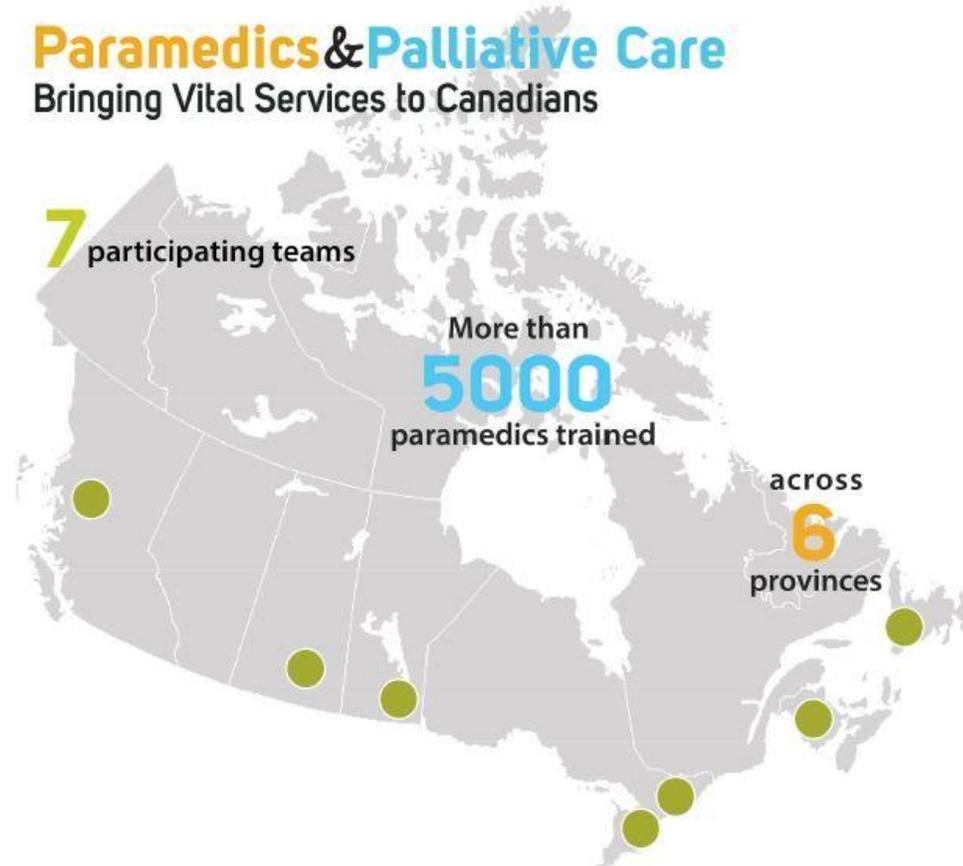
What is Paramedics Providing Palliative Care?

Paramedics Providing Palliative Care is a new initiative where trained paramedics provide palliative care patients with the in-home support they require when having a palliative emergency.



How did this initiative start?

- ▶ Partnership between Canadian Partnership against Cancer (CPAC) and Canadian Foundation for Health Improvement (CFHI).
- ▶ Similar program currently in Nova Scotia, Prince Edwards Island, and Alberta, which inspired further spread.
- ▶ CPAC and CFHI invested \$5.5 million over 4 years to expand to another 6 provinces, with more than 5000 participating paramedics.



What are the key features of programs piloted and running in Alberta, Nova Scotia and PEI?

- ▶ Avails of current resources (home care and palliative teams and 911 ground resources)
- ▶ Avails current palliative care expertise in community (face to face or via phone)
- ▶ Uses current EMS formulary (no additional medications/equipment added to ambulances)
- ▶ Dispatch protocol allows for non lights and sirens response when activated by a clinician on scene or via phone
- ▶ Rolled out provincially (rural and urban settings) -primary and advance care paramedics
- ▶ Consult model with an online physician to build a tailored symptom management plan
- ▶ Follow up care coordinated by clinician

What are their current successes?

There have been a number of successes in the current programs in NS, PEI, and AB including:

- ▶ Increased symptoms managed in the home -**Most patients were treated at home and not transported to ED**
- ▶ EMS Time Savings -Despite longer time on scene, the **overall time on task for EMS staff was lower** when compared to EMS events where transport occurred
- ▶ Preferred Location of Care -The majority of family members surveyed said that the **patient received treatment in their preferred location of care**
- ▶ Satisfaction -**High family and staff satisfaction** with program
- ▶ Increased **paramedic comfort and confidence** in palliative care

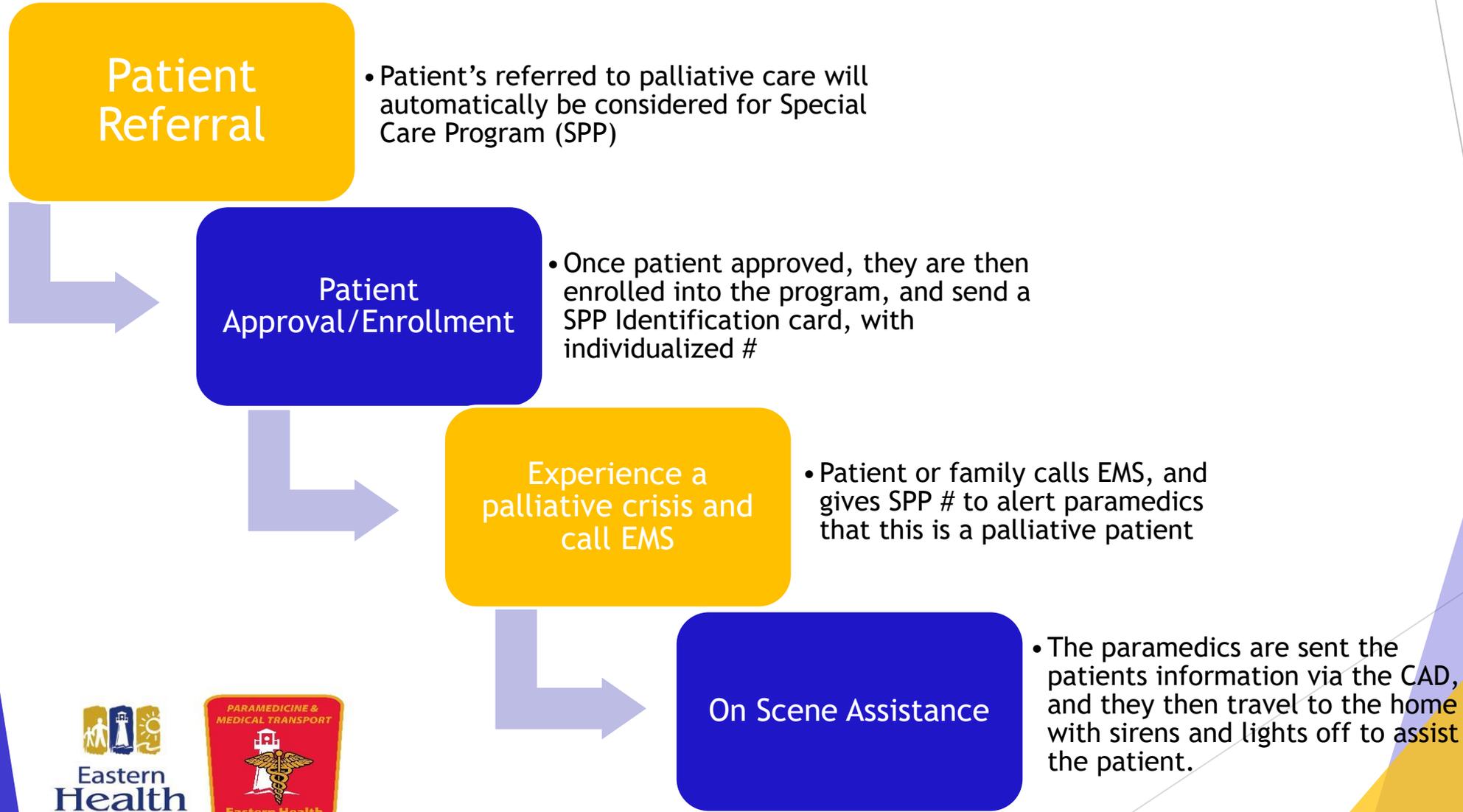


Where is Eastern Health in the development of their program?

- ▶ Funding achieved
- ▶ Project lead hired
- ▶ Key stakeholders engaged and key partnerships in place
 - ▶ Involvement from EH's Palliative Care Program, Early Palliative Care initiative, government, and the other RHA's in province.
- ▶ Consultation of other health care professionals ongoing
- ▶ CAD system purchased
- ▶ Program development started
- ▶ Training for paramedics started this week - including training of our own 2 LEAP Master Facilitators and 4 LEAP facilitators



How does the program work?



What can Paramedics do when they arrive?

ACP and PCP work within their scope to assist patients in a number of ways including:

- ▶ Pain and symptom management through both medication management and supportive measures.
- ▶ Assess change in status, and determine what may be the possible cause, while plotting possible care and care goals.
- ▶ Help patients remain comfortable in their homes through supportive measures.
- ▶ Provide support to families during end of life.
- ▶ Transport to hospital when applicable
- ▶ Develop a patient specific care plan
- ▶ Emotional support, educate, and advocate for the patient and their family
- ▶ Refer them to additional resources when appropriate



What are some key components in the program?

- ▶ CAD system
- ▶ Special Patient Program (SPP)
- ▶ LEAP Education
- ▶ Home Chart: interdisciplinary Communication
- ▶ Program Education: for paramedics, patients, and other health care professionals
- ▶ Collaboration

Computer Aided Dispatch (CAD)



Special Patient Program

- ▶ Special Patient Program:
 - ▶ Identify patients with palliative care needs
 - ▶ Includes patient-specific care instructions that differ from standard paramedic protocol
 - ▶ Accessible to paramedics at the time of call
 - ▶ Electronic database to communicate, monitor and report on calls e.g., the information from the SPP form sent to the paramedic tablet in the field
 - ▶ Assist paramedics in understanding and providing care consistent with patients' wishes



LEAP Education

- ▶ Prior to responding to a palliative care call, each paramedic will go through LEAP training
 - ▶ LEAP consists of a 6-8 hour online session and one 8 hour in class session that consists of training in:
 - ▶ Taking ownership in palliative care
 - ▶ Decision making and Advance care planning
 - ▶ Pain, dyspnea, psychosocial distress, nausea and vomiting, and delirium in Palliative care
 - ▶ Palliative Emergencies
 - ▶ Last days and hours of life



Patient Home Chart

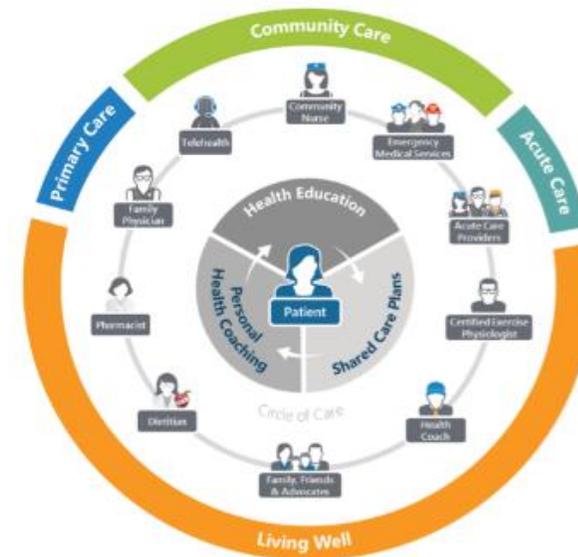
The Home Chart is a form of documentation that will be left in the patient's home, and will be updated by each health care professional that visits to provide palliative care to the patient.



Program Education

Specific education will be developed for:

- ▶ Paramedics
- ▶ Patient and Families
- ▶ Health Care Professionals



Continual Collaboration

- ▶ There has been multidiscipline collaboration in every step of the program development
- ▶ Eastern Health, Central Health, and Western Health are working together to plan for possible program spread in the future
- ▶ A number of sub-committees have been formed, including a number of different health care professionals, and government representatives



Future of Paramedics Providing Palliative Care Initiative

- ▶ Operational April 1 2019 in the Metro Region of St. Johns
 - ▶ Includes development of each component, paramedic education, and patient enrollment
- ▶ Spread to pediatric care
- ▶ Spread across province
- ▶ Program Evaluation



THANK YOU

Any Questions?

