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APPROACH FOR EXPLORING EXPANDING THE SCOPE OF PRACTICE FOR PARAMEDICS

The Community and Health Services Committee recommends the adoption of the recommendations contained in the following report dated October 27, 2011, from the Commissioner of Community and Health Services.

1. RECOMMENDATIONS

It is recommended that:

1. Council approve the proposed approach for exploring expanding the scope of practice of York Region Emergency Medical Services paramedics for non-acute 9-1-1 calls.

2. Staff report back to Council on the progress of the action items at key milestones.

2. PURPOSE

This report provides information to Regional Council regarding the rationale and proposal of a development strategy to improve paramedic services for non-acute 9-1-1 requests, through developing new skill sets and care paths for paramedics.

3. BACKGROUND

Increased demand for emergency paramedic services is linked to population growth and an aging population

As of June 2011, York Region was home to over one million residents. According to the Statistics Canada 2006 Census, the Region was the fastest growing census division in Ontario, the third fastest growing in Canada, and among urban municipalities, York Region had one of the fastest growing seniors' population.

Regional population growth along with an aging population will have substantial impacts on emergency paramedic services through to 2031. The current model of care requires paramedics to transport all consenting patients to an emergency department.

Nearly one third of 9-1-1 calls for paramedics are for non-acute patient conditions

In 2010, York Region provided care to 56,497 patients, of which 18,814 were non-acute calls. On average, nearly one out of every three calls for paramedics through 9-1-1 is for a patient in a non-acute condition. Some examples of non-acute conditions include minor trauma, abdominal pain, psychiatric emergency and sore throats.

Of those non-acute calls, 55% (or 9,000 patients) are transported annually by paramedics to an area hospital for assessment in an emergency department. Of the low acuity patients transported to the hospital, two-thirds of the patients are over the age of 50. The highest demographic patient group transported to hospital for non-acute conditions are patients between the ages of 71 to 90.

In 2006, there were 91,920 seniors living in York Region, representing 10% of the Region's population. By 2031, the Region's population is projected to be 1.5 million people, and the number of seniors living in York Region is expected to be approximately 303,517 or 20% of the total population.

Specifically, as of 2006 there were approximately 65,109 people aged 70 and over living in York Region and this is expected to increase to 218,233 people by 2031. As York Region's population grows and ages, there will be a corresponding growth in the rate of non-acute requests for paramedic services. An expanded model of health care for York Region paramedics could enable them to provide more appropriate care for the non-acute calls and better use finite health care resources.

"Offload delays" and demand on emergency paramedic services will continue to increase with the Region's growing and aging population

As set out in the standards and guidelines under the *Ambulance Act*, paramedics are required to remain with ambulance patients until the responsibility for the patient has been transferred to hospital staff. This practice leads to "offload delays." While offload delays average about 75 minutes per transport, many delays extend beyond this time. Offload delays have grown consistently in volume and duration over the past five years and this trend, along with call volume increases, has an impact on EMS performance and response times.

Based on the population projections described above, a growing and aging population will result in increases to the occurrence of offload delays at hospitals, along with the need for greater emergency paramedic services and resources.

Overall, participants of a 2010 York Region EMS survey reported they were satisfied with the professionalism, knowledge, communication skills and attitude of their paramedic

A survey conducted in 2010, of paramedic users and non-users in York Region, indicated that 89.8% of users expected to be treated on site by the paramedics, compared to 88.7% of non-users. Only 54.8% of users indicated that they always expected to be taken to a hospital, no matter what the circumstance, compared to 60.3% of non-users. The survey also found that users over the age of 50 were more likely to call 9-1-1 quicker than users under the age of 50.

These findings, while preliminary, support the consideration of alternative paramedic models of care, which could include the provision for on-site care.

4. ANALYSIS AND OPTIONS

EMS provides emergency and non-emergency paramedic care and transport for the residents and visitors of York Region. The strategy outlined in this report supports the goals in the Community and Health Services Multi-Year Plan to optimize the health of the community for all ages. EMS staff will pursue opportunities to address growth and the optimal use of paramedic resources by expanding the scope of community paramedic care.

Several national and international jurisdictions have developed new paramedic models of care for non-acute calls

The 2007 White Paper from EMS Chiefs of Canada states that the current pressures on Canada's health care system call for a renewal and redefinition of the traditional model of pre-hospital emergency care. The paper suggests that the future of EMS in Canada is providing mobile primary health care as defined by the needs of each community.

In 2010, St. Michael's Hospital prepared a systematic review of the world's scientific literature on alternate paramedic models of care. The review synthesized what is known about alternate models of paramedic care, what steps can be taken to understand its role in Ontario's Healthcare System, and has been considered by York Region EMS staff in moving forward with a proposed approach for a new paramedic model of care.

The literature review indicates that challenges in the delivery of healthcare have prompted governments from around the globe to consider expanding the role paramedics play in health systems. Jurisdictions in Canada, the United States, the United Kingdom and Australia have developed new models for paramedic services that include alternate care pathways and increased paramedic scope of practice.

In these models, paramedics receive additional training and qualification to treat patients with non-acute conditions and provide referral for accessing appropriate care such as a family physician, walk-in clinic or social services. Paramedics manage non-acute medical conditions without being required to transport a patient to the hospital.

In Ontario, the County of Renfrew and the City of Toronto have launched new models of care for non-acute patients. The County of Renfrew has implemented a program to assist at-risk seniors to continue to live as independently as possible for as long as possible. The City of Toronto has implemented a program where paramedics provide follow-up care to patients who are frequent callers for EMS. The program allows paramedics to put supports into place for these patients thereby reducing incidents of repeat calls.

In the United Kingdom, paramedics received enhanced training in assessing and managing minor or low acuity patients. Additional training allowed these paramedics to perform wound care, administer anaesthetics and perform suturing, dispense medications for pain relief, antibiotics, deliver immunizations, manage catheters and feeding tubes and perform psycho/social and mobility assessments. The results showed that "community-based paramedicine"—utilizing paramedics for the management of urgent, low-acuity illnesses and injuries—may be beneficial to patients and health systems in terms of both clinical outcomes and cost effectiveness, and that paramedics may practise with an expanded scope, improving patient outcomes and satisfaction.

Paramedics' current scope of practice in York Region include Primary and Advanced Care Paramedics

York Region EMS employs Primary Care Paramedics (PCP) and Advanced Care Paramedics (ACP). Certification allows for paramedics to care for the sick and injured using controlled medical acts. These medical acts enable paramedics to intervene in many medical emergencies that include heart attack, shortness of breath, low blood sugar, severe allergic reactions and trauma.

Primary Care Paramedics are graduates of a two-year college program and are qualified to work anywhere in the Province of Ontario. A PCP provides medical care including drug administration, intravenous therapy, cardiac care and rapid transportation to a hospital, when required.

York Region EMS is committed to providing integrated Advanced Life Support to residents and visitors to the Region. This involves Primary Care Paramedics attending an intensive one-year training program to enhance their skill and knowledge level. Upon completion of the program, paramedics are able to deliver additional potentially life saving procedures to their patients that includes additional drug administration as well as pain relief, sedation and cardiac resuscitation, advanced trauma care and paediatric resuscitation. ACPs are less reliant on rapid transport to a hospital as they can bring these interventions to the patient.

Other GTA municipalities are exploring expanded paramedic scope and transport diversion strategies

Staff have been in contact with the Peel Regional Paramedic Services as well as reviewing work underway in the Region of Niagara Emergency Medical Services to explore collaborative opportunities to work together. It appears that there are great opportunities to partner and leverage efforts to develop broader scope of practice, alternate care pathways and transport diversion strategies collectively.

A comprehensive approach will help determine the most appropriate model of future paramedic health care

In order to assess alternate paramedic models of care, staff is recommending a comprehensive approach which aims to identify gaps in the current paramedic model of care and provide a better understanding of how expanding paramedic roles will affect health outcomes and user experiences.

By expanding the current scope of practice, a third level of paramedic care could be considered to focus on non-acute 9-1-1- requests, ultimately being more defined by the needs of the community. Benefits to an expanded scope of practice would include a reduction of hospital visits, less stress on the health care system and infrastructure, and enhanced care to York Region residents. For example a patient with a skin tear could be provided wound care and suturing at their home and not require transport to hospital. Or a patient with an ankle sprain could be referred to an urgent care clinic instead of a hospital emergency department for treatment. The consideration of a new model of paramedic care would require an expansion to the paramedics' current scope of practice through additional education and training.

The following action items will be undertaken:

1. EMS will partner with a research institute, with access to Ontario's emergency health database, to study ambulance utilization characteristics in York Region and gain a better understanding of the needs of ambulance users.

2. Staff will approach the Ministry of Health and Long-Term Care – Emergency Health Services Branch to explore the parameters of pursuing this expanded paramedic scope of practice.

3. Engage a post secondary education institution to explore the creation of a training and education program that could address paramedic knowledge and skill gaps with the goal of producing paramedic practitioners capable of working with an expanded scope of practice.

4. Develop a pilot project framework necessary to evaluate the impact of expanding the scope of practice for paramedics, both in terms of costs and cost savings if resources are used more appropriately and transports are reduced.

Staff will report back to Regional Council on the progress of the development strategy and next steps.

Link to key Council-approved plans

This report directly contributes to supporting the 2011-2015 Strategic Plan objective to *optimize the health of the community for all ages and stages through health care delivery, protection, prevention and promotion,* supporting the completion of the indicator of success "Completed analysis and phase one of paramedic expanded scope of practice."

The report also directly supports the action in the Community and Health Services Multi-Year Plan to *pursue opportunities to address growth and the optimal use of paramedic resources by expanding the scope of community paramedic care.*

5. FINANCIAL IMPLICATIONS

There are no immediate financial implications associated with this report. The cost to undertake future research activities in the recommended approach is expected to be $35,000 and will be managed within the approved annual operating budget for EMS.

6. LOCAL MUNICIPAL IMPACT

York Region EMS will continue to respond to the changing needs of its communities, which in the long term may include an expanded scope of practice for paramedic services to continue to provide high quality emergency services to all York Region communities.

7. CONCLUSION

Demand on emergency paramedic services will increase as the Region's population is expected to continue to grow and diversify. The proposed development strategy will assist York Region to determine the highest quality of care and service for its residents and visitors. Through research, analysis and outreach, York Region will be in a position to examine the potential to expand the scope of practice for non-acute 9-1-1 requests in order to provide a more appropriate model of health care.

York Region EMS is committed to pursing opportunities to work with public policy makers, primary health care providers, social service agencies, and public safety groups to develop initiatives which will help create enhanced, community-based paramedic services.

For more information on this report, please contact Norm Barrette, Chief and General Manager at Ext. 4709.

The Senior Management Group has reviewed this report.