

Appendix J – Extended Care Paramedics (ECP)

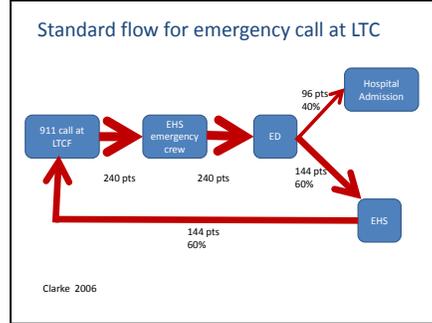
Extended Care Paramedics:
A Novel Long Term Care Paramedic Program



ECP Approach to End of Life Care

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Impact of ED visits on elderly

Ambulance ride
Unfamiliar surroundings
Long waits



Loud & bright surroundings
Difficult to move from stretcher

Better Care Sooner
the plan to improve emergency care

OBJECTIVES:
Enhance paramedic training and equipment; expand services provided by 811 registered nurses.

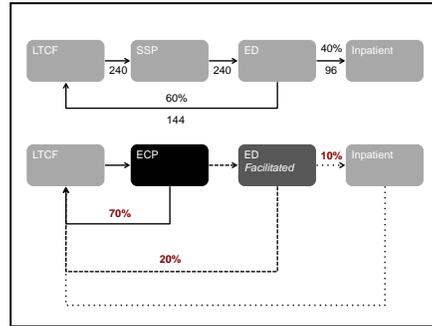
ACTIONS:

- The scope of practice for paramedics across Nova Scotia will be expanded to enable them to deliver life-saving clot-busting drugs.
- A new Extended Care Paramedic Program is being introduced that will bring the emergency department to nursing home residents—reducing the need for transfers to hospitals. Current transfer services will be reviewed and adjusted to ensure appropriate levels of supervision and care.

Extended Care Paramedic Program



- Started Feb 15th 2011
- Initially hired 7 Advanced Care Paramedics, now up to 16
- 1 week of in-class training, 1 day clinical at teaching LTCF, 1 day in ED
- Work in non-transport capable vehicle
- Broadened scope of practice
- Respond to 15 CBD LTCFs in Halifax region
- Hours of work: 0900-2100, 7 days/week
- Consult with LTC and EHS physician for every call



With the ECP program, there are more disposition options.

- Some patients who the ECP sees may require an urgent ambulance transport to the ED
- The ECP can arrange a transfer to ED or other location for things like diagnostic imaging, at times which the wait can be minimized
- Or, the ECP can assess the patient, in collaboration with nursing staff, make a consult with the EHS physician and nursing home physician, and treat the patient on site. Often, the ECP will arrange for a follow up visit.

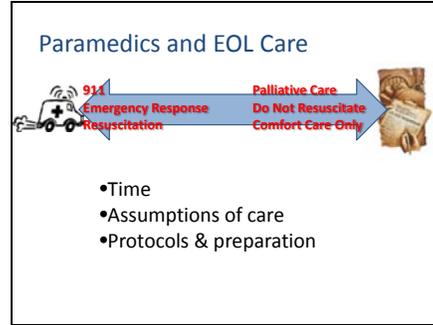
ECP Research 

Qualitative

- Implementation & operation of a novel program
- Focus groups
 - ECPs, paramedics & COs, managers, ECP physicians
- Thematic analysis
- Main themes:
 - Implementation
 - ECP Process of Care
 - Communications
 - End of Life Care

Quantitative

- Pilot study of dispatch determinants, call outcomes, EOL cases
- ECPs most often requested specifically by LTC staff
- 48% absolute risk reduction in transport
 - 6% relapse rate after ECP no transport
- 11 EOL cases
- 60.7% AD documentation rate
- Larger before-and-after study planned



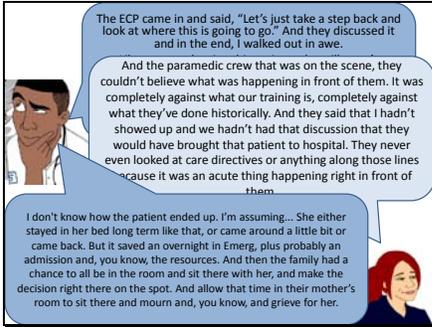
Typical paramedic response differs dramatically from EOL care
 Factors leading to this juxtaposition:
 -Time (EMS calls usually quick, timed; EOL requires lots of time)
 -Assumptions of care (public assumes EMS will always resuscitate; paramedics trained for this)
 -Protocols & preparation (no specific EOL protocols in place; paramedics likely not comfortable with these situations)

- ### ECPs Experiences with End of Life Care
- **ECP approach** to LTC emergency calls differs from standard paramedic approach:
 - Time on calls
 - Consultation and discussion
 - Complexity of Decision Making
 - **Influence of Advanced Directives**
 - ECPs state important factor directing their approach and subsequent care plans
 - **Right Decision for the Patient**
 - When documentation not a good match for situation: 'flipping the plan'

- ### ECPs Experiences with End of Life Care
- **Communication** with patient, family and staff
 - ECPs can bring important information and a fresh perspective
 - **EOL Care Hand-over**
 - Recognizing when it was time for ECP to leave
 - Importance of hand-over
 - **ECP Preparation for End of Life Cases**
 - Some discussion in initial training, but more EOL care cases than expected
 - ECPs feel they are learning as they go; ECP experience important

To give you a better understanding of paramedic & ECP care, I want to tell you about a case that was described by a paramedic that was eye-opening to him about the ECP program. In the ECP focus group, one of the ECP spontaneously brought up the same case. I will use their words.

Report of Symptoms and Outcomes Measurement for End of Life Care in Nova Scotia, 2012



- Paramedic 'in awe' of what was happening -> breaking traditional practice
- Slowing things down; Discussions
- ECP brought new perspective
- Paramedic saw value in avoiding ED transport, but ALSO in patient being left with family so they are together during this time.
- Focus shifted away from quickly administering treatment towards holistic decision-making
- Very powerful.

