

Community Paramedicine Initiative - Interim Evaluation Report Summary January 15, 2018

Community Paramedicine Initiative - Background

British Columbia is improving access to health care in rural and remote communities by expanding the role of qualified paramedics. The Community Paramedicine Initiative was launched in April 2015 with nine prototype communities. As of January 4, 2018, positions have been posted for more than 80 full-time equivalent (FTE) community paramedicine positions serving 99 communities.

BC Emergency Health Services (BCEHS) leads the initiative, working closely with program partners including the BC Ministry of Health, regional health authorities, and the First Nations Health Authority. Another program partner is the Ambulance Paramedics of BC (Local 873), which has been actively involved in the Provincial, Practice, and Evaluation Advisory Committees, as well as steering committees established throughout the province.

Evaluation Background

The evaluation of the initiative is overseen by an Evaluation Advisory Committee and is guided by the Evaluation Framework developed by Catalyst Research and Development Inc. The purpose of this provincial evaluation is to inform how well the initiative is achieving its objectives, providing care in alignment with the Quadruple Aim, and delivering services in alignment with the Ministry of Health's strategic directions and BCEHS' strategic plan. The Interim Evaluation Report was compiled by Catalyst from data collected between January 1, 2016, and August 31, 2017.

Findings by Program Objectives & Delivery Goals

In general, evidence shows the community paramedicine program is moving forward in contributing to program objectives and delivery goals. Both the March Snapshot Report (March 31, 2017) and the interim report indicate general agreement and alignment in program implementation successes and challenges.

Objective #1: Contribute to stabilizing paramedic staffing in rural and remote communities

- *The community paramedicine program is attracting and retaining paramedics to work in BC's rural communities:* 80 CPs had been hired and of those 44 had completed their orientation and were working in communities in Northern, Interior, and Island Health as of September 30, 2017.
- *It is positively impacting individual practitioners and providers:* CP Experience Survey results shows job satisfaction among CPs (95%). In addition, CPs indicated that the orientation program has increased their competencies and they believe they are making a valuable contribution to health service delivery and emergency response services in their communities (95%).
- *The program contributes to improved collaboration and integration at the community level:* CPs have been able to build a collaborative relationship with local community agency representatives and health care providers, which resulted in various services being provided in the community and in patients' homes.

- *CPs are beginning to support system emergency response capacity although results are uneven and emergent:* Since project roll out, CPs across the province responded to 40 emergency 911 calls while on their CP shifts, of which 27 were high acuity calls.

Objective #2: Bridge health service delivery gaps in communities, identified in collaboration with local primary care teams.

- Community paramedicine is beginning to contribute to bridging delivery gaps identified at the community level by collaborating with local health care teams and working with their identified patient population.
- The program appears to be contributing to increased local capacity to address identified gaps by providing education, use of primary care, and health promotion (Interim Evaluation Report - Figure 8, page 16).

Findings on services provided by CPs

- CPs and regional training officers (RTOs) provided care to a total of 466 British Columbians
- Nurses are initiating the greatest percentage of referrals for CP services (46%) with another 36% coming from physicians.
- The “typical” CP patient is 75 years old or more (50%); male (47%); English-speaking (86%); living alone (41%) or with their spouse (30%).
- The majority of patients receive a visit from the CP within seven days of referral (70%).
- Average number of visits per patient is 10.
- Services provided to a patient are dependent on the referring provider’s request and patient need. These services include, but are not limited to, physical assessment, falls risk screening, heart failure and COPD related care, blood pressure monitoring, supporting medication self-management, and diabetes follow-up.

Deliver Care Consistent with Quadruple Aim

At this early stage of program development, data is available for Aim #1: Patient Experience, and Aim #4: Improved Provider Work Life/Well-Being, with some evidence to indicate potential for contribution to Aim #2: Health of Population, and Aim #3: Reduced Costs in the future.

1. *Improving patient experience:* CPs are having some successes, and have the potential to continue to improve this.
2. *Improving health of population:* There is some evidence to indicate early contributions to improving health. This aim will be explored more in the final report.
3. *Reducing costs:* At this stage cost impact is not measured. BC health system data on emergency department visits and 911 calls will be explored to measure potential impact in the final report.
4. *Health care provider well-being:* CPs have experienced some positive changes, but also note challenges in this area.

Challenges Identified

Some challenges identified during this process are around streamlining referral processes, providing access to supervision and practice support, addressing complexities around kilo (on-call) shifts, challenges of part-time employment, and inconsistencies or absence of local CP team meetings to share experiences and discuss ways to improve.

Key Evaluation Recommendations

1. Continue to engage key implementers (e.g., CPs, RTOs, and unit chiefs) in evaluative thinking and utilizing evaluation findings to improve practices.
2. Create strategies to enhance survey data quality and collection.
3. Work with unit chiefs and RTOs to resolve concerns identified in the CP Experience Survey and interview data.
4. Develop a strategy to engage Evaluation Advisory Committee members in understanding and advising on the evaluation, and for mobilizing learning about community paramedicine.
5. Develop approaches to effectively and efficiently communicate findings to non-health system stakeholders. Patient insights will be essential to improving service and capturing the impact on their lives.
6. BCEHS has communicated well within BC and could consider sharing the lessons learned with colleagues advancing community paramedicine elsewhere in Canada and globally, and using findings to leverage other resources (e.g., Home Health Monitoring).

Conclusion

This Interim Evaluation Report, which focused on formative considerations, indicated that progress is being made toward expected results, highlighted the effective work that has been done towards establishing project enablers, and identified challenges. The CP project team is reflecting on the lessons learned through this evaluation project and utilizing recommendations and information gathered in this report to improve the initiative and address any identified gaps. Next steps are to focus on including summative evaluation component and measure the extent to which the intended objectives are accomplished.