

Community Paramedicine Initiative

- The practice of paramedicine is transforming away from the existing emphasis on pre-hospital emergency care to a model that includes prevention, health promotion and primary health care.
- BC Emergency Health Services (BCEHS) is working with the Ministry of Health, regional Health Authorities, the Ambulance Paramedics of British Columbia (CUPE Local 873), the First Nations Health Authority and others to plan and implement community paramedicine in rural and remote communities throughout the province.
- A Ministerial Order modified the *Emergency Health Services Act* (EHSA) to facilitate the practice of community paramedicine in BC, allowing qualified community paramedics to perform those services in a patient's home or the community.
- Qualified community paramedics (CPs) provide primary care services, delivered within the current scope of paramedic practice and in partnership with local health care providers, in patients' homes or the community.
- The initiative has two objectives: stabilize paramedic staffing in rural and remote communities, and help bridge health care service delivery gaps.
- The Community Paramedicine Initiative is being implemented in a phased approach over a four-year period, with the goal of creating at least 80.00 full-time equivalent (FTE) community paramedicine positions.

Prototype Communities

- This phase was launched in April 2015 with nine prototype communities: Chetwynd, Fort St. James, and Hazelton in Northern Health; Creston and Princeton in Interior Health; and Cortes Island, Port Hardy, Tofino and Ucluelet in Island Health.
- Community paramedics worked with local health care providers in these communities to develop service plans, and to help develop, trial and refine community paramedicine processes and practices.

Provincial Rollout

- A provincial rollout to expand the initiative to more rural and remote communities began in late April 2016.
- The community selection process looked at communities defined as rural, small rural, or remote in the Ministry of Health's *Rural Health Services in BC Policy Framework*, and that are served by an existing ambulance station. The next consideration was those ambulance stations staffed only with on-call BCEHS personnel, and therefore in the greatest need of a more stabilized paramedic presence.
- The 76 communities selected were reviewed and endorsed by key partner stakeholders, including the Community Paramedicine Provincial Advisory Committee; executive leads for Northern, Interior and Island Health; the Ministry of Health's Standing Committee on Health

Services & Population; Ambulance Paramedics of BC (Local 873); and First Nations Health Authority.

- The provincial rollout phase allocated 57.16 of the 80 FTE community paramedicine positions.

Optimal Deployment Phase

- The final phase of implementation began January 4, 2018, with the posting of the balance of community paramedicine positions (22.84 FTEs). These positions included the introduction of Rural Advanced Care Community Paramedics in larger communities, and the first full-time community paramedicine positions.
- With this final phase, a total of 99 BC communities have been selected for this program.

Qualifications for Community Paramedicine Positions

- The selection process for community paramedicine positions is being carried out within the parameters of the Collective Agreement between the Ambulance Paramedics of BC (CUPE 873) and BCEHS.
- All applicants must hold at least a Primary Care Paramedic (PCP) license with an IV endorsement to ensure they have the training and experience to perform the tasks of a CP. They complete an orientation program designed in collaboration with the Justice Institute of BC (JIBC) that helps CPs develop the competencies for applying their current scope of practice in a primary health care setting.
- The first priority in the recruitment and selection process is to provide opportunities for qualified paramedics currently residing in or attached to the communities to bid on these positions.
- Community paramedicine positions are regular full-time or part-time positions for qualified Primary Care Paramedics with IV endorsement or Advanced Care Paramedics, depending on the needs of the community.

Improving Emergency Response

- A key objective of community paramedicine is to provide a more stabilized paramedic presence for emergency response.
- All CPs are trained and currently working for BCEHS as emergency care paramedics. All community paramedicine positions are regular part-time positions, which means the CP is then available the balance of the week to cover ambulance shifts. In communities assigned two regular part-time CPs, the CPs will be seeing patients on alternating days, and therefore one of them will be available to cover ambulance shifts when the other is working as a CP.
- While on duty as a community paramedic, the CP will not be dispatched to an emergency response. However, if there is a significant incident and the CP is the nearest responder, they will be contacted by dispatch and, if they determine it is safe to leave their patient, will attend at the scene thereby improving the response time for emergencies.
- BCEHS protocols allow for CPs – while on duty as CPs – to respond to emergencies they come across while driving to and from scheduled patients' visits.

-30-

Contact: BCEHS Communications
778.867-7472