

# Paramedics Providing Palliative Care at Home Program in Nova Scotia & Prince Edward Island

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In PEI → Dr. Scott Cameron, Health PEI; Darcy Clinton, Island EMS; Dr. Mireille Lecours, Health PEI; James Sullivan, Health PEI; Mary Sullivan, Health PEI; Carolyn Villard, Health PEI

## THE INNOVATION

- Previous research revealed
  - Paramedics were called to provide support to individuals with comfort goals of care
  - Protocols, pharmacology, and training did not allow for care congruent with patient wishes
- The innovation
  - Paramedic clinical practice guideline in palliative care which allow for pain and symptom management *without transport* to emergency department
  - Palliative education specific to EMS context
  - Expansion of the Emergency Health Services Special Patient Program (SPP) which enables paramedics to access and follow patient specific care wishes for palliation

## HOW DO WE KNOW?

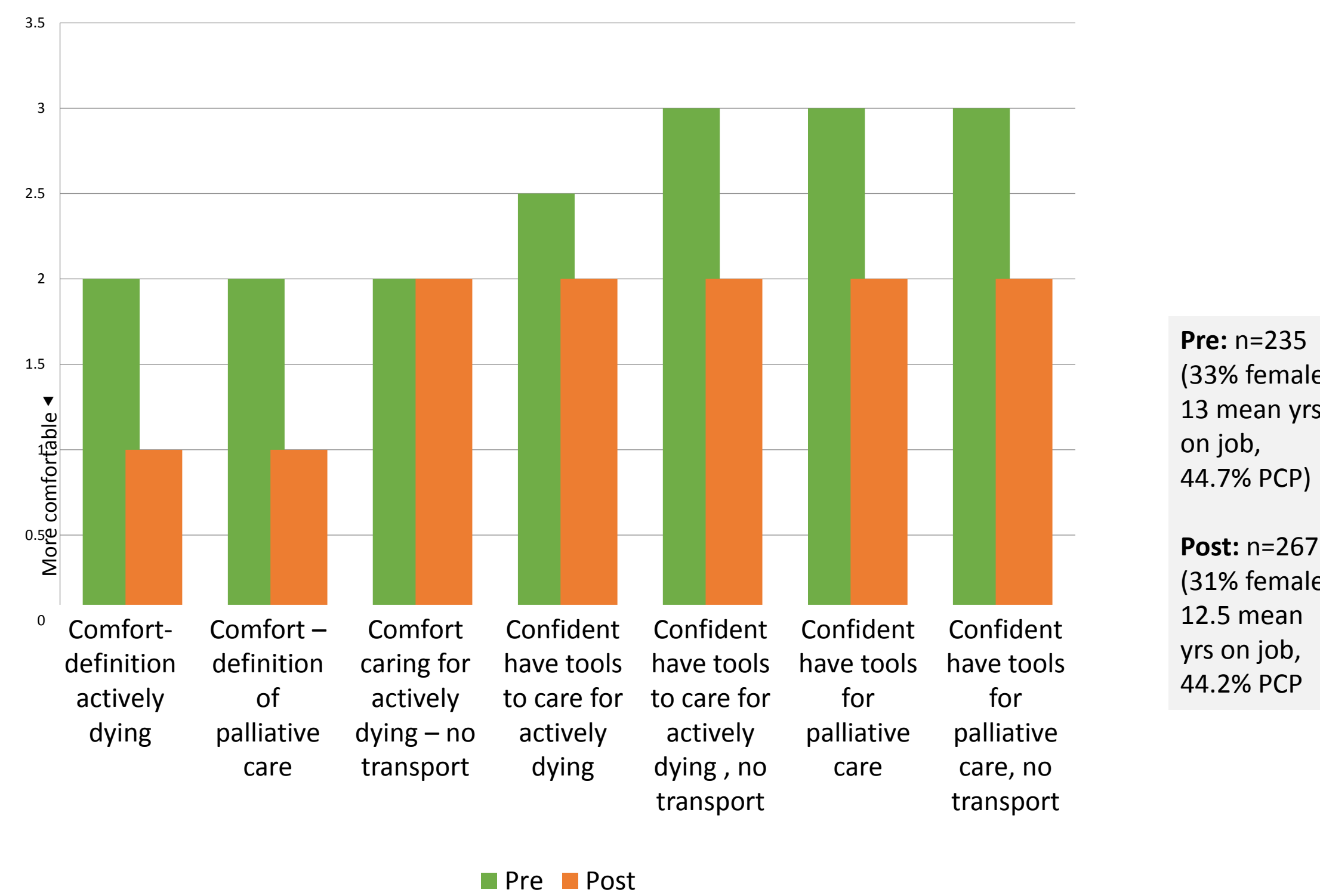
- 47% of EMS responses to patients with palliative goals of care result in the patient being able to remain at home
- Palliative calls in the home do not take longer on average than if the patient was transported to the emergency department
- In the absence of the program, patients/families report that they would default to going to the emergency department

## CULTURE AND CARE EXPERIENCE

- Education helped in shifting the culture of paramedics towards palliation as a goal of care
- Paramedics finding palliative care calls to be fulfilling and rewarding
- Acceptance of other health care providers in the role of paramedics in supporting patients receiving palliative care – KT was important (this is not intended to replace any other service, but to compliment and bridge)

## IMPACT AND RESULTS

### Paramedic Confidence



*"I think the program is absolutely fantastic. It really covers an important patient need, and relieves strain from an emergency system, especially when patients do not require, nor want a trip to the emergency department. I think the more that paramedics can do for this patient type the better." - Paramedic*



*"That was his wish. He said 'I want to die in my bed'. We felt confident that we could provide him with the necessary care, but on a Sunday afternoon his condition deteriorated. [Paramedics] helped him and stayed for many hours.... We were able to focus on spending those last hours totally with him. Their presence was so remarkable for us." - Family*

### Return on Investment

**Total ROI:**  
**(-\$661,693.40) + \$3,107,819.74 =**  
**+\$2,496,126.34**

645 not transported which is a true gain of 338 new non-transport which translates to the following:

Value of avoided ED visits: \$41,741.49

Value of avoided admissions: \$3,049,880.92

Value of returned unit hours: \$16,197.33 returned to the system, or more importantly perhaps to our system, 114 unit hours of capacity

Total benefits: \$3,107,819.74

### Patient/Family Satisfaction



**Fulfilling care wishes**  
• Location of care/death wishes will be respected by paramedics

#### Peace of mind

• Enrollment increases family confidence to care for their loved one at home – a "safety net"



#### Feeling prepared for emergencies

• Comfort knowing the paramedics know about them and care plan in ahead of an emergency

#### 24/7 Availability

• Comfort knowing that the program was available 27/4, in the event of an acute crises



#### Professionalism and compassion of paramedics

• Families described the paramedics as going "above and beyond" for their loved ones

#### Symptom relief

• Ability of paramedics to alleviate symptoms enough that the patient/family were able to stay home



#### Program continuation

• Families expressed a desire to see the program continue

## IMPACT STORY

## SPREAD PLAN

- This innovation could look different across the country – not one size fits all!
- Paramedics providing palliative support, in concert with other expanded or novel roles, form a picture of an evolving professional identity, away from the days of "ambulance driver" to a respected health care team member
- There is a sense that there is a "readiness" within the paramedic profession across Canada to assume non-traditional roles in areas of practice such as palliative care

## LESSONS LEARNED

### Benefits

ED avoidance

Satisfaction – patient/family

EMS time savings

Symptoms managed in the home

### Challenges

Palliation - paramedic professional identity

Fear of replacement of other services

Cost of education

Concern - calls would deplete system resources