

Community Paramedicine

Dr Peter O'Meara, Professor of Rural & Regional Paramedicine



[@omeara_p](https://twitter.com/omeara_p)

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Introduction

- † Background
- † Paramedic Models
 - Past
 - Present
 - Future
- † Policy Implications
- † Bibliography



Background

- Community paramedics emerged in Nova Scotia more than a decade ago
- Emerging evidence now supports the notion that community paramedicine (CP) is a model of care that addresses some of the reform needs in the health sector of high-income countries
- This emerging model of care is a community-focused extension of the traditional emergency response and transportation paramedic model

Reach of the Community Paramedic Model

- International Roundtable on Community Paramedicine going strong after starting in Canada
- Participating nations
 - ✓ Canada, United States
 - ✓ United Kingdom, Ireland
 - ✓ Finland, Sweden, Iceland, Switzerland, Turkey, Israel
 - ✓ Australia, New Zealand
 - ✓ Others
- Defining CP has been an ongoing challenge, with various terms used to describe similar models

'Past' Model of Care

† Volunteer/Transport Model

- A community controlled and operated ambulance system that meets the pre-hospital expectations of a local community, resulting in the community feeling safe and secure.

Value Statement

- Community self-reliance and control is highly valued, with it delivering on the expectations of the local community.



Dominant Paramedic Model of Care

† Technological Model

- A professionally staffed and managed ambulance system providing pre-hospital care based on the medical model including advanced technology and technically-skilled staff, resulting in a reduction in mortality and morbidity rates.

Value Statement

- Based on the notion that the specialized health professionals, through their training and experience are best able to determine the needs of the community. Letting communities and other stakeholders have a direct say would distort priorities and result in less than 'best practice' standards.
- Mainly metropolitan-based, flight paramedics, clinical leads
- Successful for specific patient cohorts (eg. cardiac, trauma)
- Experience and post-graduate qualifications required

Locating Community Paramedicine

- † Community Paramedicine (CP) is part of the future as we address ageing populations and stressed health systems
 - CP is a focused extension of traditional paramedicine models of care and is an example of the **paramedic practitioner model**
 - it will change the way we deliver services and redefine the roles of paramedics
- † Related research builds on work related to Extended Care Practitioners, Mobile Integrated Healthcare and Community Paramedics in the U.K., U.S., Canada , Australia and New Zealand
 - Best Quality research as been completed in the U.K. around Extended Care Practitioner innovations

Theoretical Model

- † We integrated Australian, Canadian to a lesser extent related U.S. data
- † Findings led to:
 - RESPIGHT Community Paramedic Model



RESPIGHT Community Paramedic Model

Response to emergencies;
Engaging with communities;
Situated practice;
Primary health care;



Domains

Integration with health, aged care & social services;
Governance and leadership;
Higher education;
Treatment and transport options.



Enablers

Community Paramedic Model Descriptors

Domains of Practice / Enabling Factors	Descriptions
Response to emergencies	Timely emergency responses remain the core business of paramedic services.
Engaging with communities	Encouraging and embracing co-production with patient groups and/or communities.
Situated practice	Key component of the model, giving it flexibility to respond to local needs and take account of existing resources.
Primary health care	Expansion of practice from acute incidents to interprofessional care.
Integration with health, aged care and social services	Both an enabler and a key benefit of the community paramedic model.
Governance and leadership	Paramedic leadership and effective interprofessional clinical governance systems.
Higher education	Access to degree-level education for entry-level practitioners, consistent with other health professionals.
Treatment and transport options	Development of clear and transparent clinical and social pathways for patients in collaboration with other health professionals, families and social services.

What does Community Paramedic model offer?



Overview

1. Can fill identified gaps in the healthcare system by expanding the roles of paramedics and other ambulance service staff
2. CP programs are flexible by design to meet the needs and resources of the local community
3. Success is driven by the combined effort of interested in maintaining the health and well-being of community members

Program examples

- Care management and home visits
- Falls and falls prevention
- Medication management and compliance
- Geriatric pathologies (diabetes and COPD)
- Palliative care
- Phlebotomy
- Immunization
- Wound care
- Community referrals
- Assessments

Future (emerging) Paramedic Models of Care

† Practitioner Models

- An integrated pre-hospital system that provides a range of services to prevent injury and illness, respond to emergencies and facilitate recovery, resulting in a healthy community.

Value Statement

- A view that sees pre-hospital care as an integral part of an integrated health care system, with professional staff sharing roles that best utilize their skills and knowledge.

Two versions evolving

- Extended Care Paramedics (UK, Australia, New Zealand)
- Community Paramedics (USA, Canada)

Implications for Policy and Practice (1 of 3)

† Expanding the roles of paramedic services

- Moving beyond 'core roles' and not seeing challenges (chronic disease, mental health, etc.) as some-one else's problem
- More patient centred approach
- Greater community engagement



Implications for Policy and Practice (2 of 3)

† Changing paramedic scopes of practice

- Less protocol driven and more autonomous practice
- Greater interdisciplinary teamwork (and potentially conflict)
- Higher levels of self regulation
(National Registration in 2018)



Implications for Policy and Practice (3 of 3)

† Life long education needs to address functions related to:

- Patient diagnosis, decision-making and treatment
- Population health (public health)
- Organisational issues (management, finance, etc.)
- Insight and knowledge (research and evaluation, quality improvement)

Questions





Thank you

Dr Peter O'Meara
Professor of Rural & Regional Paramedicine
La Trobe University
PO Box 199, Bendigo, Victoria, 3552, Australia
Email. p.omeara@latrobe.edu.au