

PALLIATIVE CARE IMPACT SERIES

Paramedics Providing Palliative Care at Home

A strategic partnership with Pallium Canada to enhance the care provided by paramedics in the home.

SUMMARY

An innovative palliative care program in 2015 led by the provinces of Nova Scotia (NS) and Prince Edward Island (PEI) and funded by the Canadian Partnership Against Cancer (CPAC) and Health Canada.

Goal

To enhance the care provided by paramedics for patients receiving palliative care at home.

Approach

The program used a multi-pronged approach that leveraged existing provincial programs, modified policies, and worked with Pallium Canada to educate EMS/paramedic professionals to provide a palliative care approach at home.

Results

- 47% of EMS responses to patients with palliative goals of care resulted in the patient being able to remain at home.
- Reduction in transports to hospitals and emergency rooms:
 - Transport decreased from 59.2% to 47.6% in NS and in PEI, 32% of patients requiring palliative care were treated in their home.
- Overall time on task for EMS staff was lower when compared to all EMS transport events.
- Patients praised the compassion of paramedics, reported improved symptom relief, and appreciated the ability to stay home. Estimated return on investment for the program was \$2,496,126.
- Significant increases in paramedic knowledge, comfort, skills, and confidence in providing palliative care.

ISSUE AND OPPORTUNITY

There are many benefits to paramedics providing palliative care.

There are multiple benefits from early integration of palliative care and receiving palliative care at home, including higher likelihood a patient will be able to die at home.¹ Paramedics are uniquely positioned to provide a palliative care approach as seriously ill patients and/or their caregivers often call for paramedics during a crisis at home, including symptom or psychological crises or even caregiver burnout. Furthermore, paramedics providing palliative care at home ensures better health services utilization and overall lower care costs.²

A major barrier is a lack of access to training that relates to paramedic scope of practice.

Seventy-five percent (75%) of Canadians would choose to die in their homes if they could get the support they need.³ Traditionally, paramedic protocols are based on the principle of stabilizing and transporting patients to the most appropriate emergency department.⁴ And, research conducted in NS/PEI indicated that protocols, pharmacology, and training did not allow for palliative and end-of-life care to be congruent with patient wishes.⁵

This program enabled paramedic/EMS professionals to provide a palliative care approach to patients in their homes.

WHO WAS INVOLVED

- Nova Scotia Emergency Health Services (EHS), Nova Scotia Department of Health and Wellness, Cancer Care Nova Scotia (now part of Nova Scotia Health), Dalhousie University, Emergency Medical Care Inc., Health PEI, and Island EMS (PEI).
- The Paramedics Providing Palliative Care at Home program was funded in NS/PEI by CPAC and Health Canada.
- Pallium Canada was a key strategic partner and supported identification of competencies to provide a palliative care approach, curriculum development and instructional design, facilitator training, and information technology and analytics support.

GOAL & DESIRED OUTCOMES

To enhance the care provided by paramedics for patients receiving palliative care at home.

Desired outcomes:

1. Enhanced care provided by paramedics for patients receiving palliative care in the home
2. Improved access to palliative care supports at home regardless of location or time of day
3. Enhanced palliative and end-of-life experience for patients and their families
4. Reduced emergency department transfers
5. Improved paramedic competencies and confidence in the provision of a palliative care approach

APPROACH

The approach utilized pre-existing programs and tools alongside tailored education for EMS/paramedic professionals.

Clinical Practice Guideline (CPG):

Implementation of a provincial CPG for paramedics responding to patients receiving palliative care at home.

LEAP Paramedic Education:

Development of palliative care education for paramedic/EMS professionals. All ground ambulance paramedics in NS and PEI completed Learning Essential Approaches to Palliative Care (LEAP) Paramedic in 2015—co-developed by a multidisciplinary team of paramedics, paramedic educators, emergency physicians, palliative care physicians who are also emergency medicine specialists, and paramedic leaders.

Expanding the Special Patient Program (SPP):

An existing program of NS EHS was expanded to include patients receiving palliative care so that patient-specific care instructions are accessible to paramedics at the time of a 911 call.

LET'S CONNECT

This is just one example of how we have helped our partners drive innovation and achieve impact. Connect with us to bring this innovative practice to your community:

info@pallium.ca
1-833-888-LEAP (5327)
pallium.ca

PALLIUM CANADA'S ROLE

As a strategic partner, Pallium provided solutions to the program to build capacity, identify paramedic palliative care competencies, and support large-scale implementation to transform EMS/paramedic practice.

Build capacity

Pallium led the development of a LEAP Paramedic course for this program, with case studies and examples contextualized to the EMS setting. Pallium trained 20 paramedic/EMS professionals from NS and PEI to be able to teach the curriculum to their peers.

Identify competencies

Pallium conducted focus groups to understand and codify paramedic scopes of practice and the realities of this unique practice setting and then mapped these to palliative care competencies for paramedics.

Support implementation

Pallium worked with project partners to develop a train-the-trainer program; applied a quality improvement rapid prototyping approach to support roll-out and made ongoing improvements to the courseware; and provided technology support for course delivery.

ABOUT PALLIUM CANADA

Pallium Canada is a national, evidence-based organization focused on building professional and community capacity to help improve the quality and accessibility of palliative care in Canada. Pallium Canada is funded mainly by Health Canada.



¹ CIHI, Access to Palliative Care in Canada, 2018

² Bakitas et al. 2009, Temel et al. 2010, Rabow et al. 2004, Brumley et al. 2007, Casarett et al., 2008, Gade et al. 2008, Zimmerman et al. 2014

³ Canadian Hospice Palliative Care Association. What Canadians Say: The Way Forward Survey Report. December 2013.

⁴ CPAC. 2017. Nova Scotia & Prince Edward Island Paramedics Providing Palliative Care at Home Program.

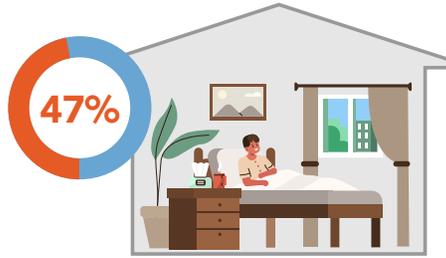
⁵ NS, EHS, 2014; estimates show 1% of calls are from patients receiving palliative care in NS

⁶ Carter AJE, Arab M, Harrison M, Goldstein J, Stewart B, Lecours M, Sullivan J, Villard C, Crowell W, Houde K, Jensen JL, Downer K, Pereira J. Paramedics providing palliative care at home: A mixed-methods exploration of patient and family satisfaction and paramedic comfort and confidence. CJEM. 2019 Jul;21(4):513-522. doi: 10.1017/cem.2018.497. Epub 2019 Feb 11. PMID: 30739628.

RESULTS

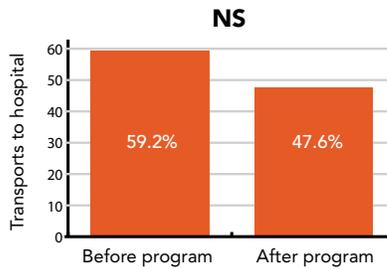
A multipronged evaluation of the program was undertaken. Surveys and interviews with patients, families, paramedics⁶ and leads, and a return on investment analysis showed the following impacts:

47% of EMS responses to patients with palliative goals of care result in the patient being able to remain at home.

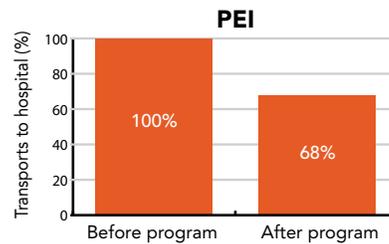


Significantly more patients were treated at home vs being transported to hospital:

In NS, transports to hospital decreased from **59.2%** to **47.6%**.



In PEI, which previously had a policy to transfer all patients to hospital, paramedics treated **32%** of patients requiring palliative care at home.



Estimated **return on investment** for the program was

\$2,496,126

- ✓ Value of avoided emergency department visits
- ✓ Value of avoided hospital admissions
- ✓ Value of 114 returned unit hours to system

Over 1,000 paramedics trained on LEAP Paramedic to provide a palliative care approach.

Despite longer time on scene, **overall time on task for EMS staff was lower compared to EMS events where transport occurred.**

Based on results, this is now an **established program** of NS EHS and Island EMS (PEI).

Family members surveyed said:

Patient **received treatment in their preferred location of care**

High-level of **professionalism and compassion** from paramedics

Comfort in knowing that this care **is available in the home 24/7**

Continue the program

Paramedics:

Demonstrated **increased comfort and confidence** in providing a palliative care approach

Expressed **professional pride** in being able to provide this important service