

Community Paramedicine in British Columbia Fact Sheet

Summary Overview

- Community paramedicine is being introduced in rural and remote communities by BC Emergency Health Services and its program partners.
- Community paramedicine applies paramedic skills and training in community-based settings, including patients' homes and local clinics.
- Community paramedics hold at least a Primary Care Paramedic (PCP) license with an IV endorsement, and complete an orientation program before working in their communities.
- Community paramedics provide services within their competencies and license levels, and following care plans developed by the referring health professional.
- Community paramedicine is intended primarily for older adults living with chronic conditions such as heart failure, chronic obstructive pulmonary disease and diabetes, or at risk of falls.
- Integrating community paramedicine into the health care system without replacing any other health care professionals has been a key consideration of the program.

Introduction

British Columbia is improving access to health care in rural and remote communities through the introduction of community paramedicine.

Community paramedicine is intended to help address issues such as the lack of access to primary care for medically underserved populations, increasing demand for health care services based on an aging population, shortages of health care providers, and recruitment and retention of paramedics in BC's smaller communities.

The program is being implemented by BC Emergency Health Services working with the Ministry of Health, regional Health Authorities, the Ambulance Paramedics of British Columbia (CUPE 873), the First Nations Health Authority, and others.

The program will deploy at least 80 full-time equivalent (FTE) community paramedics to provide primary care services, delivered within the current scope of paramedic practice and in partnership with local health care providers, in patients' homes and in the community.

Phased Implementation

Community paramedicine in BC is being implemented in a phased approach over a four-year period.

The first phase began in April 2015 with the selection of nine prototype communities in the Northern, Interior, and Vancouver Island Health Authorities.

A provincial rollout began in April 2016 with the selection of an initial 76 rural and remote communities in the Northern, Interior, Island, Vancouver Coastal, and Fraser Health Authorities. Coverage extends to surrounding regions and neighbouring First Nations communities.

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. A complete list of selected communities is on page 5.

Qualifications of a Community Paramedic

All applicants for a community paramedicine position 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 community paramedic. Priority is given to qualified applicants residing in or attached to the community. Applicants are screened to ensure they are a good fit for the different nature of this role relative to the traditional paramedic role.

Community paramedics complete an orientation program, developed in collaboration with the Justice Institute of BC, prior to starting work in their communities.

Introduction of Rural Advanced Care Community Paramedics (RACCPs)

The provincial rollout focused on establishing a foundation of CP practice within the scope of a Primary Care Paramedic with IV endorsement (PCP-IV). A RACCP is an ACP providing community paramedicine services in a predominately rural setting. They are being introduced initially in larger rural communities, and are all full-time positions.

Given the broader clinical scope of the ACP license relative to the PCP IV license, RACCPs are able to provide additional services such as: assess and treat higher acuity patients, support local physicians and nurse practitioners in clinical settings, support local clinicians in emergency patient transfers, provide clinical mentorship to CPs in surrounding communities, and respond to high acuity calls in rural and remote communities.

Scope of Practice

Community paramedicine applies paramedic skills and training in a variety of community-based settings, including patients' homes and local clinics.

Community paramedics provide services within their competencies and license levels, such as chronic disease monitoring, falls risk assessments, and health system navigation, as well as support services such as oxygen equipment and use of inhaled respiratory devices.

Referrals

Community paramedicine is intended primarily for older adults living with chronic conditions such as heart failure, chronic obstructive pulmonary disease and diabetes, or at risk of falls.

Patient referrals may be initiated by any member of the health care team by completing a Community Paramedicine Request for Patient-Specific Service form. This form includes the patient care parameters and sign-off by the Most Responsible Provider for the patient. The referral process was established in partnership with regional Health Authorities.

To support collaborative care with family physicians, consultations with community paramedics are considered the part of the Attachment Patient Conference fee.

If the community paramedic determines the patient requires care out of their scope of practice, they will consult with the referring health professional to determine to whom the patient should be referred.

Community Paramedicine Home Health Monitoring (CP HHM)

BCEHS has joined Island, Interior and Vancouver Coastal Health by participating in the Provincial Home Health Monitoring (HHM) program. CP HHM extends the capacity of community paramedics to provide chronic disease management support to a wider range of older adults living in rural and remote communities, gives primary care physicians a new tool that enhances their ability to provide care for patients in these areas, and increases the ability of patients to self-manage their conditions.

Through technology-enabled monitoring of key health indicators, CP HHM seeks to improve the outcomes of chronic disease management by providing patients and care providers with data that will enable the better management of chronic conditions in the home. The CP installs the equipment in the home and teaches the patient how to use it.

CP HHM was introduced in two communities in Island Health for patients with heart failure and chronic obstructive pulmonary disease (COPD) in August 2017, and two communities in Interior Health for patients with COPD in October 2017. In December 2017, CP HHM was introduced to 11 more communities in the Interior Health region.

Patient Care Plans

Community paramedics visit referred patients on a scheduled basis and follow care plans developed by the referring health professional. Community paramedics provide basic services such as performing health assessments, checking vital signs, making sure the patient is able to take their medications as directed, encouraging self-management or helping identify falls hazards in the patient's home using standardized and approved tools. Community paramedics report back to the referring health professional in accordance with the care plan.

Each Community Paramedicine Patient File will be created in accordance with established policies and procedures, which include compliance with the Privacy Impact Assessment requirements. The Health Authority Patient File will contain the patient's CP care plan and a copy of any documentation created by the community paramedic during their visit with the patient. Authorized communications methods for sharing patient and non-patient related file information with the referring provider/team have been determined.

If, during a patient visit, the patient presents to be in an emergency health situation, the community paramedic will contact the referring health professional and/or request an emergency paramedic crew to transport the patient.

Community Paramedicine Policies and Procedures

Community paramedicine practice is performed in accordance with policies and procedures developed in collaboration with regional Health Authorities.

Medical oversight is in place to ensure appropriate clinical oversight of community paramedics, reporting structure and authorization of services, and educational requirements.

A Privacy Impact Assessment (PIA) defines the ways in which community paramedics access patient records and share clinical documentation with health authority care teams.

Relationship to Other Health Care Providers

Each health care profession has its own scope of practice. While there may be areas that overlap, community paramedics practice only within their designated scope of practice.

The role of community paramedics has been defined with the support of project partners and both the Provincial and Practice Advisory Committees, which include representation from project partners including the Ministry of Health, regional Health Authorities and the Ambulance Paramedics of BC (CUPE 873).

For more information

Contact: CommunityParamedicine@bcehs.ca

Visit: www.bcehs.ca and click on Our Services/Programs & Services/Community Paramedicine

Selected Communities

NORTHERN HEALTH (26)	INTERIOR HEALTH (40)	ISLAND HEALTH (25)
Atlin	Alexis Creek	Alert Bay
Burns Lake	Anahim Lake	Campbell River
Chetwynd	Ashcroft	Chemainus
Dawson Creek	Barriere	Cortes Island
Dease Lake	Blue River	Denman Island (including Hornby Island)
Fort Nelson	Castlegar	Gabriola Island
Fort St. James	Chase	Galiano Island
Fort St. John	Clearwater	Ganges (Salt Spring Island)
Fraser Lake	Clinton	Gold River
Granisle	Cranbrook	Lake Cowichan
Hazelton	Creston	Mayne Island
Houston	Edgewood	Pender Island
Hudson's Hope	Elkford	Port Alice
Kitwanga	Field	Port Hardy
Mackenzie	Fruitvale	Port McNeill
Masset	Gold Bridge	Port Renfrew
McBride	Golden	Quadra Island
Prince Rupert	Grand Forks	Sayward
Village of Queen Charlotte	Greenwood	Sointula
Smithers	Kaslo	Sooke
Southside	Keremeos	Tahsis
Stewart	Kimberley	Tofino
Tumbler Ridge	Lillooet	Ucluelet
Valemount	Logan Lake	Zeballos
Vanderhoof	Lumby	
Wells	Lytton	VANCOUVER COASTAL HEALTH (7)
	Merritt	Bella Bella
FRASER HEALTH (1)	Midway	Bella Coola
Boston Bar	Nakusp	Bowen Island
	New Denver	Madeira Park
	Osoyoos	Pemberton
	Princeton	Powell River
	Revelstoke	Texada Island
	Riondel	
	Rosland	
	Salmo	
	Seton Portage	
	Sicamous	
	Sparwood	
	Winlaw	