



A Survey of Community Paramedic Programs in Ontario

April 9, 2013

Conducted by *DeL* Services

Sponsored by Chief Michael Nolan, County of Renfrew
Paramedic Service

Table of Contents

Introduction	2
Methodology.....	3
Survey results.....	3
<i>I. Population Coverage</i>	4
<i>II. Geographic Coverage</i>	5
<i>III. Paramedic Staffing Hours</i>	7
<i>IV. Specific Community Paramedic Program Skills and Procedures</i>	7
Appendices.....	13
<i>A.i. Ontario Municipalities and Paramedic Services</i>	13
<i>A.ii. Current and Planned Skills and Procedures of Paramedic Services in Ontario already delivering Community Paramedic Programs</i>	15
<i>A.iii. Planned Skills and Procedures of Paramedic Services in Ontario intending to implement Community Paramedic Programs</i>	16
<i>A.iv EMS in Ontario with no Current or Planned Community Paramedic Services</i>	18
<i>A.v. Description of Current Community Paramedic Programs in Ontario</i>	19
<i>A.vi. Description of Planned Community Paramedic Programs in Ontario</i>	21

Introduction

This survey was conducted to gather the data required for an overview of the level of Community Paramedic Program activity in Ontario. Such programs have become common only fairly recently, as paramedics start to be further integrated into the primary health care system and the widespread applicability of their training and skills is recognized. There is growing interest amongst policy makers in how this new approach could help address health issues associated with aging populations, and enhance the quality of life of seniors and those with chronic care needs.

Sound data are required for good policy. This survey aims to fill an information gap in the current knowledge of Community Paramedic Programs in Ontario, namely, the extent to which these are now or soon will be implemented.

The survey was carried out by DrL Services, Ottawa, and was sponsored by Michael Nolan, Chief, Paramedic Services, County of Renfrew.

Methodology

A census of all 51 Chiefs of Emergency Medical Services in Ontario, as determined from the listings on the Association of Municipal Emergency Medical Services of Ontario/Ontario Association of Paramedic Chiefs website (www.emsontario.ca)¹ was conducted between November 1, 2012 and March 1, 2013, using an online survey tool (FluidSurveys, Chide.it Inc., Ottawa, Canada).

The survey questions were devised by the principal investigator, in conjunction with the client supervisor, and were piloted by five senior paramedics between October 25 and 29. The survey was then revised to incorporate additional procedures and skills, and to attenuate time-series data. An email was sent to each EMS on November 1 using FluidSurveys' deployment tool, requesting a response by November 8, with a reminder to those who had not yet completed the survey sent out on November 6. Thirty-three responses were received by the requested deadline. Additional reminders were sent between November 13 and December 13 to those who had not yet responded, along with phone calls to determine if there had been technical issues (such as failure to receive the email).

By the end of December, 45 responses accounting for almost 99% of the population had been collected, including one submitted during the pilot phase that contained valid information. It was therefore determined that follow up contact with the few Paramedic Services that had still not responded was warranted, to obtain coverage of the entire Ontario population. After telephone contact, further email invitations were sent out. These, combined with telephone follow-up calls that took place from January to February, 2013, ensured that responses were eventually received from all 51 EMS.

Data were exported into Microsoft Excel (Redwood, CA, USA) for validation, analysis and formatting, and tables and charts were constructed using all data. As this was a census with 100% response, statistical analyses were not required.

Survey results

The survey first asked for general information about the respondent's Paramedic Services, including contact population in the service area, call volume, and the total number of paramedic staffing hours. The second section asked about current Community Paramedic Programs. A list of 45 skills and procedures was provided as well as space to indicate others not included in the list. Respondents were also asked to describe their programs (as distinct from skills and procedures, although these were not distinguished in every case).

¹ The specific webpage URLs, accessed on October 30, 2012, are as follows:

https://emsontario.ca/cms/index.php?option=com_content&view=article&id=135&Itemid=115 (Central Zone),
https://emsontario.ca/cms/index.php?option=com_content&view=article&id=136&Itemid=115 (Eastern Zone),
https://emsontario.ca/cms/index.php?option=com_content&view=article&id=137&Itemid=115 (Northern Zone),
https://emsontario.ca/cms/index.php?option=com_content&view=article&id=138&Itemid=115 (SouthWest Zone)

The third section was identical to the second but asked about planned Community Paramedic Programs. Finally, the fourth section asked for information on particular aspects of current Community Paramedic Programs, including the level of staffing hours dedicated, the number of clients served in 2011, and opinions as to whether these programs had had an impact on access to health care services, health care system finances, and 911 call volumes. Respondents were invited to provide comments on any aspect of the survey.

Twelve Paramedic Services indicated that they currently have Community Paramedic Programs, nine of which plan to provide additional skills and procedures. Seventeen Paramedic Services have no current programs, but intend to implement some within the next year or so. The remaining 22 have neither current nor planned Community Paramedic Programs.

I. Population Coverage

The data collected show that currently over 50% of Ontario residents have access to one or more community paramedic programs and that by 2014, as planned programs are implemented, this is expected to rise to more than 80% (Figure 1). It was beyond the scope of this research to evaluate whether the current programs in each service area are meeting the demand for the various skills and procedures provided.

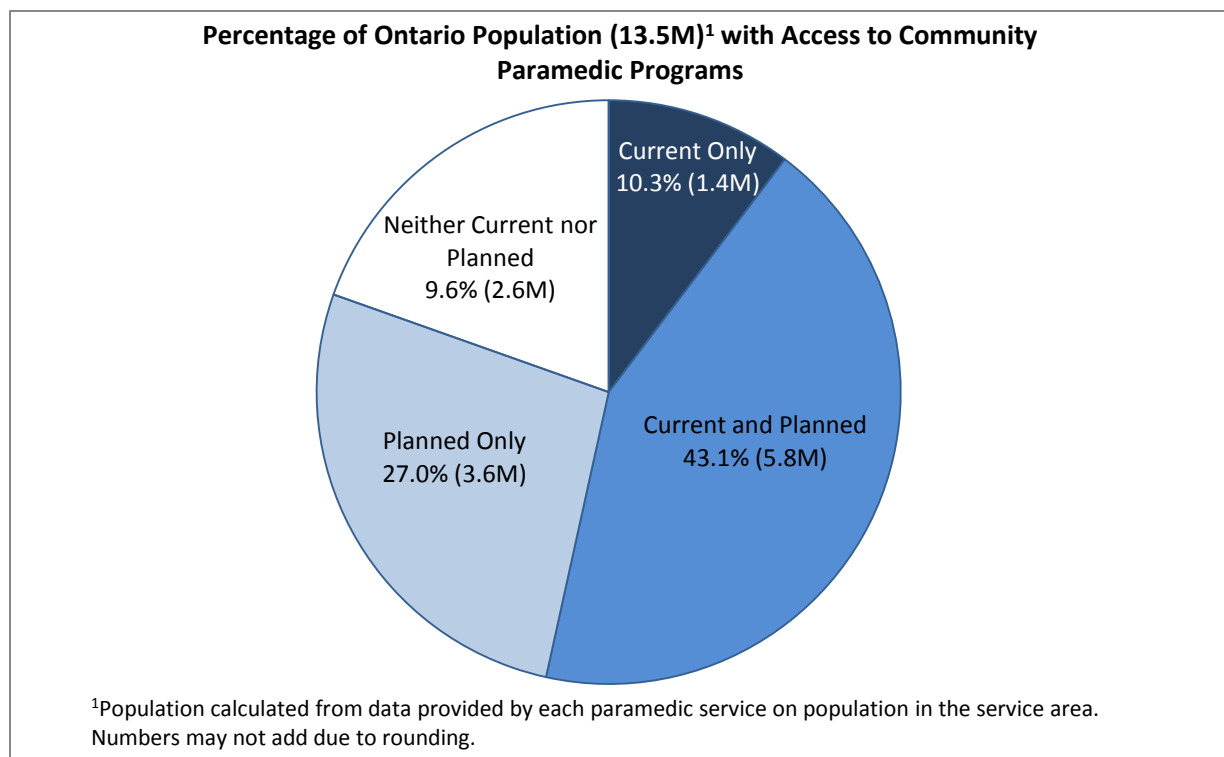


Figure 1. Access of Ontario Population to Community Paramedic Programs

II. Geographic Coverage

The map in Figure 2 shows the Ontario coverage of current Community Paramedic Programs by municipality or district. Ontario's far north is not included, as the area has no paramedic service.

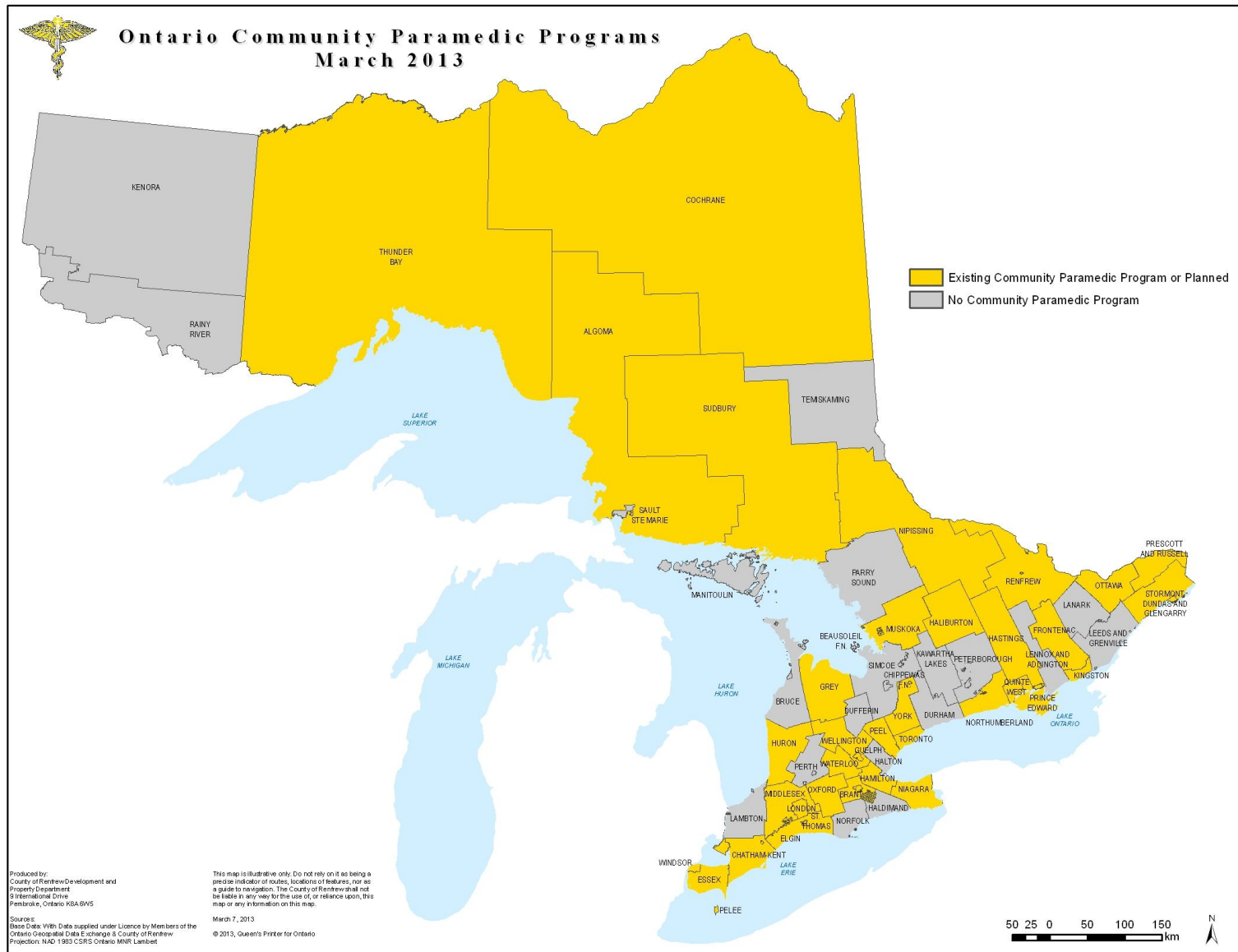


Figure 2. Geographic Coverage of Current Community Paramedic Programs in Ontario

III. Paramedic Staffing Hours

Of the 12 Paramedic Services in Ontario that currently have Community Paramedic Programs, only six provided information on the number of staffing hours dedicated to these programs. With one exception, such hours amounted to a small percentage of total staffing hours (i.e., less than 1%) (Table 1).

Table 1. Total paramedic service staffing hours compared to hours dedicated to Community Paramedic Programs

Paramedic Service	Total staffing hours	Staffing hours dedicated to Community Paramedic Programs
York Region Emergency Medical Services	291630	2500
Greater Sudbury Emergency Services	137,280	300-400
Toronto EMS	1,200,000	>3000
Hamilton Paramedic Service	376000	2000
Niagara EMS	366000	2184
County of Renfrew Paramedic Service	170000	17000

IV. Specific Community Paramedic Program Skills and Procedures

Tables 2-4 provide data on which skills and procedures Ontario's Paramedic Services currently provide (Table 2), are planning to implement (Table 3), and the total of current and planned (Table 4). These are sorted by frequency. Each table also gives the percentage of the population covered by the skills and procedures.

Of the 45 skills and procedures the survey specifically asked about, 29 are offered by one or more of 11 Paramedic Services currently providing Community Paramedic Programs, the most prevalent being Referral Services and Blood Pressure Screening.

Table 2. Current Ontario Community Paramedic Program Skills and Procedures, and Percentage of Population with Access

Community Paramedic Program Skills and Procedures	Number of Paramedic Services Providing	Percentage of Population with Access
Referral Services	11	52.3%
Patient History / Physical Assessment	7	46.7%
Blood Pressure Screening	6	45.7%
Blood Glucose Checks	6	39.3%
Vital Signs	6	38.5%
In-Home Lifestyle / Safety Evaluations	5	37.5%
Medication Monitoring / Reconciliation	5	37.5%
Immunizations	5	35.5%
Pulse Ox Monitoring	5	34.7%
Education Sessions in Fall Prevention	4	33.7%
Chronic Disease Management	3	33.7%
Super-user Management	3	30.5%
Treatment of Minor Injuries	3	26.3%
Routine Follow-up 12 Lead EKG	3	26.3%
Neurological Assessment	3	11.4%
Alternate Transport Destinations	2	25.5%
Post Stroke Assessment	2	25.5%
End of Life Counselling	2	23.0%
Wound Care	2	4.0%
Peripheral Intravenous Lines	2	4.0%
Dispatch Triage and Response Diversion	1	3.2%
Set Up CPAP	1	3.2%
IV Catheters Changes	1	0.7%
Managing Catheters	1	0.7%
Weight Checks – Adult and Pediatric	1	0.7%
Lab Specimen Testing (Inc. I-STAT)	1	0.7%
Managing Surgical Drains	1	0.7%
Managing PICC Lines	1	0.7%
Extended Care Nursing Home Primary Care	1	0.7%
Antibiotic Infusions	0	0.0%
Suture Removal	0	0.0%
Lab Specimen Collections	0	0.0%
Managing Tracheostomies	0	0.0%
Post-operative Follow-up in the Home	0	0.0%
Infusion Therapies	0	0.0%

Community Paramedic Program Skills and Procedures	Number of Paramedic Services Providing	Percentage of Population with Access
Cholesterol Screening	0	0.0%
Ultrasound	0	0.0%
Ophthalmoscope	0	0.0%
Post-Partum Home Visits	0	0.0%
Wound Vacuum	0	0.0%
Fluoride Varnish for Children	0	0.0%
Sexual Health Services: STI Testing	0	0.0%
Sexual Health Services: Pregnancy Testing	0	0.0%
Sexual Health Services: Birth Control	0	0.0%
Maternal Care	0	0.0%

More than half of Ontario's Paramedic Services have plans to implement eight specific Community Paramedic skills and procedures in the near future, and a total of 40 new skills and procedures will be implemented in one or more Paramedic Services across the province (Table 3).

Table 3. Planned Ontario Community Paramedic Program Services and Skills and Percentage of the Population with Access

Community Paramedic Program Skills and Procedures	Number of Paramedic Services Planning to Provide	Percentage of Ontario Population with Access
Blood Pressure Screening	18	16.4%
Vital Signs	16	21.8%
Education Sessions in Fall Prevention	15	22.3%
Referral Services	15	16.8%
Blood Glucose Checks	14	11.8%
Patient History / Physical Assessment	14	11.4%
In-Home Lifestyle / Safety Evaluations	13	20.8%
Pulse Ox Monitoring	11	10.5%
Alternate Transport Destinations	9	23.4%
Routine Follow-up 12 Lead EKG	9	7.8%
Treatment of Minor Injuries	8	16.5%
Immunizations	8	11.3%
Peripheral Intravenous Lines	7	39.6%
IV Catheters Changes	7	37.0%
Suture Removal	7	34.3%
Chronic Disease Management	6	36.3%

Community Paramedic Program Skills and Procedures	Number of Paramedic Services Planning to Provide	Percentage of Ontario Population with Access
Wound Care	6	33.8%
Antibiotic Infusions	6	33.6%
Medication Monitoring / Reconciliation	6	6.5%
Weight Checks – Adult and Pediatric	6	4.1%
Dispatch Triage and Response Diversion	4	13.1%
Extended Care Nursing Home Primary Care	4	5.4%
Post Stroke Assessment	4	5.2%
Neurological Assessment	4	3.1%
Lab Specimen Collections	3	24.1%
Infusion Therapies	3	23.5%
Post-operative Follow-up in the Home	3	2.3%
Cholesterol Screening	3	2.0%
Set Up CPAP	3	1.9%
Managing Catheters	2	30.5%
Managing Surgical Drains	2	23.1%
Managing Tracheostomies	2	23.0%
Managing PICC Lines	2	22.9%
Post-Partum Home Visits	2	4.2%
Lab Specimen Testing (Inc. I-STAT)	1	22.3%
End of Life Counselling	1	1.2%
Maternal Care	1	0.8%
Sexual Health Services: Pregnancy Testing	1	0.8%
Super-user Management	1	0.6%
Ultrasound	1	0.6%
Fluoride Varnish for Children	0	0.0%
Ophthalmoscope	0	0.0%
Sexual Health Services: Birth Control	0	0.0%
Sexual Health Services: STI Testing	0	0.0%
Wound Vacuum	0	0.0%

Table 4 shows the percentage of Ontario's population covered by a specific Community Paramedic Program skill or procedure, which ranges from 70.0% to 0.6%. Note that these numbers differ from the aggregates presented in Figure 1, as not all skills and procedures are offered in all areas.

Table 4. Current and Planned Ontario Community Paramedic Program Services and Skills and Percentage of the Population with Access

Current and Planned Community Paramedic Program Skills and Procedures	Number of Paramedic Services Currently Providing	Number of Paramedic Services Planning to Provide	Total	Percentage of Ontario Population with Access
Referral Services	11	15	26	69.1%
Blood Pressure Screening	6	18	24	62.1%
Vital Signs	6	16	22	60.4%
Patient History / Physical Assessment	7	14	21	58.1%
Blood Glucose Checks	6	14	20	51.1%
Education Sessions in Fall Prevention	4	15	19	56.0%
In-Home Lifestyle / Safety Evaluations	5	13	18	58.3%
Pulse Ox Monitoring	5	11	16	45.2%
Immunizations	5	8	13	46.8%
Routine Follow-up 12 Lead EKG	3	9	12	34.1%
Medication Monitoring / Reconciliation	5	6	11	44.0%
Treatment of Minor Injuries	3	8	11	42.8%
Alternate Transport Destinations	2	9	11	48.9%
Chronic Disease Management	3	6	9	70.0%
Peripheral Intravenous Lines	2	7	9	43.5%
Wound Care	2	6	8	37.8%
IV Catheters Changes	1	7	8	37.7%
Neurological Assessment	3	4	7	14.5%
Weight Checks – Adult and Pediatric	1	6	7	4.9%
Suture Removal	0	7	7	34.3%
Post Stroke Assessment	2	4	6	30.7%
Antibiotic Infusions	0	6	6	33.6%
Dispatch Triage and Response Diversion	1	4	5	16.3%
Extended Care Nursing Home Primary Care	1	4	5	6.2%
Super-user Management	3	1	4	31.1%
Set Up CPAP	1	3	4	5.1%
End of Life Counselling	2	1	3	24.3%
Managing Catheters	1	2	3	31.2%
Managing Surgical Drains	1	2	3	23.8%
Managing PICC Lines	1	2	3	23.7%
Lab Specimen Collections	0	3	3	24.1%
Infusion Therapies	0	3	3	23.5%
Post-operative Follow-up in the Home	0	3	3	2.3%

Current and Planned Community Paramedic Program Skills and Procedures	Number of Paramedic Services Currently Providing	Number of Paramedic Services Planning to Provide	Total	Percentage of Ontario Population with Access
Cholesterol Screening	0	3	3	2.0%
Lab Specimen Testing (Inc. I-STAT)	1	1	2	23.0%
Managing Tracheostomies	0	2	2	23.0%
Post-Partum Home Visits	0	2	2	4.2%
Maternal Care	0	1	1	0.8%
Sexual Health Services: Pregnancy Testing	0	1	1	0.8%
Ultrasound	0	1	1	0.6%
Fluoride Varnish for Children	0	0	0	0.0%
Ophthalmoscope	0	0	0	0.0%
Sexual Health Services: Birth Control	0	0	0	0.0%
Sexual Health Services: STI Testing	0	0	0	0.0%
Wound Vacuum	0	0	0	0.0%

Appendices

A.i. Ontario Municipalities and Paramedic Services

Municipality	Name of Paramedic Service
1 ALGOMA	Algoma EMS
2 BEAUSOLEIL	Beausoleil First Nation EMS
3 BRUCE	Bruce County Emergency Medical Services
4 CHIPPEWAS	Chippewas of Rama First Nation EMS
5 KAWARTHA LAKES	City Of Kawartha Lakes EMS
6 COCHRANE	Cochrane District EMS
7 CORNWALL	Cornwall, Stormont, Dundas and Glengarry
8 BRANT	County of Brant Ambulance Service
9 FRONTENAC	County of Frontenac Paramedic Services
10 LAMBTON	County of Lambton EMS
11 RENFREW	County of Renfrew Paramedic Service
12 SIMCOE	County of Simcoe Paramedic Services
13 DUFFERIN	Dufferin County Paramedic Service
14 DURHAM	Durham Region EMS
15 ELGIN	Elgin St. Thomas EMS
16 ESSEX	Essex-Windsor Emergency Medical Services
17 SUDBURY	Greater Sudbury Emergency Services
18 GREY	Grey County EMS
19 GUELPH WELLINGTON	Guelph Wellington EMS
20 HALDIMAND	Haldimand County EMS
21 HALIBURTON	Haliburton County EMS
22 HALTON	Halton Region EMS
23 HAMILTON	Hamilton Paramedic Service
24 HASTINGS	Hastings-Quinte EMS
25 HURON	Huron County EMS
26 KENORA	Kenora District, NWEMS
27 LANARK	Lanark County Ambulance Service
28 LEEDS & GRENVILLE	Leeds Grenville Emergency Medical Service
29 LENNOX & ADDINGTON	Lennox & Addington County EMS
30 MANITOULIN-SUDBURY	Manitoulin-Sudbury DSB EMS
31 CHATHAM-KENT	Medavie EMS Chatham-Kent
32 MIDDLESEX	Middlesex-London EMS
33 MUSKOKA	Medavie EMS Muskoka

Municipality	Name of Paramedic Service
34 NIAGARA	Niagara EMS
35 NIPISSING	District of Nipissing SSAB EMS
36 NORFOLK	Norfolk County EMS
37 NORTHUMBERLAND	Northumberland County EMS
38 OTTAWA	Ottawa Paramedic Service
39 OXFORD	Oxford County EMS
40 PARRY SOUND	Parry Sound Ambulance Service
41 PEEL	Peel Regional Paramedic Services
42 PERTH	Perth County EMS
43 PETERBOROUGH	Peterborough County/City Paramedics
44 PRESCOTT & RUSSELL	Prescott-Russell Paramedic Service
45 RAINY RIVER DSSAB	Rainy River District EMS
46 WATERLOO	Region of Waterloo EMS
47 SAULT STE. MARIE (TOWNSHIP OF PRINCE)	Sault Ste Marie Fire Services - EMS Division
48 THUNDER BAY	Superior North EMS (Thunder Bay ON)
49 TIMISKAMING	Timiskaming District EMS
50 TORONTO	Toronto EMS
51 YORK	York Region Emergency Medical Services

A.ii. Current and Planned Skills and Procedures of Paramedic Services in Ontario already delivering Community Paramedic Programs

CURRENT AND PLANNED COMMUNITY PARAMEDIC SKILLS AND PROCEDURES	MUNICIPALITY												TOTAL CURRENT	TOTAL PLANNED	TOTAL
	RENFREW	NIAGARA	TORONTO	OTTAWA	HAMILTON	YORK	HASTINGS	SUDBURY	THUNDER BAY	CHATHAM-KENT	GREY	ESSEX			
Referral Services	X	X	X	X	X	X	X	X	O	X	X	X	11	1	12
Patient History / Physical Assessment	X	X	X	X	X	X	X	O		O			7	2	9
Blood Pressure Screening	X	X	X	X	X	X	O	O	O	O			6	4	10
Vital Signs	X	X	X	X	X	O	X	O		O			6	3	9
Blood Glucose Checks	X	X	X	X	X	X	X	O					6	1	7
In-Home Lifestyle / Safety Evaluations	X	X	X	X	X	O		O	O	O	O		5	5	10
Pulse Ox Monitoring	X	X	X	X			X	O					5	1	6
Immunizations	X	X	X		O	X			X				5	1	6
Medication Monitoring / Reconciliation	X	X	X	X	X								5	0	5
Education Sessions in Fall Prevention	X	X	X	X		O	O	O	O	O	O		4	6	10
Chronic Disease Management	X	X	O	X		O		O					3	3	6
Treatment of Minor Injuries	X	X	X			O		O	O				3	3	6
Neurological Assessment	X	X		X				O					3	1	4
Routine Follow-up 12 Lead EKG	X	X	X										3	0	3
Super-user Management	X	X	X	X									3	0	3
Wound Care	X	X	O			O	O		O				2	4	6
Peripheral Intravenous Lines	X	X	O		O	O							2	3	5
Alternate Transport Destinations	O	X	X			O		O					2	3	5
End of Life Counselling	X		X					O					2	1	3
Post Stroke Assessment		X	X										2	0	2
IV Catheters Changes	X		O		O	O							1	3	4
Managing Catheters	X		O			O							1	2	3
Dispatch Triage and Response Diversion	O	X				O							1	2	3
Weight Checks – Adult and Pediatric	X								O				1	1	2
Lab Specimen Testing (Inc. I-STAT)	X		O										1	1	2
Managing Surgical Drains	X		O										1	1	2
Managing PICC Lines	X		O										1	1	2
Extended Care Nursing Home Primary Care	X												1	1	2
Set Up CPAP		X											1	0	1
Antibiotic Infusions	O		O			O	O						0	4	4
Suture Removal	O		O			O		O					0	4	4
Lab Specimen Collections	O		O						O				0	3	3
Managing Tracheostomies	O		O										0	2	2
Post-operative Follow-up in the Home	O										O		0	2	2
Infusion Therapies			O										0	1	1
Cholesterol Screening													0	0	0
Ultrasound													0	0	0
Ophthalmoscope													0	0	0
Post-Partum Home Visits													0	0	0
Wound Vacuum													0	0	0
Fluoride Varnish for Children													0	0	0
Sexual Health Services: STI Testing													0	0	0
Sexual Health Services: Pregnancy Testing													0	0	0
Sexual Health Services: Birth Control													0	0	0
Maternal Care													0	0	0
Total Current	25	20	16	11	7	5	5	1	1	1	1	1			
Total Planned	7	1	13	0	3	13	4	13	8	5	3	0			
Total Current and Planned	32	21	29	11	10	18	9	14	9	6	4	1			

A.iii. Planned Skills and Procedures of Paramedic Services in Ontario intending to implement Community Paramedic Programs

PLANNED COMMUNITY PARAMEDIC SKILLS AND PROCEDURES	MUNICIPALITY								
	CORNWALL	HURON	PRESCOTT & RUSSELL	MIDDLESEX	OXFORD	NORTHUMBERLAND	NIPISSING	COCHRANE	ELGIN
Blood Pressure Screening	0	0	0	0	0	0	0	0	0
Referral Services	0	0	0	0	0	0	0	0	0
Vital Signs	0	0	0	0	0	0	0	0	0
Blood Glucose Checks	0	0	0	0	0	0	0	0	0
Patient History / Physical Assessment	0	0	0	0	0	0	0	0	0
Pulse Ox Monitoring	0	0	0	0	0	0	0	0	0
Education Sessions in Fall Prevention	0	0	0	0	0	0	0	0	0
Routine Follow-up 12 Lead EKG	0	0	0	0	0	0	0	0	0
Immunizations	0	0	0	0	0	0	0	0	0
In-Home Lifestyle / Safety Evaluations	0	0	0	0	0	0	0	0	0
Alternate Transport Destinations	0	0	0	0	0	0	0	0	0
Peripheral Intravenous Lines	0	0	0	0	0	0	0	0	0
IV Catheters Changes	0	0	0	0	0	0	0	0	0
Treatment of Minor Injuries	0	0	0	0	0	0	0	0	0
Medication Monitoring / Reconciliation	0	0	0	0	0	0	0	0	0
Weight Checks – Adult and Pediatric	0	0	0	0	0	0	0	0	0
Suture Removal	0	0	0	0	0	0	0	0	0
Post Stroke Assessment	0	0	0	0	0	0	0	0	0
Chronic Disease Management	0	0	0	0	0	0	0	0	0
Antibiotic Infusions	0	0	0	0	0	0	0	0	0
Dispatch Triage and Response Diversion	0	0	0	0	0	0	0	0	0
Cholesterol Screening	0	0	0	0	0	0	0	0	0
Set Up CPAP	0	0	0	0	0	0	0	0	0
Neurological Assessment	0	0	0	0	0	0	0	0	0
Wound Care	0	0	0	0	0	0	0	0	0
Extended Care Nursing Home Primary Care	0	0	0	0	0	0	0	0	0
Managing Surgical Drains	0	0	0	0	0	0	0	0	0
Managing Catheters	0	0	0	0	0	0	0	0	0
Managing PICC Lines	0	0	0	0	0	0	0	0	0
Post-Partum Home Visits	0	0	0	0	0	0	0	0	0
Infusion Therapies	0	0	0	0	0	0	0	0	0
Post – Operative Follow-up in the Home	0	0	0	0	0	0	0	0	0
Ultrasound	0	0	0	0	0	0	0	0	0
Lab Specimen Collections	0	0	0	0	0	0	0	0	0
Lab Specimen Testing (Inc. I-STAT)	0	0	0	0	0	0	0	0	0
Managing Tracheostomies	0	0	0	0	0	0	0	0	0
Sexual Health Services: Pregnancy Testing	0	0	0	0	0	0	0	0	0
Super-user Management	0	0	0	0	0	0	0	0	0
Maternal Care	0	0	0	0	0	0	0	0	0
Ophthalmoscope	0	0	0	0	0	0	0	0	0
Wound Vacuum	0	0	0	0	0	0	0	0	0
Fluoride Varnish for Children	0	0	0	0	0	0	0	0	0
Sexual Health Services: STI Testing	0	0	0	0	0	0	0	0	0
Sexual Health Services: Birth Control	0	0	0	0	0	0	0	0	0
End of Life Counselling	0	0	0	0	0	0	0	0	0
Total	31	21	21	17	13	12	11	8	8

PLANNED COMMUNITY PARAMEDIC SKILLS AND PROCEDURES	MUNICIPALITY								TOTAL
	HALIBURTON	MUSKOKA	ALGOMA	GUELPH WELLINGTON	BRANT	FRONTENAC	PEEL	WATERLOO	
Blood Pressure Screening	0	0	0	0		0			14
Referral Services	0		0	0	0			0	14
Vital Signs	0	0	0	0		0			13
Blood Glucose Checks	0	0	0			0			13
Patient History / Physical Assessment	0	0	0						12
Pulse Ox Monitoring		0	0			0			10
Education Sessions in Fall Prevention	0			0	0				9
Routine Follow-up 12 Lead EKG	0	0							9
Immunizations									7
In-Home Lifestyle / Safety Evaluations			0	0	0				8
Alternate Transport Destinations					0		0		6
Peripheral Intravenous Lines									4
IV Catheters Changes									4
Treatment of Minor Injuries									5
Medication Monitoring / Reconciliation									6
Weight Checks – Adult and Pediatric		0							5
Suture Removal									3
Post Stroke Assessment									4
Chronic Disease Management									3
Antibiotic Infusions									2
Dispatch Triage and Response Diversion									2
Cholesterol Screening									3
Set Up CPAP									3
Neurological Assessment									3
Wound Care									2
Extended Care Nursing Home Primary Care									3
Managing Surgical Drains									1
Managing Catheters									0
Managing PICC Lines									1
Post-Partum Home Visits									2
Infusion Therapies									2
Post – Operative Follow-up in the Home									1
Ultrasound									1
Lab Specimen Collections									0
Lab Specimen Testing (Inc. I-STAT)									0
Managing Tracheostomies									0
Sexual Health Services: Pregnancy Testing									1
Super-user Management									1
Maternal Care									1
Ophthalmoscope									0
Wound Vacuum									0
Fluoride Varnish for Children									0
Sexual Health Services: STI Testing									0
Sexual Health Services: Birth Control									0
End of Life Counselling									0
Total	7	7	7	5	4	4	1	1	

A.iv EMS in Ontario with no Current or Planned Community Paramedic Services

Beausoleil First Nation EMS*
Bruce County Emergency Medical Services
Chippewas of Rama First Nation EMS*
City Of Kawartha Lakes EMS
County of Lambton EMS
County of Simcoe Paramedic Services
Dufferin County Paramedic Service
Durham Region EMS
Haldimand County EMS
Halton Region EMS
Kenora District, NWEMS
Lanark County Ambulance Service
Leeds Grenville Emergency Medical Service
Lennox & Addington County EMS
Manitoulin-Sudbury DSB EMS
Norfolk County EMS
Parry Sound Ambulance Service*
Perth County EMS
Peterborough County/City Paramedics
Rainy River District EMS
Sault Ste Marie Fire Services - EMS Division
Timiskaming District EMS

*Information provided orally in follow-up calls.

A.v. Description of Current Community Paramedic Programs in Ontario

Municipality	Description of Current Community Paramedic Programs
CHATHAM-KENT	CREMS - direct referral to local CCAC for patients who do not currently have services.
ESSEX	Community Referral by EMS (CREMS) - CREMS allows our paramedics to make a referral to the Community Care Access Centre (CACC) on behalf of the patient with their consent. This program has a positive impact as some patients may not be aware of the services that CCAC provides and others do not recognize that they are in need or could benefit from CCAC assistance. While this program is relatively new to our service, we are finding that in many cases a CCAC referral is the first step in providing patients with the opportunity to receive valuable health care supports in their homes, improving their quality of life and maintaining their independence. By connecting patients with care and support, CREMS helps to address and resolve some chronic or developing issues in a person's life. It is our hope that following a CREMS referral, patients will receive supportive services and no longer rely on EMS to respond to their chronic care issues. This could result in a positive impact on both EMS operations and hospitals in freeing resources for more appropriate situations.
GREY	CREMS - referral program through CCAC since 2009. Good success in reducing repeat patients. Program is linked to ePCR (electronic patient care report) program with special code triggering automated form generation and follow-up.
HAMILTON	CREMS community referral EMS -paramedic on each patient refusal do a PERIL like assessment and refer patients to other health care or social service agencies Social Navigator- a paramedic assigned to police services and connects with frequent uses of police and mental services to other community agencies to address root causes of the behaviors that are contributing to reliance on emergency services to resolve their matters. Home safety visits in city subsidized housing to connect persons to primary care and identify high risk emerging health problems before they are acute crisis state.
HASTINGS	Community Referral to Community Care Access Centre. High school CPR training programs. Off load delay in the ER program.
NIAGARA	CREMS, Community ALS Paramedic (Rural), OMEGA/PSIAM study on patient deferrals at point of contact in dispatch. Alternate pathways for patients other than ED as well as alternate transportation.
OTTAWA	Managing frequent callers - meeting with frequent callers to determine which health needs can be met outside of the emergency health care system. PERIL (Paramedics assessing Elders at Risk for Independence Loss) - referral of vulnerable patient who may be at risk of independence loss.
RENFREW	Aging at Home (Deep River) Home Visits - improving quality of life by preventing emergency calls by identifying and removing hazards, ensuring medications are being taken correctly as prescribed by the client's family physicians, taking monthly vitals, collecting medical histories and educating the clients on their medical conditions. Wellness Clinics - an opportunity for residents to have their blood glucose,

Municipality	Description of Current Community Paramedic Programs
	<p>temperatures, heart rates and blood pressures monitored and recorded on a monthly basis. It allows these patients to bring their vitals to their family physicians so that health problems can be caught early. It also gives them a chance to ask any medical questions they may have.</p> <p>Heart Wise Exercise Program – in partnership with the Ottawa Heart Institute, the purpose of the program is to identify community exercise programs that are suitable for individuals with heart disease and the implementation of AED’s in our rural communities.</p> <p>CPR/AED Program - the goal of the program is to introduce the skills of resuscitation and use of AED; increase the knowledge of healthy diet choices, and encourages increased levels of activity.</p> <p>Adhoc Home Visits - this program’s goal is to identify clients in the community that could benefit from the program parameters outlined in the Wellness Clinics as well as refer to supportive programs offered by other agencies.</p> <p>Paramedic and Community Care Team Program - the PACCT program is designed to target the population of the elderly and vulnerable clients living at risk in the communities of the County of Renfrew. First the goal is to identify clients in the community who would benefit from CCAC services and then provide an easy referral mechanism for referral of those clients identified by paramedics.</p> <p>Community Paramedic Response Unit - the County of Renfrew Paramedic Service has recognized an opportunity to integrate with other health care providers when they are not responding to emergency calls. Our paramedics can contribute to health care when not participating in emergency responses, improving integration with community stakeholders, by focusing on health promotion and illness prevention.</p>
SUDBURY	<p>Education - Care Link Medical Information Files, Public Access Defibrillation and education, member of committees for seniors, mental health, behavioral support initiatives currently working on alternate site for assessments and treatment of mental health patients. Follow up on multiple call users - (often have mental health addiction issues therefore focus on strengthening partnerships with mental health community care programs - goal to decrease use of EMS and transport to the ED that is not always the best place to service people with mental crisis. Developing a program that meets the most pressing needs of the community.</p>
TORONTO	<p>Community Agency Notification - Partnership with Senior's Agencies to develop a notification tool to notify them of client transfer to hospital and wellness checks during enrolment. Integrate Client Care Program (ICCP) - a partnership with CCAC to develop a transfer package for the most medically complex Senior's within the city. A strategy to assess these patients, get them the care they need at home and monitor their use of 911 and/or other services in order to mitigate further hospital visits. Influenza vaccination program - annual influenza vaccination programs for marginalized citizens, senior's, health care workers, shut-in seniors and other vulnerable residents (shelters, etc.)</p> <p>XCREMS - Paramedic referrals for patients requiring services at home to potentially mitigate future calls to 911 and/or hospital usage.</p>

Municipality	Description of Current Community Paramedic Programs
YORK	EMS Referral to Community Care Access Centres. Primary care in Emergency Social Service Shelters.

A.vi. Description of Planned Community Paramedic Programs in Ontario

Municipality	Description of Planned Community Paramedic Programs
CHATHAM-KENT	Check in services (health and wellness checks, fall prevention) for at risk seniors in rural communities.
COCHRANE	All programs will fall into the same Community Paramedicine Program and will focus predominantly on seniors in our Social Housing facilities. Services likely to be done in conjunction with CCAC or other home care organizations. Other community residents in need, based upon the opinion of paramedics, will result in referral through the receiving facilities or ER.
FRONTENAC	Wellness Clinic on Wolfe Island pilot project has been approved by County Council.
GREY	Fall Prevention - in house follow-up for patients identified as having fall risk through ePCR generated risk potential form. Patient Follow Up - patients captured through CREMS would receive follow-up visits by paramedics to ensure that services are still accessed.
GUELPH WELLINGTON	CREMS - referrals to available community services to patients with identified needs. OUTREACH Program - vital signs assessments, fall prevention counseling, home safety counseling and wellness checks at seniors' residences.
HALIBURTON	Falls prevention for seniors and regularly scheduled "open house" sessions in remote areas for items checked on previous page.
HASTINGS	I am currently doing my master in arts in leadership through RRU. My question at this time is how may HQEMS develop a community paramedicine program. The results of that study will help align our future direction.
MIDDLESEX	TBD
MUSKOKA	We are unclear at this point, we just got approval on Friday to investigate and come back with a program for Muskoka.
NIPISSING	Unknown at this time we would like to investigate what is out there and what works without reinventing the wheel.
NORTHUMBERLAND	Beginning in 2013 - building community partnerships and identifying programs already available. Then a gap analysis to determine what patient needs are still not being met by current services. Follow this with an analysis of the ability of paramedics to address gaps. Once the most appropriate programs and services are identified, secure sustainable funding for programs and begin delivery in 2014.

Municipality	Description of Planned Community Paramedic Programs
OXFORD	CREMS primarily, as well as education to paramedics of services available within community. Pamphlets for distribution to clients where client refuses treatment / transport.
WATERLOO	Community Referrals EMS - Referral Services to other Community or Health Services - provide others options to patients you do not necessarily require going to the ED, e.g. patient may require "Meals on Wheels" to visit - to provide a hot meal or require some other form of service provided in the community.
YORK	Triage Referrals, Alternate Transport, Community Referrals, Facilitated Transports, Physician Assistant Paramedics.