January 4, 2021

Community Paramedic (CP) Program Description

Peterborough Community Paramedics will provide paramedic support if they come upon a situation that requires their expertise or as needed. **All Peterborough Paramedics are trained and familiar with the paramedic referral process to services provided by the LHIN and Community Care of Peterborough.**

In addition, the CP can provide the following services and support:

- Thorough patient assessments including cardiac, respiratory, neurological, GI, GU, and other body systems
- Vital Sign assessments; GCS, Temp., RR, BP, HR, Pupils, SP02
- Cardiac monitoring; Lead II, 12/15 lead capabilities
- Blood Glucose testing as needed
- Chronic disease management, particularly for COPD, CHF and diabetes
    - Advanced physical assessments, history, clinical exam findings and appropriate referral or use of remote patient monitoring
- Environmental scan of residence for safety concerns or hazards i.e. functioning smoke alarms, access, egress, hoarding, infestation
- Fall prevention assessment; slips, trips, hazards, use or requirement of mobility aids
    - Observe the individual ambulate to determine if additional support or equipment is required to assist in activities of daily living (ADL)
- The CP liaises with the individual's care coordinator (if one is in place), the Primary Care Provider, the family, and others within the circle of care to provide regular updates regarding visits and the individual's status to ensure continuity in care and that all care providers are updated to patient trends, and changes
- Additional communication as needed with providers within circle of care for requests for additional supports, medication needs/changes, etc.
- Documentation of paramedic interactions and on request - sharing of documentation with appropriate care giver for review
- Education and understanding on the purpose of the Rapid Response Nursing (RRN) program and when to complete a paramedic referral for the RRN to attend

- Assistance with individuals who are in a polypharmacy situation with education surrounding when to take and why to take those medications. Will contact pharmacist if required and check for drug to drug interactions
- Completion of appropriate documentation for those without a family physician
- Screening the patient for potential depression, dementia and delirium and refer to appropriate support services (i.e. GAIN Team) as required
- Mental health assessments and referral to CMHA, Mobile Crises Intervention Team, or social worker as required
- Diabetic assessments; including education and self monitoring of blood glucose levels, AIC levels and targets, and liaise with diabetic clinic and diabetic foot care clinic as required

The goal of the CP program is to improve one's confidence and independence regarding their health and create an environment that is safe to age at home. Ultimately this is seen when patients use 911 less and have longer periods of time spent at home.

In addition to the above services and support our CP program is also providing:

- Influenza vaccination to patients rostered, as well as hosting community influenza clinics
- Wellness clinics at congregate living facilities
- COVID assessment and testing
- Assessment of high utilization users of 911/ED services
- Urine dips for chronic UTI
- Trial of remote patient monitoring equipment

Future CP enhancements could include but are not limited too:

- Addition of comprehensive medical directives that would allow CP's to provide in-home treatment for:
    - Chronic disease management; CHF, COPD, Diabetes
    - Dehydration
    - Pain relief
    - Nausea/vomiting
    - Bronchoconstriction

- IV therapy
- Analgesia
- Musculoskeletal pain
- Endotracheal and tracheostomy suctioning and reinsertion
- Wound Care
- Point of care bloodwork analysis, INR
- CP Team access to LHIN CHRIS system
- CP Team access to Connecting Ontario

The scope of the CP program is flexible and scalable. Additional skills, treatments, and diagnostic assessments can be added upon the determination of need.

Sincerely,

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