Paramedic Practice in Palliative Care

Provincial EMS Palliative and End of Life Care Assess, Treat and Refer Program

PACExpo
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No conflicts of interest to disclose
The Opportunity

• 86% of Canadians prefer to die in a non-hospital setting
• Currently 70% of all Canadians die in hospital
• Often complex care issues leave community clinicians and EMS no option but to transport patients to hospital
• What if we bring urgent care to the patient instead?
HQCA Recommendation

Strive to support palliative patients who have a sudden, unexpected symptom crisis so these patients have options for immediate care at home that can obviate the need to go to the an emergency department and support the patient and family’s decision to remain at home.

(www.hqca.ca, February 2012 Executive Summary, p. 15)
History/Existing Programs

• Legacy programs – Edmonton Zone, Calgary Metro

• Common complaints and main interventions:
  – Shortness of breath – oxygen and/or narcotics/sedation
  – Pain – morphine
  – Nausea/vomiting – Maxeran and/or Zofran
  – Delirium – fluids and/or Haldol
  – Assists with lifts and transfers

• No impact on EMS time on task/unit availability
One Initiative in PEOLC Framework

Dashboard
- Development of a dashboard to measure performance indicators.

PEOLC EMS - Assess, Treat and Refer
- "Treat in place" spread across the province

Business Cases
- Casing 2015 / 2016

Alberta PEOLC Website
- One stop information gateway for health care providers, patients and families

ACP Evaluation
- 1 year policy review

Provincial 24 / 7 On Call
- Palliative Physician Support

Clinical Pathways / Guidelines
- In collaboration with SCNs

Capacity Planning
- Palliative and Hospice spaces in both urban and rural settings across the province

2014 – 2015 fiscal year

Alberta Health Services
www.albertahealthservices.ca
Palliative Assess, Treat and Refer Goals

• Provide urgent care and treatment in the home
• Enhance patient/client and family satisfaction
• Encourage interdisciplinary collaboration
• Reduce potentially avoidable transports to ED and acute care usage
• Determine frequent causes and outcomes when palliative individuals or families require EMS services
Collaborative approach between EMS, on scene clinician and physician on call with follow up to patient’s responsible physician.
Recognition

• Patient presenting with palliative emergency (increasing pain, shortness of breath, delirium, nausea or vomiting)
• Unable to manage with current care plan and resources
• Patient may be managed at home if additional medications or supports provided
• Patient wants to remain in their home for their palliative and end of life care
Inclusion Criteria

• Registered healthcare clinician on scene
• Patient is recognized as palliative or end of life
• Patient wishes to remain at home
• Patient is at least 18 years old
• Clinician is available to continue patient care after EMS departure
EMS Dispatched

• Clinician activates program through 911
  – Use of script for correct event coding – tracking and program evaluation
  – Non lights and sirens response
  – No allied resources (police, fire)
  – Crew notified of assess, treat and refer event

• Most appropriate unit dispatched as per zone’s capacity/system status

• Advanced Life Support if available
EMS Arrives

- Collaborative decision making between EMS, clinician, on call physician, patient and family
- Align care with patient’s wishes and Goals of Care when possible
- Transport may still be most appropriate decision based on resources available
Follow Up

• Clinician remains in care of patient as per local policy after EMS departure
  – Ensures patient’s family and/or palliative physician made aware of event
  – Arranges additional on-going resources (oxygen, equipment, medications, etc.) through standard procedures
  – Documentation as required
  – EMS completed standard documentation plus appropriate ATR fields (paper or electronic)
The program may be reactivated again at any time!
Phase I Activation Summary

Assess, Treat and Refer Event Summary
April - August 2015

Events

- Total Number of Unique Events
- Transport
- Of Those Transported, Planned Transport By Clinician On Scene
- Non-Transport

<table>
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<th>Transport</th>
<th>Clinician On Scene</th>
<th>Non-Transport</th>
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www.albertahealthservices.ca

Palliative and End-of-Life Care
Phase I Activation Summary

Intervention by EMS
Events April - August 2015

- ALS Tx: 34
- BLS Tx: 19
- Equipment Only: 3

www.albertahealthservices.ca
Sample Cases

• 56 y/o female with breast CA, increased SOB
  – EMS provided O2 and Combivent nebs, clinician arranged home O2 from vendor
• 79 y/o female with lung CA, increased pain
  – EMS administered SQ morphine and Maxeran
• 99 y/o female with rapid decline
  – EMS administered SQ morphine for dyspnea
• 85 y/o patient at end of life with significant secretions
  – EMS activated, provided suction equipment
Assess, Treat and Refer – Phase 1 - (2014/15)

- Clinician activates by phoning 911 and requesting PEOLC EMS support
- Clinician & EMS collaboration on scene
- Tailored treatment plan in conjunction with online medical control
- Implemented within the 2014/2015 fiscal year

Phase 2 - (2015/16)

- Building from Phase I, EMS crews will now also identify PEOLC patients and phone community supports to maintain the patient in the community setting
- Remote access by clinician enroute to scene
- Follow up process if clinician cannot attend to scene
- Medical Control Protocols
- Physician specialist support
- Direct transport to hospice
- Inclusion of community paramedic programs
- Additional PEOLC education

Phase 3 - (2016/17)

- Building from Phase II, patients and families will activate through 911 requesting EMS for palliative and end of life support
- Expand treatment modalities
- Pediatric population
- Inclusion of all PEOLC clients not defined on registry
Family Experience Video

• http://youtu.be/zNMpJuKCyZs
Summary

• EMS is accessed by these patients frequently to manage unexpected symptom crisis
• Historically, only option for EMS and community clinicians was transport – not aligned with their wishes and goals of care
• We can do better to provide collaborative and appropriate care in the setting preferred by PEOLC patients
Program Resources – Online

- Online Training Presentation
- Assess, Treat and Refer Protocol
- Supplemental Process Document
- Frequently Asked Questions (FAQ)

Available on AHSEMS.com, My Learning Link and Continuing Care Desktop
Program Resources – DATA Group

- Patient and Family Brochure
- Clinician and EMS Lanyard Cards
Supporting Multimedia Links

• EMS PEOLC ATR Family Experience Video: http://youtu.be/zNMpJuKCyZs
• EMS PEOLC ATR Program Animation: http://youtu.be/UGDNCUjC1Cw
• Palliative Care As a Bridge: https://www.youtube.com/watch?v=lDHhg76tMHc
Questions & Comments

For more information email us!

EMS.Palliative@
albertahealthservices.ca

Or Visit the Provincial Palliative Care Website

www.myhealth.alberta.ca/palliative-care