

COMMUNITY  
PARAMEDICINE



DISTRICT  
**NIPISSING**  
DISTRICT

# **Nipissing Community Paramedicine Program (Including Geriatric Outreach Program)**

**Version 1, Jun 2024**

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## MANDATE AND MISSION

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**What we do-***Provide safe, professional in-home health care for anyone who cannot easily access services.*

**How we do it-***We work with other community health professionals to find solutions to your health care needs. We can support you to get the care you need.*

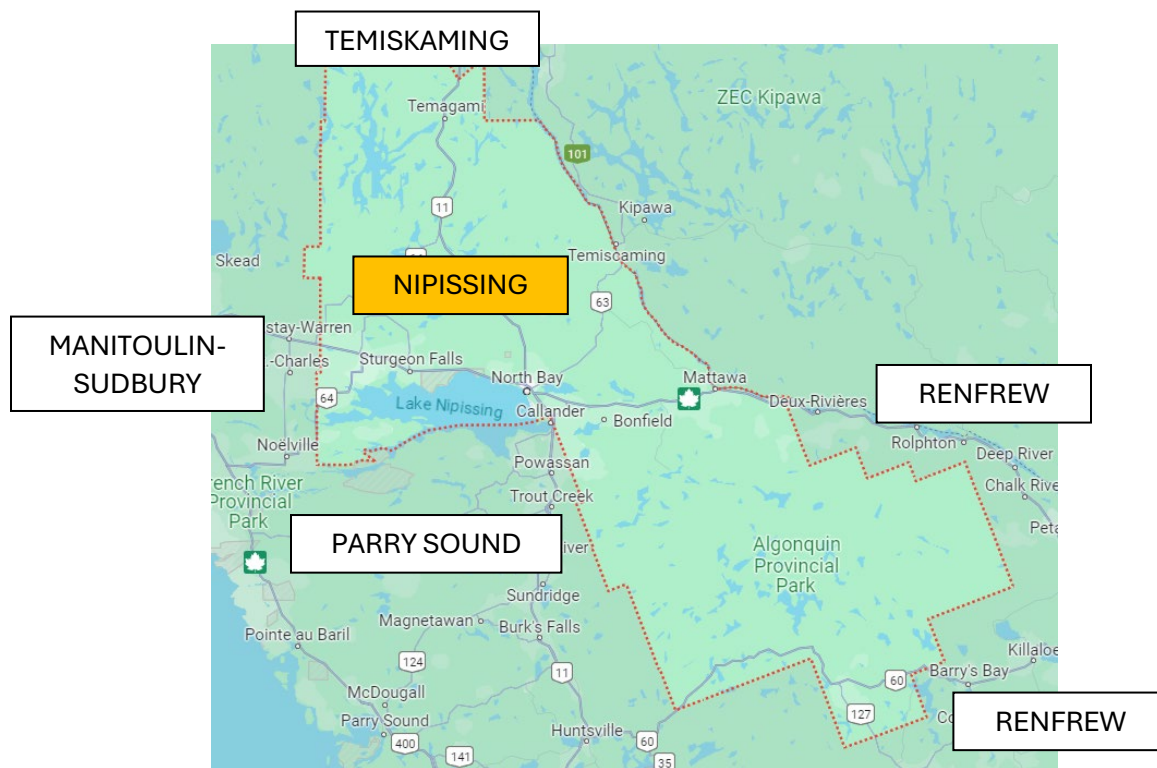
**Why we do it-***We believe that we can help you to set and reach your health care goals to achieve well being and independence in your home.*

- Reduction of unnecessary and repeat 911 activations where appropriate.
- Encouragement of healthcare system access when needed through appropriate means.
- Support patients to remain safely and comfortably in their home while encouraging healthy choices.



## GEOGRAPHY

The Community Paramedic Program (CP) is primarily based out of North Bay out of the Paramedic Base on Seymour Street. Additional CP bases include West Nipissing and Whitney. Although the program is responsible to and serves the citizens of Nipissing District, the fundamental philosophy is that no patient shall go uncared for on border communities. Nipissing CP will encourage referrals to go to the most appropriate CP Program, however there is good collaboration with Manitoulin-Sudbury, Parry Sound, Temiskaming Shores and Renfrew CP programs to ensure consistent care. Therefore, Nipissing CP may on occasion see patients outside the geographic borders of the district based on services required, staffing availability and priority of the care required. Specialized services such as blood draws, geriatric assessments or wound care may require Nipissing CP to cross into other regions to provide care on an as needed basis, however the home CP program should remain for ongoing wellness checks and care.



## ADMISSION CRITERIA

There are no specific admission criteria for the Community Paramedic Program, however there are some informal guidelines to access care that are consistent with the Mission and Mandate.

- CP is not the sustainable solution when other community services are available
- No family physician is required for care, but engagement of the PCP when available is important and highly encouraged
- Active Health Card is not required, but preferred
- CP does not roster patients simply because they have no primary care provider, CP is not a long-term solution
- There is no age limitation, although focus is on older adults
- There is no limit to admission time with the CP program, but there is generally a 30 day time to connect with other services, 60 days to stabilize/hand off and 90 to discharge. There are numerous exceptions to this goal and are addressed individually.

**NOTE-Community Paramedicine is not an emergency response service. Certain requests can be prioritized, but there is no assurance of same day service.**

## HOURS OF OPERATION

	MON	TUE	WED	THU	FRI	SAT	SUN
System Navigator	8am-4pm	8am-4pm	8am-4pm	8am-4pm	8am-4pm	n/a	n/a
Program Commander	8am-4pm	8am-4pm	8am-4pm	8am-4pm	8am-4pm	n/a	n/a
CP North Bay (serving all regions)	8am-8pm	8am-8pm	8am-8pm	8am-8pm	8am-8pm	8am-8pm	8am-8pm
CP West Nipissing	8am-4pm	8am-4pm	8am-4pm	8am-4pm	8am-4pm	n/a	n/a
GEM Nurse (serving all areas)	8am-4pm	8am-4pm	8am-4pm	8am-4pm	8am-4pm	n/a	n/a
CP Whitney (serving South Algonquin)	Various days as required						
CP Priority Population (serving all areas)	8am-4pm	8am-4pm	8am-4pm	8am-4pm	8am-4pm	n/a	n/a

## INTAKE AND SYSTEM NAVIGATION

### Central Intake

All referrals to Community Paramedicine (including Geriatric Outreach) must come through the Central Intake desk for review and assignment. This is to ensure consistency, accuracy in assignment and prevent delay in patient visits. One of the goals of the Central Intake Desk is to provide general oversight and coordination of referrals and patient updates. A single point of contact mitigates lost emails or abandoned messages. The Intake Desk is available 7 days a week, 8 am to 8 pm for routine referrals. Urgent requests should be placed by phone in addition to a referral.

Intake Desk Phone	Intake Desk Fax	Intake Desk Email
705-474-5750	705-474-7712	ncp@dnssab-ps.ca

**The primary means of referral intake is via the DNSSAB website online referral form.** The link directs the user to several qualifying questions, then opens the CareDove referral form. Faxes are monitored and will be accepted for specific circumstances.

<https://www.dnssab.ca/paramedic-service/community-paramedicine-program/>

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**PROGRAM OBJECTIVES:**

- Contribute to the overall quality of life for people living at home
- Provide education to people regarding their health
- Help bridge health service delivery gaps in the community
- Keep patients where they want to be: at home and out of the hospital

**AREAS COVERED:**

- Covers the entire District of Nipissing

Community Paramedicine & Geriatric Community Outreach Program Referrals:  
Does the person requiring care live in any of the following communities: North Bay, West Nipissing (i.e., Sturgeon Falls, Field, Verner, River Valley etc.), East Ferris, Temagami, Bonfield, South Algonquin, Papineau-Cameron, Mattawa, Chisholm, Calvin, Mattawan, Marten River, Tilden Lake, Redbridge, Thorne, Eldee and Phelps?

Yes  
 No

Next

**NOTE-Home and Community Care Support Services must use HPG for any active HCCSS patient (otherwise fax or CareDove must be used).**

### Service Navigation

The CP program maintains a Health Systems Navigator to perform quality control on each new and updated referral to ensure accuracy and efficient assignment. The HSN may reach out to submitter for information confirmation, additional details or feedback on referrals. This allows the CP program to get the right service to the right patient at the right time.

### Intake Goals

**STEP 1-REVIEW**-24 hours from receipt to first review and upload into EMR

**STEP 2-CONTACT**-48 hours from review to first patient contact

**STEP 3-PATIENT VISIT**-72 hours from first receipt to eyes on a patient

**PLEASE ENSURE REFERRALS FOR CP HAVE A CLEAR GOAL**

## **MEDICAL DIRECTOR ON CALL**

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Community Paramedicine maintains a Medical Director On Call (CP MDOC) 7 days a week, 8 am - 8 pm. The CP MDOC is available to Community Paramedics for real time consults and assistance with system navigation or specific patient needs outside the defined scope or medical directives. The CP MDOC can assist with unattached patients, order lab work and even minor prescriptions as a one-time service. However, the CP MDOC is not a sustainable solution. All attempts are made to engage the attached primary care provider where possible.

## **PATIENT RECORDS**

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### **PREHOS**

The CP program uses PREHOS as the electronic patient records system. This platform is a blended system of task management and booking in addition to recording patient visits and clinical information. PREHOS is not connected to any other EMR, nor is it connected to any other patient record system such as Clinical Viewer Ontario or Health Partner Gateway. Records can be sent to allied health agencies via secure fax directly from PREHOS.

### **Health Partner Gateway**

Nipissing Paramedic Services must be assigned as a provider in order for CP to view all documents and notes within HPG. Without assignment, CP can access the main referral page for basic patient details only. CP has read only access to HPG and cannot upload any information to the system.

### **Clinical Viewer Ontario**

The CP program has access to Clinical Viewer Ontario which provides access to emergency room visit report, hospital admission notes, blood work and lab results as well as some Home and Community Care records. CP has read only access to CVO and cannot upload any CP information into the system.

### **Expense**

The CP program has access to North Bay Regional Health Center EMR (Expense) as read only users. The only exception is the GCOP RN who can enter orders and can document directly in the system as an employee of North Bay Regional Health Centre.

### **Future Health**

CP patients on remote monitoring are tracked in a stand alone database with all remote monitoring readings and results. The information is accessible by all CPs for coverage. Allied health agencies or approved individuals can be granted a secure access key to view individual patients as required.

## PROGRAMS

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### **Long Term Care Waitlist-8:00am-8:00pm Mon to Sun**

Four full time CPs are dedicated to supporting patients who are currently on the Long Term Care (LTC) wait list, or at risk of going on the LTC wait list. CP works with HCCSS to get services to those who need them. The staff work 12 hour shifts on a rotation so that 2 are on duty at any given time under normal circumstances.

### **Alternative Level of Care-8:00am-8:00 pm Mon to Sun**

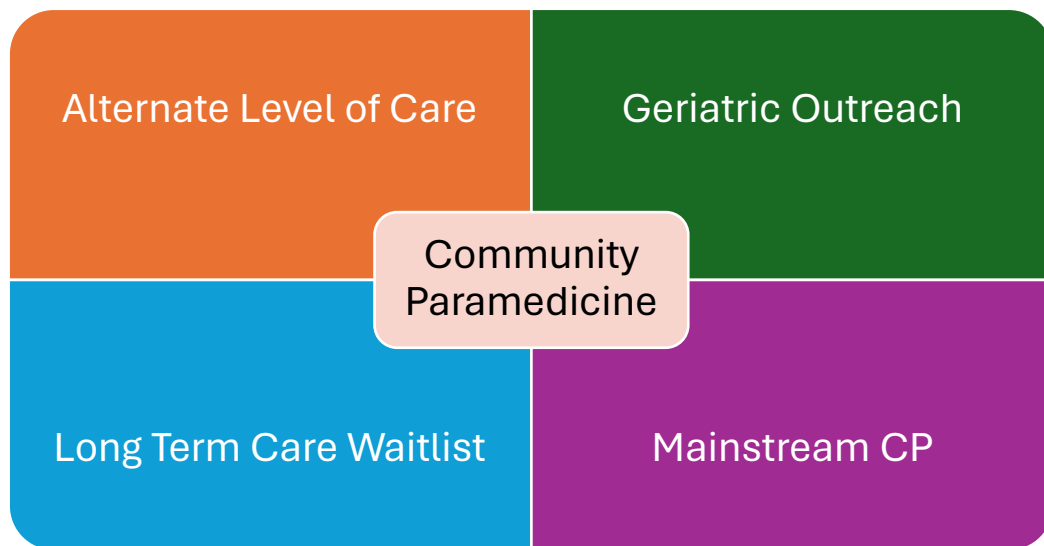
Two CP positions are dedicated to Alternate Level of Care (ALC) pressure with the goal of reducing or mitigating hospital admissions. There is no age restriction or demographic criteria. The staff work 12 hours shifts on rotation so that one is available each day.

### **Geriatric Outreach-8:00 am to 4:00 pm Mon to Fri**

The CP program employes one Geriatric Nurse (GEM) on contract with the NBRHC who specializes in Geriatric Assessments and care of the Elderly. The Geriatric Community Outreach Program RN (GCOP) bring various other nursing skills to the program that can be access to care for patients in their homes.

### **Mainstream-8:00am to 4:00 pm Mon to Fri**

The mainstream (or core) CP position consists of one paramedic and is a dedicated support to all programs but also takes on unique patients that do not fit in other programs or one time requests such as blood draws and vaccines.





## SERVICES

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### **Priority Populations Outreach-**Mon-Sun 8:00 am to 8:00 pm

The Community Paramedicine Program maintains an outreach service to meet and support priority populations. This demographic has specific healthcare challenges in system access, support, education, stigma and consistency in care. CP supports this demographic through wellness clinics, in home visits, street outreach, collaborative clinics and education of both patients and health care partners. Priority Populations include (but are not limited to) the following groups:

- Homeless
- New Canadians
- Mental Health
- Substance Abuse and Addictions

### **Specimen Collection-Blood-** Mon-Fri 8:00 am to 3:30 pm

Blood samples can be drawn and delivered to lab in the North Bay with an order from a Primary Care Provider. Most specimens can be draw with some limitation on samples that are time sensitive. Blood draws in Mattawa and West Nipissing area can potentially be taken on weekends with prior notice. All staff are equipped and trained in Transportation of Dangerous Goods as well as phlebotomy skills. In rare cases, the CP MDOC can arrange orders for bloodwork. Blood draws are prioritized for homebound patients who have no means to access mainstream services. Patients who can access other services may be declined for CP enrollment or prioritized accordingly.

### **Specimen Collection-Urine-**Mon-Fri 8:00 am to 3:30 pm

Urine samples can be collected and transported to lab in the North Bay region with an order from a Primary Care Provider. Urinalysis orders in Mattawa and West Nipissing area can potentially be taken on weekends with prior notice. All staff are equipped and trained in Transportation of Dangerous Goods. In rare cases, the CP MDOC can arrange orders for urinalysis

### **Specialized Medication-** Mon-Sun 8:00 am to 8:00 pm

Any CP is capable of providing specialized medication outside their traditional scope of practice under the direct consultation with the CP MDOC. Adequate time must be provided in order to consider the practicality of any specialized medication. After review, it is at the sole discretion of the CP MDOC if the task can be scheduled and completed given the time frame and resources available. Specialized medication may have to be procured and transported by patient or family.

### **Immunizations- Mon-Sun 8:00 am to 8:00 pm**

Specific vaccines are stocked on site at the Community Paramedic Base in North Bay. A small supply is provided by the local health unit upon successful annual inspection of cold chain procedures. Vaccines are reserved for those patients that cannot reasonably leave their homes or access mainstream services. All other possible resources for vaccination must be explored prior to referring to CP. Additionally, many vaccines are supplied in multi-dose vials, therefore vaccinations may have to be scheduled when a suitable number of patients in order to reduce waste. If a patient is not available for a vaccination upon booking due to their absent from the home for social purposes, they may be removed from the home vaccination list and be required to attend a clinic, pharmacy or family doctor.

- Stocked
  - Covid 19
  - Seasonal Influenza
- Not Stocked
  - Hepatitis A/B
  - Pneumococcus Disease
  - Herpes Zoster
  - Respiratory syncytial
  - Shingrix

### **Point of Care Testing- Mon-Sun 8:00 am to 8:00 pm**

- **Blood Chemistry**-Bedside blood samples can be processed 7 days a week, 8:00 am to 8:00 pm. This system provides blood chemistry only and cannot report on CBCs, INR or other specialized requests. Results are NOT uploaded to Clinical Viewer Ontario but can be transmitted to any health care partner.
- **Urinalysis**-Bedside urinalysis can be processed 7 days a week, 8:00 am to 8:00 pm. This system provides a report on various analytes which can be transmitted to any health care partner. Results are NOT uploaded into Clinical Viewer Ontario.
- **Blood Glucose**-Bedside blood glucose can be processed 7 days a week, 8:00 am to 8:00 pm. Results can be transmitted to any health care partner. Results are NOT loaded into Clinical Viewer Ontario.
- **INR**-Bedside INR can be processed 7 days a week, 8:00 am to 8:00 pm. Results can be transmitted to any health care partner. Results are NOT loaded into Clinical Viewer Ontario
- **Respiratory Screening**-This service currently under development and will be available in fall 2024.
  - Influenza
  - Covid
  - Strep
  - RSV

### **Wellness Check-** Mon-Sun 8:00 am to 8:00 pm

- **Scheduled**-Patients that are rostered with the CP program generally have visits booked on a regular basis. Frequency of visits is purely dependant upon the judgment of the assigned CP and is based upon needs, other agencies in the home and acuity of the care provided. Visit frequency may change throughout the patient's time on roster, but the typical care plan involves CP slowly reducing frequency of visits as other sustainable services take over. However, there are some circumstances where CP continues to provide ongoing wellness checks where community services cannot meet the needs.
- **Unscheduled**-CP can provide unscheduled visits where the requesting party has spoken to the patient or care giver and determined that the situation does not require a 911 response, but does warrant an in-home assessment. If there is any question as to patient safety or significant delay in response, 911 may be suggested.
- **Not Seen Not Found**-Patients that cannot be located for appointments or follow up by health care partners may be referred to CP. It is very important for the referring agency to take all reasonable steps to locate the patient including multiple calls, local emergency room checks, landlords, building superintendents, calls to family or neighbours and escalating to management internally before requesting CP. CP is not an emergency service and cannot guarantee a wellness check same day. It is imperative that where there is significant concern for health and safety of the patient, 911 should be considered.

### **Community Clinics-** Mon-Sun 8:00 am to 8:00 pm

The CP program manages various booked clinics in high needs areas and buildings around the community. Clinics range from vaccinations, wellness and blood pressure, education and public relations with the goal of promoting the program, increasing health system awareness and education of patients on their specific conditions. Many clinics are pre booked on a regular schedule within specific buildings or areas within the community. Other clinics may be short notice unscheduled to address specific needs or demands. Scheduled clinics include the following:

- Edgewater Apartments
- Castle Arms
- Golden Age
- Gathering Place
- Northern Pines

**Virtual Visits-** Mon-Sun 8:00 am to 8:00 pm

CP can perform virtual visits for homebound patients who require visits to specialists or follow up where geography is problematic. This can be arranged using Ontario Telemedicine Network (by the referring agency) technology or directly by CP using ZOOM. The CP program does have access to high definition cameras for detailed photos of wounds, eye/ear/nose/throat, and skin conditions. Virtual visits must be set up with enough lead time to coordinate which platform will be used for the meeting and ensure invites are distributed as necessary.

**Medication Management-** Mon-Sun 8:00 am to 8:00 pm

All CPs are capable of providing patients with support regarding their medications. This includes coaching on taking specific medications in the home (i.e. puffers), co-ordination and organization of their medications (i.e. blister packs), medication reconciliation and occasionally transportation or disposal of medication under specific circumstances.

**Disease Education-** Mon-Sun 8:00 am to 8:00 pm

CPs can provide a significant amount of education on disease management and progression, particularly once the patient is in their home environment. Education may include both informal tips on optimizing their care plan (i.e. home humidity, walker use etc.) to collaboration with formal educators such as the Alzheimer's Society.

**Remote Monitoring-** Mon-Sun 8:00 am to 8:00 pm

Remote monitoring is generally accepted for short durations with a specific goal in mind such as blood pressure management, blood sugar stabilization, CHF or COPD management. A patient is typically brought on for a set time period of weeks to months and rarely goes beyond 90 days. There are some specific criteria for admission onto the Remote Monitoring Program which will be reviewed at intake for suitability. Patients need to apply the equipment at set times but readings are sent automatically to a central database. Alerts may also be generated for readings outside of pre set parameters. Clinicians within the care plan may be provided direct access to the data for review at any time, or the CP program can generate reports as needed.

- Weight
- Blood sugar
- Blood pressure
- Temperature
- Blood Oxygen
- Pulse

**Fluid Bolus-** Mon-Sun 8:00 am to 8:00 pm

All staff in the CP program are approved to provide fluid bolus with prior arrangement. Orders for fluid bolus are preferred from the Primary Care Provider or clinic. In rare situations the CP MDOC can order fluid bolus if required.

**Palliative Support-** Mon-Sun 8:00 am to 8:00 pm

The CP program capacity to respond to palliative pain management requests is limited to 8 am- 8 pm 7 days a week with 48 hours advanced notice. CP cannot respond to pain crisis response. Any pain management response request must be reviewed in advance to ensure adequate resources can be assigned. The preferred arrangement is where HCCSS has placed a stocked symptom relief kit in the patient home prior to CP involvement. CP Palliative response must not be considered as the primary solution.

**IV Start/Maintenance-** Mon-Sun 8:00 am to 8:00 pm

Any CP can initiate or restart an IV in the community. IV requests must come through HCCSS for patients on care. CP is not responsible for ongoing IV monitoring or IV pump maintenance. HCCSS must ensure that a qualified nurse is available to take responsibility for the IV with 4 hours of the CP visit.

**Wound Care-** Mon-Sun 8:00 am to 8:00 pm

CPs have completed the Wound, Ostomy and Continency (WOC) Institute Paramedic Certification in Wound Management and carry a significant wound kit to dress and manage wounds in community. Specific skills are included in the training in addition those listed below. Wound debridement, packing or vac dressings are not included in the CP scope of practice for wound care. Wound care goals for CP are to fill in where sustainable services are not available but have been referred. CP does not have capacity to take on full wound pathways. Generally, CP involvement in wound care is “one time” visits, but some small wound may be cared for solely by CP at the discretion of the individual CP Lead.

- Lower limb assessment
- Stitch & Staple Removal
- Wound Swab
- Skin Adhesive
- Wound Dressing/Management

**DNRC Completion-**Mon-Fri 8:00 am to 4:00 pm

The GCOP RN associated with the CP program is approved to address and complete DNRC for patients who have expressed interest. This is done under oversight of the CP Medical Director for unattached patients and in coordination with the Primary Care Provider for attached patients.

**PICC Line Care-**Mon-Fri 8:00 am to 4:00 pm

The GCOP RN associated with the CP program is to provide PICC line care and dressing changes.

**Catheter Care-** Mon-Fri 8:00 am to 4:00 pm

The GCOP RN associated with the CP program is approved to initiate, manage and remove indwelling catheters.

**Bladder Scanning-** Mon-Fri 8:00 am to 4:00 pm

The GCOP RN associated with the CP program is approved to perform electronic bladder scanning.

**12 Lead ECG-** Mon-Sun 8:00 am to 8:00 pm

All CP staff can conduct a 12 lead ECG upon request with no order. Results can be sent directly to the requesting agency or read by the CP MDOC.

**Post Hospital Discharge Assessment-** Mon-Sun 8:00 am to 8:00 pm

Part of reducing 911 activations and return ER presentations is post discharge Assessments. This is typically conducted only where no other agencies will be in the home within 72 hours. Reports can be provided directly to the requesting agency or to Primary Care where appropriate.

**Post Hip/Knee Surgical Response-** Mon-Sun 8:00 am to 8:00 pm

In collaboration with the NBRHC, Nipissing and neighbouring CP programs have been provided specialized training and response pathways to effectively respond to post surgical requests. The highest need is seen over the weekend, but the service is provided any day if required. Referrals are accepted via normal means for surgical wound assessment in home with direct access to wound clinic support.

**Agency Referrals-** Mon-Sun 8:00 am to 8:00 pm

Since the Community Paramedicine Program is not necessarily designed to be the ongoing sustainable service in the home, a large role for the CP is coordination and submission of referrals to other community agencies (i.e. Meals on Wheels, Veterans Affairs etc.) These agencies are much more suitable and established to provide long term support to patients in the home. CP may remain involved with patients after referrals are complete, just on a lower frequency or even as needed moving forward.

