

INFORMATION REPORT

TO: Chair and Members Emergency & Community Services Committee	WARD(S) AFFECTED: CITY WIDE
COMMITTEE DATE: April 6, 2011	
SUBJECT/REPORT NO: Community Referrals Emergency Medical Services Pilot Project – Half-Way Update (HES11003) (City Wide)	
SUBMITTED BY: Brent Browett Director Hamilton Emergency Medical Services	PREPARED BY: Justin Pyke (905) 546-2424 x7276 Brent Browett (905) 546-2424 x7741 Mike Kirkopoulos (905) 546-2424 x3378
SIGNATURE:	

Council Direction:

n/a

Information:

In October 2011 Hamilton Emergency Medical Services (EMS) began a pilot project called Community Referrals EMS (CREMS) intended to improve and standardize how paramedics link low acuity EMS patients to services other than the hospital emergency department, and that are better suited to meet the underlying needs of the patient. The CREMS referrals are conducted as part of regular duties of the paramedic.

The Hamilton CREMS pilot is a neighbourhood/community-focused project that has been supported by a \$145,000 Local Health Integration Network (LHIN) grant to assist with implementation, and the Community Care Access Centre (CCAC) is the key supporting partner in Phase One.

April 2011 represents the half-way point in the Hamilton Paramedic Service CREMS pilot project and the early results are meeting the expected targets for this period.

Process Results:

- 294 paramedics have received comprehensive education to identify patients who would benefit from referral and the process for submission. The education sessions have been taught by the CCAC staff and the Paramedic educators.
- In a follow-up survey 84% of paramedics responded that they were “likely” or “very likely” to submit a CREMS referral.

Outcome Results:

- From October 2010 to March 2011 the Hamilton Paramedics made 160 CREMS referrals; an average of just over one per day. The Paramedics have embraced the CREMS concept and participation is increasing.
- The paramedic CREMS referrals are being used to successfully match the patients with the appropriate community resources in a timely fashion. On average a CCAC Case Manager is following up with referred patients within 3.7 days (vs. the 14-day standard). The prompt follow-up ensures that services can be put in place in a timely fashion for the greatest potential impact and ultimately help the patient/client.
- 70% of the paramedic referrals have resulted in the patients being connected with new or enhanced services through CCAC. These services include occupational and physiotherapies, fall assessments and clinics, senior day programs, diabetes management education and support, long-term care application and admission to name a few. A number of patients have been connected with other community services such Meals on Wheels to support healthy independent living. The remaining patients who have not received services include those who have remained in hospital on a long-term basis, those patients who have passed away after referral and a small percentage of patients who refused CCAC involvement after initially consenting to referral.
- Early experiences have highlighted the inherent value of paramedic involvement. Hamilton Paramedics responded to over 67,000 calls in 2010. This allows the paramedic to see first person the challenges that the patients face in the context of their home. This unique perspective allows the paramedic to recognize the need for additional community support that may otherwise be missed. In the first six months of the project the paramedic referral was the sole notification in 40% of patients that paramedics took to the hospital and referred to the CCAC.

In the remaining six months of the Hamilton Paramedic Service CREMS pilot project staff, while working closely with the CACC, will; continue to monitor the success of the program; build on the identified strengths; explore additional partnership opportunities including with Community Service and the Hamilton Police Service; as well as establishing, based on observations, some go forward steps for Council review and consideration as Phase One of this pilot project comes to a conclusion in September

2011. Appendix A identifies the long term objectives of the project, and additional data will be provided in the final report aligned to those objectives.

Appendix A

**Long Term Objectives of the
Community Referrals Emergency Medical Services (CREMS) Project**

The long term objectives of the CREMS project include:

- (a) improving the match of the patients' needs to the services delivered;
- (b) reducing the number of repeat paramedic calls by patients that call frequently for low-acuity matters that may be better dealt with by another community agency;
- (c) reducing hospital emergency departments' demands attributed to this subset of patients; and
- (d) as a consequence of (b) and (c), assisting in reducing the ambulance-hospital offload pressures.

This pilot project and partnership with both the community, local hospitals and the LHIN not only feeds into the corporate priority plan, but also aligns to the larger work currently underway throughout the organization.