Paramedics Providing Palliative Care at Home – Nova Scotia & PEI

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Acknowledgement

- **Conflicts of Interest:**
  - The Investigators have no conflicts of interest to declare

- **Project and Research Partners:**
  - NS Emergency Health Services, Nova Scotia Department of Health and Wellness, Cancer Care Nova Scotia (now part of Nova Scotia Health Authority), Dalhousie University, Emergency Medical Care Inc., Health PEI and Island EMS.

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**Organizational Context & Population**

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<th>Nova Scotia</th>
<th>PEI</th>
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<td>· Emergency Health Services (EHS) provides provincial emergency medical services through a long term performance based contract with EMC</td>
<td>· Island EMS, operates on a long-term service agreement with the Gov. of PEI and is responsible for the delivery of out of hospital emergency care and inter-facility transfers</td>
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<td>· The population of NS is 1,000,000 with a mix of urban, suburban and rural communities, and First Nations.</td>
<td>· Island EMS responded to over 17,000 calls for service</td>
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<td>· EHS responds to 160,000 service requests annually with 1000 paramedics</td>
<td>· Island EMS employs 200 paramedics</td>
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The Problem

Paramedics respond to many calls for patients with palliative goals of care (e.g., 1% of calls are from patients receiving palliative care in NS)\(^1\)

Some are connected to home care, family physicians, and/or palliative programs...

...Some are not

Connected patients/families tell us\(^2\) that they call 9-1-1 if:

- Their usual supports are delayed or not available
- They feel they need a rapid response
- Emotional and stressful situation and they "panic"
In NS/PEI, the 3-fold approach was derived from earlier work\(^1\) which asked paramedics what they needed to care for palliative and end of life patients. They told us: Clear language and content, content that relates to paramedic scope of practice, better access to goals of care.

The Innovation

- Inter-disciplinary collaboration & continuity of care
- Education - LEAP Mini for Paramedics and culture shift
- Expanding paramedics tools, skills and resources to better support patients receiving palliative care
- Making goals of care accessible and known to paramedics
- Paramedic support without transport to hospital

Nova Scotia Cancer Care Program
Innovation... A Closer Look

Pain & Symptom Management
Guideline to address the needs of patients receiving palliative care during a health crisis such as pain, dyspnea, nausea, psycho-social fear/distress

Non-Transport
The novelty of the palliative CPG is to provide palliative support without the need to transport to the emergency department

Medications
New medications introduced to better meet the needs of patients receiving palliative care e.g., hydromorphone, metoclopramide, haloperidol
Innovation... A Closer Look

Paramedic Palliative Education

- Taking ownership
- Psychological distress
- Resources & tools
- Making decisions
- Pain
- Nausea & hydration
- Delirium
- Dyspnea
- Last days & hours
- Essential Conversations

Nova Scotia Cancer Care Program
Special Patient Program (SPP)

- The NS SPP was developed over a decade ago to meet the needs of those with rare conditions and unique care needs that differ than standard EHS protocol.

- In 2015, the SPP was expanded to include those who are receiving palliative care.

- New, robust database build to support expansion.
**Enroll**
- In discussion with patients/families health care providers complete a SPP Enrollment Form

**Approval**
- Completed forms are submitted to EHS Provincial Medical Director for review and approval

**SPP Card**
- Once approved, the patient is mailed a SPP Card and magnet with their unique SPP number

**Call 9-1-1**
- If the patient/family encounters an acute crisis, they call 9-1-1 and when transferred to Ambulance Dispatch they are to provide their SPP #

**On Scene**
- Paramedics will be dispatched and the EHS Communications Centre will push the information from the enrollment form to the paramedic’s tablet in the field
Methods

**Paramedic**
- Pre-post online survey

**System**
- An electronic query for 1 year pre and 1 year post implementation

**Patient/Family**
- Mailed survey pre-EMS encounter
- Telephone interview post-EMS encounter
Findings
Paramedic Comfort & Confidence

• Paramedics were surveyed prior to the education intervention and then again 18 month after

• Overall, paramedics were somewhat comfortable with palliative care in general and as part of their job as a paramedic during the pre period, but were less confident they had the tools to provide this type of support.

• After the training and other programs supports (e.g., access to the SPP, new meds, CPG, etc.) paramedics reported on the post survey a significant improvements in confidence to support patients receiving palliative care, feeling they now were better equipped to support these patients.
SPP Enrolment

Palliative SPP Enrolments (since June 2015)
EHS Palliative Care Calls

Unique locations for palliative calls

• Higher density of calls in Halifax, which houses the bulk of the population
• A broad distribution of calls in rural areas
System Findings

QUOTES FROM PARAMEDICS:

“I think the program is absolutely fantastic. It really covers an important patient need, and relieves strain from an emergency system, especially when patients to not require, nor want, a trip to the ER department. I think the more that paramedics can do for this patient type the better.”
Being Enrolled in the SPP (Pre Paramedic Encounter)

**Fulfilling care wishes**
- Location of care/death wishes will be respected/fulfilled by paramedics

**Peace of mind**
- Simply being enrolled increases family confidence to care for their loved one at home

**Feeling prepared for emergencies**
- Comfort knowing the paramedics know about them, their situation, and care plan in advance of an emergency call

**QUOTES FROM PATIENTS/FAMILIES:**

“Great program - paramedics will be so much more knowledgeable when attending to a call to a registered patient. More awareness of patient's needs”.

“Support for my mom to fulfill her wishes to remain in the home and receive care without having to be transported to hospital.”
Patient/Family Satisfaction (Post-Paramedic encounter)

24/7 Availability
- Comfort knowing that the program was available 24/7, in the event of an acute crisis

Professionalism and compassion of the responding paramedics
- Families described the paramedics as going “above and beyond” for their loved ones during the crises

Symptom relief
- Ability of paramedics to alleviate symptoms enough that the patient/family were able to stay home

Program continuation
- Families expressed a desire to see the program continue
- Without the program, their loved one would not be able to be cared for at home

QUOTES FROM FAMILIES:

“It’s a great program. There are times when making a trip to outpatient is very stressful and exhausting for my father, but we’re not comfortable assessing him ourselves here at home.”

“It relieves stress on myself as the EMS team is trained to provide palliative care, in home and transport to hospital at just the right time, and that they help us make the right decision, for mother.”

“Very professional, very supportive and empathetic, gentle and respectful. I haven't had any incident where we felt they weren't providing the best possible service.”
How we know it is an improvement

• Before these programs, the alternative was transport to the ED and did not include the medications recommended by palliative care

Survey: In the absence of this program, most families indicated they would have gone to the ED

• “I would have had to help him out of bed and try to get him to the hospital. One time it was during a blizzard so that would have been impossible, but they were able to come to us. The paramedics were truly were exceptional.”
What worked well

• Enhanced collaboration between paramedics and home care, palliative care
• Breaking down silos, working as a team
• Improved process for Expected Death at Home (NS)
• Medication admin, narcotics, IV and subcut access already part of paramedic skill
Improving the Experience of Care

Challenges
- Fear calls would deplete system resources
- Cost of education/training
- Fear of replacement of other services/professions
- Paramedic comfort with treat and release, palliative support as goal of care
- Fit of palliative care with paramedic identity

Future potential
- Interest from other services/provinces
- Potential for expansion to other chronic disease, populations not well served by ED visit
Resources Available

**Videos**
1) Public information video (previous slide)
2) How to Complete the SPP Enrollment Form (target: health care providers)

**Brochures**
1) Information for patients receiving palliative care (adult and pediatric versions available)
2) Information for health care providers
3) Information for patients and families (non-palliative)

All are available at: https://novascotia.ca/dhw/ehs/palliative-care.asp
Ongoing work

- Case definition query
- Analysis of cancer and non-cancer (RIM)
- Economic analysis (CFHI)
- Paramedic focus groups regarding fit with professional identity (NSHA)
- Health administrative data re hospital free days in last 6 months/30 days/week of life, comparing BC to NS (CIHR)
- Ability to share goals of care from EHS to ED and decrease interventions in ED (TRIC)
thank you!