

## CBRM

# Integrated Health Care Program

## Challenges Facing ICB



## **ED's Days Closed**

Glace Bay – 100 Days

New Waterford – 126 Days

Northside – 195 Days



**Ambulance service in Nova Scotia can't keep up with  
'unprecedented' call volume**



Paramedics union tweeting #codecritical when there are no ambulances available

## The Program in a Nutshell

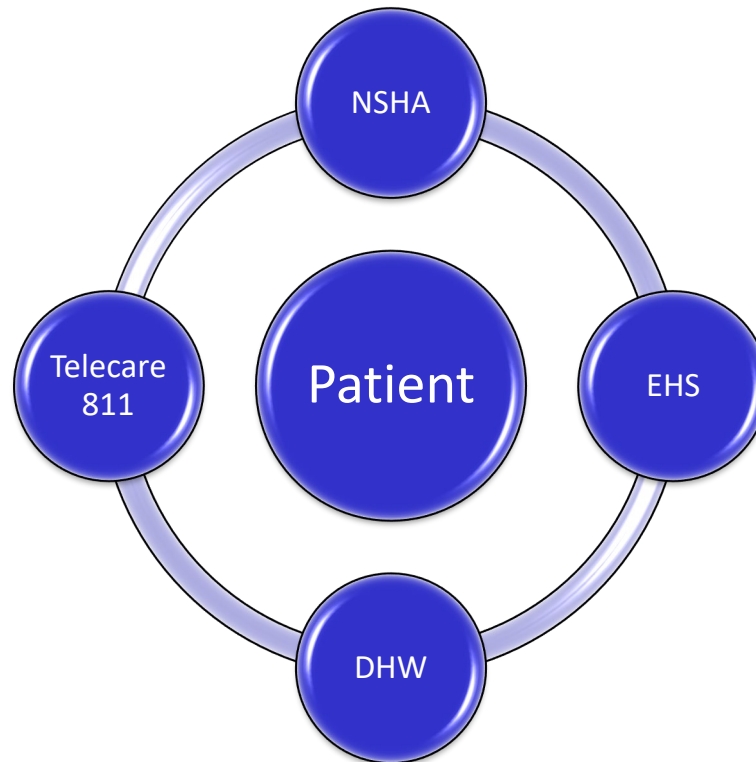
Referral based program to either or both:

- 811 Telecare RN virtual visits
- Community Paramedic home visits

Patient Populations

- Supportive discharge from hospital
- Long Term Care residents
- Super Users
- Chronic disease management (Phase 2)

# A Collaborative Care Partnership



## Building off of Past Successes

- Extended Care Paramedic Program has been operating since 2011.
- Serving LTC residents with lower acuity illnesses.
- Proven safe and effective model to keep seniors out of ED's and manage their care at bedside.
  - 77% Treat and Release
  - 20% Treat and Facilitate Later Transfer
  - 3% Generate Ambulance Response





## CB IHP Program Goals

1. Be a bridge of care until other home care services such as VON can see patient. Often patients are held in hospital due to the unavailability for home care to come in immediately post- discharge.



2. Perform care services that are unique to patients in their transition of care in the home.



## Dedicated to the Job



## **Patient Populations & Scope of Care**

- Post ED – HTN Crisis, Abdominal Pain, Non-Diagnostic Chest Pain
- Post In-Patient Stay – COPD/CHF, Diabetes, Pneumonia Infections, At Risk Seniors, Palliative Care
- Post Surgical – All surgeries

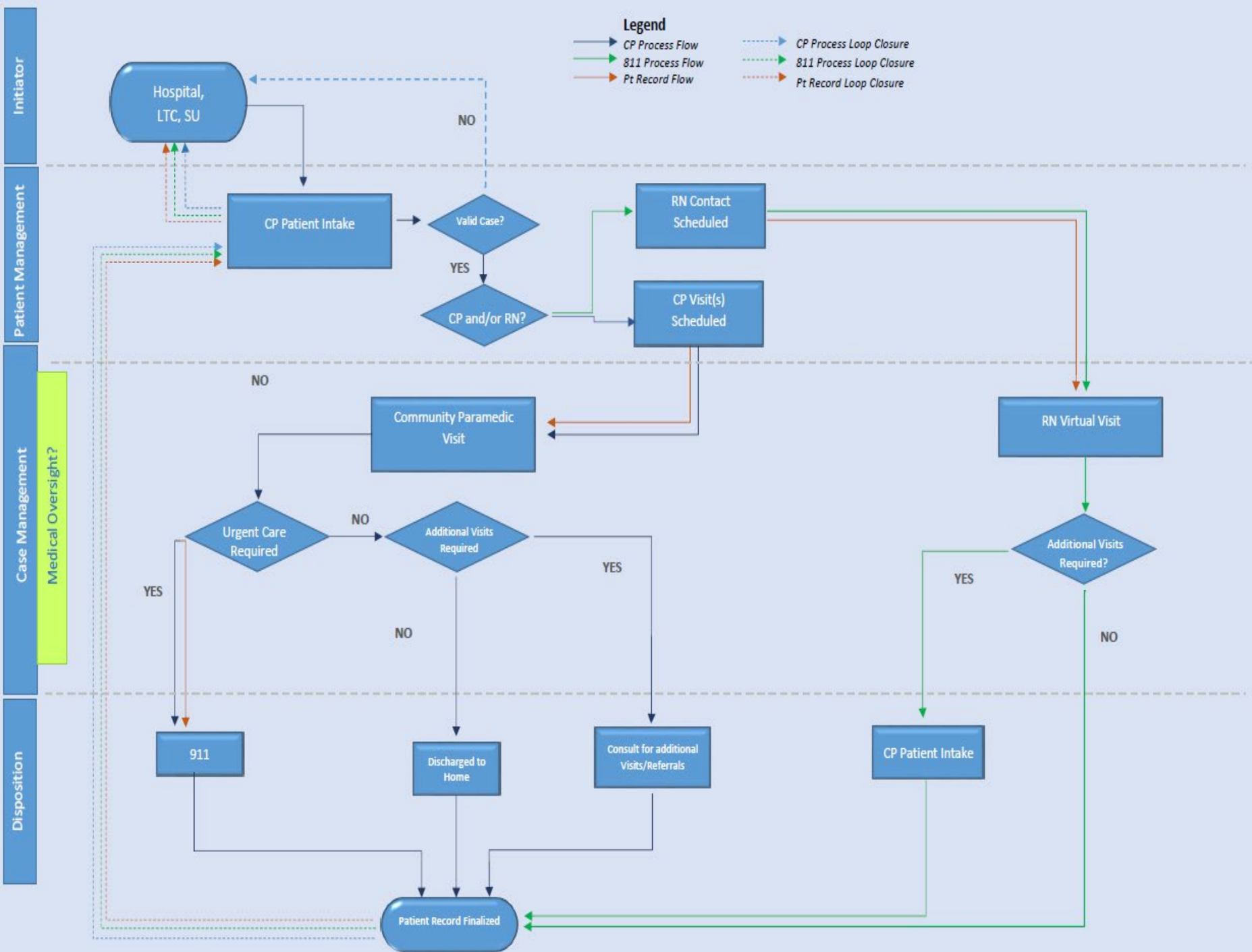
### **SCOPE**

#### **811 Telecare Services**

1. Complete specific chronic disease management assessment
2. Medication adherence
3. Patient education and health information topics as appropriate
4. Community Resource Database information as appropriate

#### **Community Paramedic Services**

1. Physical assessment
2. Vitals
3. Lab Work (iSTAT / Phlebotomies)
4. Medication adherence / Patient education
6. Treatments (IV fluid therapy & antibiotics)
7. Cardiac monitoring
8. Basic wound assessment & care



## Human Resources

### Community Paramedic

- 2 FTE's
- ACP's with advanced scope. To be approved by CPNS and EHS PMD.

### 811 Telecare RN

- 2 FTE's (possibly more)
- Chronic Disease Management software will be initialized.
- Work from EHS MCC

Medical Oversight to Support Both

## Vehicle

Will use similar lay as ECP Unit in Halifax.

Specific equipment

- Phlebotomy Cooling



- Mobile Printer



## Communications / Stakeholder Engagement

- Stakeholder analysis and engagement plan performed. To be tied directly into program communications plan.
- Communications sub-working group to be established. Will include:
  - DHW
  - NSHA
  - EHS
  - EMC / 811 Telecare

## Potential Risks / Challenges

### Capacity

- Demand for service outpaces ability to see patients in timely manner.

### Hand over in care process

- Ensuring seamless transition in care from IHP services to VON services.  
Possible confusion and duplication of services.

### Patient Care Responsibility

- Identification of care responsibilities in various stages care journey. Whose medically responsible? Who do care records get sent back to?

### Unions (CUPW, NSNU)

- May consider the program scoop creep and challenge with negative PR.



## Cape Breton Integrated Health: Improved Core Business

### EHS/EMC

- Optimized system status plan better suited to patient needs.
- Reduced inappropriate EHS transfers.
- Increased hospital avoidance

### NSHA

- Improved 'offload times'
- Reduced ED and Inpatient length of stay.
- Reduced ED overcrowding.
- *Improved flow of patients.*

*Improved inter-system performance through integration, collaboration, measurement, benchmarking and feedback.*

