Project Charter

Project Name: Using home visits by community paramedics to reduce ambulance and ER use by older adults with dementia

Overall Timeline: Feb 1, 2017 – Jan 31, 2018

Project Lead: Neil McDonald	**Project Team: Ryan Sneath, Phil Hutlet, Helen Clarke, Dr R Grierson, Dr E Weldon, EPIC paramedics**	**CC-ABHI Lead: Simon Cheesman**

1. WHAT the project is about?

- This project is about improving access to social support services by older adults with dementia and reducing their reliance on Emergency Medical Services (EMS) and Emergency Departments (EDs). It aims to connect these clients with the most appropriate services in the most efficient way possible. Currently in Winnipeg, community paramedics conduct home visits with clients who are (or at risk of becoming) frequent users of EMS and EDs. These paramedics refer clients to appropriate services in order to meet their needs and reduce the strain on emergency resources. This project will build on this capacity by integrating validated assessment tools into the paramedics' existing work. These tools match those already used by other agencies, and will reduce the time and resources required to connect clients with the appropriate care.

2. WHY (background and context) the project is needed and what is the anticipated END STATE?

ED overcrowding and strain on EMS are chronic problems within Winnipeg. Older adults with dementia or other cognitive impairments make up a significant portion of patients who are (or at risk of becoming) frequent users of these services. To address this problem, the Winnipeg Fire Paramedic Service (WFPS) and the Winnipeg Regional Health Authority (WRHA) have partnered to create the Emergency Paramedics in the Community program – EPIC. Under this program frequent users or at-risk patients receive home visits by community paramedics to determine why they call 911 and visit EDs as frequently as they do. Community paramedics then design a care plan to address the needs of these patients, frequently referring them to appropriate social services. Initial evaluation has shown reduced 911 calls and ED visits for this group. There is room to improve outcomes by integrating tools that are used by other agencies into the assessments performed by paramedics.

<u>End State & Outcomes:</u>

- The end state of the project will show improvements in the time taken to connect older adults with dementia with appropriate resources. These will in turn show decreased reliance on EMS (in terms of calls to 911) and EDs (in terms of ED visits and subsequent hospitalizations). It is also expected to show improvements in satisfaction among clients, families, and partner agencies.

- **OUTCOME INDICATORS**
  - LEADING Indicators (Output):
    -purchase interRAI assessment tools
    -train community paramedics in interRAI tools
    -integrate tools into paramedics' practice and documentation

  - LAGGING Indicators (Performance):
    -referral to appropriate services
    -time to referral to appropriate services
    -reliance on emergency resources (911 calls, EMS transports, ED visits, hospital admissions, hospital length of stay)
    -satisfaction among clients, families, partner agencies

3. HOW will the team accomplish the work?

- Describe activities

  - Time 0: Purchase tools and licensing agreements

  -Time 0 – 2 months: During this period, the department will integrate the assessment tools into our electronic assessment platforms, conduct staff training, and conduct initial assessments and trouble-shooting.

  -Ethics approval will also by sought from the University of Manitoba Health Research Ethics Board (the governing REB for the WRHA and WFPS) to allow for the full range of outcome assessment and possible future analysis and dissemination.

  -Time 2 - 6 months: During this period, the EPIC medics with use the Contact Assessment routinely with all new patients. Additional assessment will be conducted using the Community Health Assessment tool, as indicated. The results of these assessments will drive future care plans and referrals to other agencies.

  -6 months and following: The department will evaluate the use of the tools. Outcomes will be compared between the four months of full adoption (months 2-6) and the four months preceding implementation, and on an ongoing basis.

4. Scope of the Work:

What is IN SCOPE?

- Purchase, training, integration of the assessment tools
- Ongoing use of assessment tools in the course of regular client care
- REB approval
- Project evaluation according to determined outcomes

What is OUT OF SCOPE?

- Publication, dissemination, other knowledge translation of program evaluation.

5. Resource Requirements (What departments/people/dollars might be needed):

Person/ Dept./Resource Need	What, Why or How much?	$ Impact
• EPIC team, IT • EPIC paramedics • interRAI trainers • Neil McDonald • Phil Hutlet • EPIC paramedics • Ryan Sneath • Dr R Grierson, Dr E Weldon • Helen Clarke	○ Purchase and maintenance of new tools ○ Training time in new tools ○ Contract training in new tools ○ Project lead, program evaluation, research ○ Medical Supervisor, Community Paramedicine ○ Regular duties ○ Assistant Chief, EMS Operations ○ WFPS Medical Directors ○ WRHA Chief Operating Officer, Emergency Response and Patient Transport	○ $40,950 ○ $5,000 (backfil ○ $2,250 ○ 0.25 FTE 3.0 FTE
TOTAL ESTIMATED Full Time Equivalent (FTE): 3.25 FTE		**FTE**
TOTAL ESTIMATED BUDGET: $48,200	**Resources:** The financial and resource impact of this project consists mostly of purchasing these tools, followed by training and integration. Once implemented, the project will run as part of the regular duties of the EPIC team, with the additional work of program research and evaluation.	**Total Resources** ○

6. Milestones

Activity	Target Completion
Purchase interRAI tools	Feb 28, 2017
Training, integration	April 30, 2017
Ethics approval	April 30, 2017
Ongoing assessments	May 2017 ->
Initial program evaluation (first 4 months of use)	September 30, 2017
Ongoing program evaluation	January 31, 2018

7. Barriers or Potential Risks and Mitigation Strategy

-technical problems integrating software? Mitigation: time allotted to trouble-shoot, consult with service partners who have the same software
-poor performance or use of tool? Mitigation: small-group training sessions, close support during roll-out, review and supervision of initial assessments
-effect size, no appreciable difference? Mitigation: multiple outcome measures to assess intervention directly and its follow-on effects. Quantitative and qualitative assessment. Ongoing assessment over time.

8. Project Dependencies

-purchase and integration of assessment tools (subject to City of Winnipeg purchasing policies)
-ongoing funding for EPIC program and availability of trained community paramedics (no anticipated difficulties)

9. Assumptions and Constraints

-continuing need for EPIC medics and identification of older adults with dementia who are (or at risk of becoming) frequent users of emergency services (no indication of any slowing of demand)
-assume that partner agencies will cooperate / credit assessments performed with the common tool by community paramedics (previous work has established strong connections with partner agencies, many of whom have asked for more input and involvement from EPIC medics, not less)

Submitted by: Neil McDonald **Date: 30 Jan 2017**