



Administrative Report

Office of the Deputy Chief, Essex-Windsor EMS

To: Warden Tom Bain and Members of County Council

**From: Justin Lammers
Deputy Chief, Essex-Windsor EMS**

Date: September 5, 2018

Subject: Vulnerable Patient Navigator Program

Report #: 2018-0905-EMS-R009-JL

Purpose

To provide Council with an update on the Vulnerable Patient Navigator (VPN) program since inception, including qualitative feedback for the recipients of the services.

Background

Essex Windsor EMS launched the VPN program in August 2016 as a way to help ease the strain on local ambulance service and offload delays, by focusing on patients who frequently utilize emergency medical services (greater than 3 times in a year).

The VPN program is comprised of 4 full time Primary Care Paramedics. The VPN program is staffed by two paramedics, 12 hours per day, 7 days a week. The team is overseen by a Captain of the Professional Standards Division and daily operations are in conjunction with the front line service delivery for emergency calls. A Vulnerable Patient is defined as a person who:

- is having difficulties navigating the healthcare system, or
- is presenting as having difficulties caring for themselves or others, and

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- is subsequently relying on 911 as a rapid response to health care needs

Discussion

Patients enter the VPN program by two pathways. The most common entry is by Paramedic referral from the front line. When EWEMS Paramedics respond to an emergency call and identify a patient as being vulnerable, a referral form is completed with signed consent of the patient and forwarded to the VPN program. The referral is assigned to a VPN within the department and contact with the patient is arranged and a home visit appointment is set.

As well, the Deputy Chief of Professional Standards continually reviews historical call ePCRs to identify those patients who have received EMS care >3 times in the past 6 months. These patients are identified and contact by the VPN team.

Once all appropriate confidentiality releases are completed, the VPNs utilize historical EMS records within EWEMS, including Clinical Connect, which is a regional electronic health record system for the residents of Southwestern Ontario, to better understand the patient's current and future needs.

Since August of 2016, the VPN program has successfully enrolled 344 patients into the program and on average, enrolls 50 patients per quarter. Many other patients are contacted for enrollment, but either refuse treatment or unfortunately succumb to their health care issues.

Adhering to the VPN mandate of Facilitating, Advocating, Coordinating and Educating our Patients, referrals are sent to allied health care agencies within our community. On average, the VPN team connects patients to 30 allied agencies patients per month and closely monitors their progress to ensure follow up care is provided.

Essex Windsor EMS works collaboratively with many agencies, including the Erie St. Clair Local Health Integration Network (LHIN), Canadian Mental Health Association (CMHA), Windsor-Essex County Health Unit (WECHU), Leamington Area Family Health Team (LAFHT) and The Hospice of Windsor & Essex County, just to name a few.

Maintaining a healthy working relationship with the above agencies allows the VPN team to quickly connect their patients to the required services which usually translates into reduced 911 calls for that patient. From a regional

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health care perspective, a patient who has health care needs and is utilizing 911 frequently causes a greater strain on the health care system, as opposed to a patient who has health care needs but is managing ok at home without frequent 911 calls.

Further to home visits, the VPN team attends two high-use apartments weekly, to provide a health care and promotion clinics, under the guidance of McMaster University and the CP@Clinic pilot study. These buildings are identified using historical call data and in collaboration with Windsor Essex Community Housing Corporation (CHC) as the chosen locations must be affordable community housing. Each site receives the CP@Clinic services provided by the VPN team for six (6) months. On average, EWEMS realizes a 21% resident participation rate which accounts for 215 individual participants. Our recent Impact Report provided by McMaster University, Department of Family Medicine indicates that the call volume increases at the studied apartments were 40% lower, than other comparative apartments without CP@Clinic running.

Utilizing the structure of the CP@Clinic program, the VPN team has been able to leverage their knowledge and team up with other health care agencies, as well as the County of Essex for their subsidized apartments, to help decrease high call volumes at identified locations.

Another arm of the VPN program is the Community Paramedicine Remote Patient Monitoring (CPRPM), which has been a staple of the VPN program since the beginning. Wireless devices are deployed to VPN patients who meet the enrollment criteria set out by Future Health Services. These devices monitor a patient's blood pressure, oxygen saturation levels, body weight and blood glucose, with alerts being sent to the VPN team if any parameters are out of normal range. The VPN team then reaches out to the patient to discuss the findings and shares the data with that patients' primary health care provider for future follow up. Results of the CPRPM study currently show an average of 42% reduction in calls to 911.

Lived Experience

When the VPN program began, the count of frequent 911 callers for 6 months prior, was 498. For the same time period in the following year, the frequent 911 caller count was 616. This shows that despite our efforts and successes, there continues to be a steady increase in frequent caller count.

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In August of 2017, we had enrolled a patient who had called 20 times in the previous quarter. After VPN intervention, we reduced this patient's call volume to five times in the following quarter.

In December of 2017, we had enrolled a patient who had called 9 times in the previous quarter. After VPN intervention we reduced this patient's call volume to two in the following quarter.

In January of 2018, we had enrolled a patient who had called 24 times in the previous quarter. After VPN intervention we reduced this patient's call volume to two in the following quarter.

While the above speaks to our quantitative benefits and shows how the VPN program bolsters Essex Windsor EMS' ability to provide effective and efficient emergency coverage to our communities. It's important to understand the qualitative benefits that the residents of our communities are experiencing.

Enrollment and discharge surveys are sent to every patient who is enrolled in the VPN program, and as well, CPRPM has a unique enrollment and discharge survey.

Specific to the VPN home visits, 92% of respondents stated they were highly satisfied with the service they received and with the quality of healthcare, teaching and coaching provided by their VPN.

61% of respondents stated they were highly satisfied that being in the VPN program made their quality of life better, with the remaining 39% stating they were somewhat satisfied.

In February of 2018, the VPN program received a comment from a discharge survey that stated "Excellent Program that supported and helped us through very difficult situations. Made us very aware of all programs and help that was available to us in the community. Takes away the feeling of isolation at home and replaces that feeling with a feeling of connection, which is very important for peace of mind." It's not uncommon for the VPN team to receive comments similar to this, through discharge surveys and thank you cards.

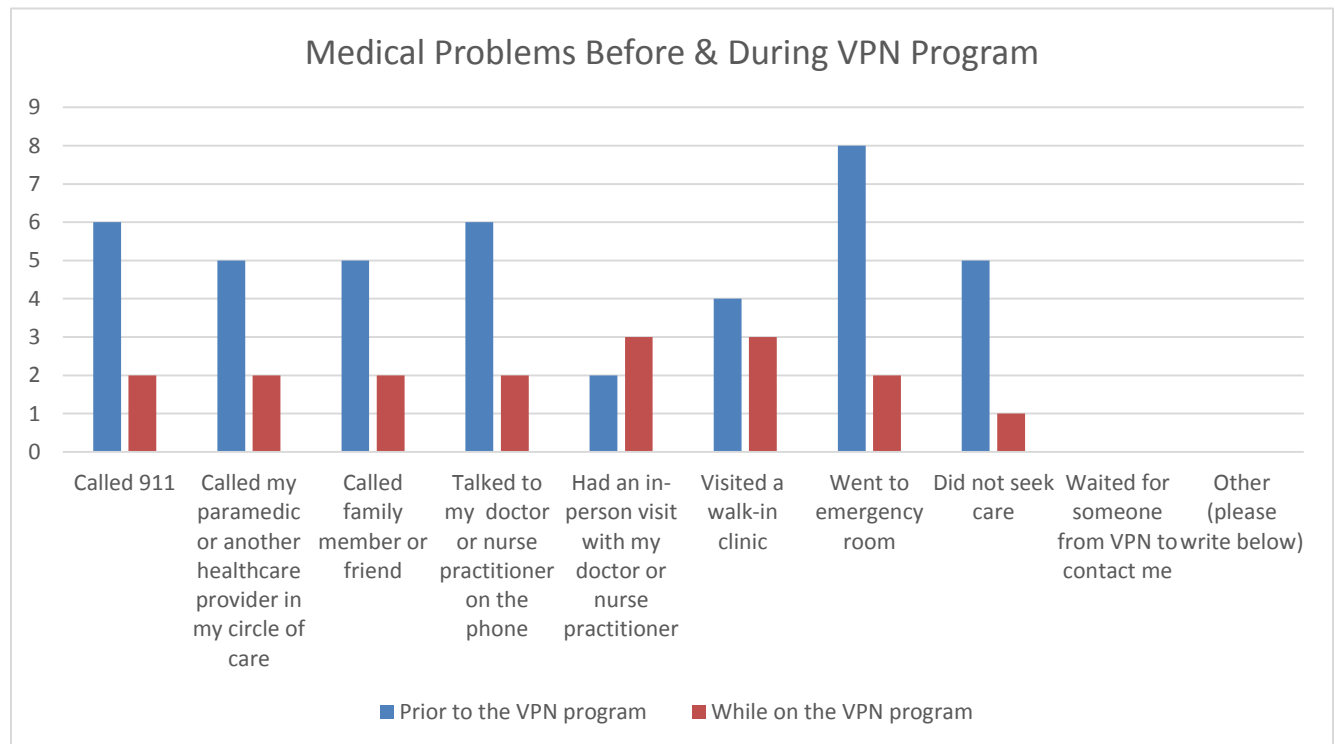
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The following graph indicates the care paths an enrolled patient took prior to VPN enrollment versus while enrolled in the VPN program. The results clearly show that by being enrolled, monitored and educated by our VPN team, the patients are better suited to manage and understand their health care needs at home.



Conclusion

Essex Windsor EMS continues to review, analyze and strategize current and future goals of the VPN program. With the landscape of healthcare being in a constant state of flux, there are many unrealized benefits to be had, both qualitative and quantitative.

The VPN program will continue to identify and enroll vulnerable members of our community who are in need of supports and utilizing 911 excessively as a health care resource. In doing so, they will assist these community members in receiving appropriate care, while decreasing offload delays and ensuring resources are readily available to respond to the residents of our community in their times of need.

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Recommendation

This report is submitted as information to County Council.

Respectfully Submitted

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Concurred With,

Robert Maisonville

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