

Welcome!

We will begin momentarily

# Paramedic Community of Practice – Series 2

Alternate destination in paramedicine; redirection to institutions other than a hospital



**Facilitator:** Diana Vincze, Pallium Canada  
**Presenter:** Stuart Woolley  
**Date:** March 12th, 2024

# Territorial Honouring



# The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

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The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.



# LEAP Paramedic

Learn the essentials for providing a palliative care approach

- Ideal for Paramedics and Emergency Medical Service professionals
- **Key features:**
  - Created and reviewed by Canada's leading palliative care experts
  - Taught by local paramedic experts and experienced palliative care practitioners
  - Nationally recognized certificate
  - Evidence-based and case-based



Learn more about the course and topics covered by visiting

<https://www.pallium.ca/course/leap-paramedic/>

# Introductions

## Facilitator:

**Diana Vincze**

Palliative Care ECHO Project Manager

## Presenter:

**Stuart Woolley**

Paramedic since 2003 in UK & Canada, current Paramedic Practice Leader in BCEHS leading Palliative Care, Low Acuity Patient management & Paramedic Specialist support.

## ECHO Support:

**Aliya Mamdeen**

Program Delivery Officer

## Panelists:

**Lisa Weatherbee**

BN RN CHPCN©

Provincial Palliative Care Practice Leader, NS  
Pallium Master Facilitator/Coach

**Kristina Anton, ACP**

Paramedic Specialist, BC Emergency Health Services

**Karen O'Brien**

Frontline Paramedic since 1999, with a side of community paramedicine.

SWORBHP Associate Instructor

Pallium Facilitator

**Dr. Jitin Sondhi, MD, CCFP (PC), FCFP**

Regional Clinical Co-Lead, Palliative Care, OH West  
Adult and Pediatric Palliative Care

# Welcome and Reminders

- Please introduce yourself in the chat!
- Your microphones are muted. There will be time during this session when you can unmute yourself for questions and discussion.
- You are welcome to use the Q&A function for questions, they will be addressed during the discussion period.
- Remember not to disclose any Personal Health Information (PHI) during the session.
- This session is being recorded and will be emailed to registrants within the next week.

# Overview of Topics

Session #	Session title	Date/ Time
Session 1	Self-Care	November 14, 2023 from 12–1:00 p.m. ET
Session 2	Serious illness conversations	January 16, 2024 from 12–1:00 p.m. ET
Session 3	Alternate destination in paramedicine; redirection to institutions other than a hospital	March 12, 2024 from 12–1:00 p.m. ET
Session 4	Addressing management of neurodiverse populations receiving a palliative approach to care	May 14, 2024 from 12–1:00 p.m. ET
Session 5	Pain and Symptom Management	July 22, 2024 from 12–1 p.m. ET




# Session Learning Objectives

- Discuss hospital admission, our impact and the impact on the patient journey through.
- Discuss alternative options available to paramedics – current & possible future state.
- What would you do? Case study based discussion?

- 2022/23 – 2.9 million hospital admissions across Canada.
- Average length of stay – 7 days
- Approx 6% of all stays experiences ALOC (Alternate level of care) stays.

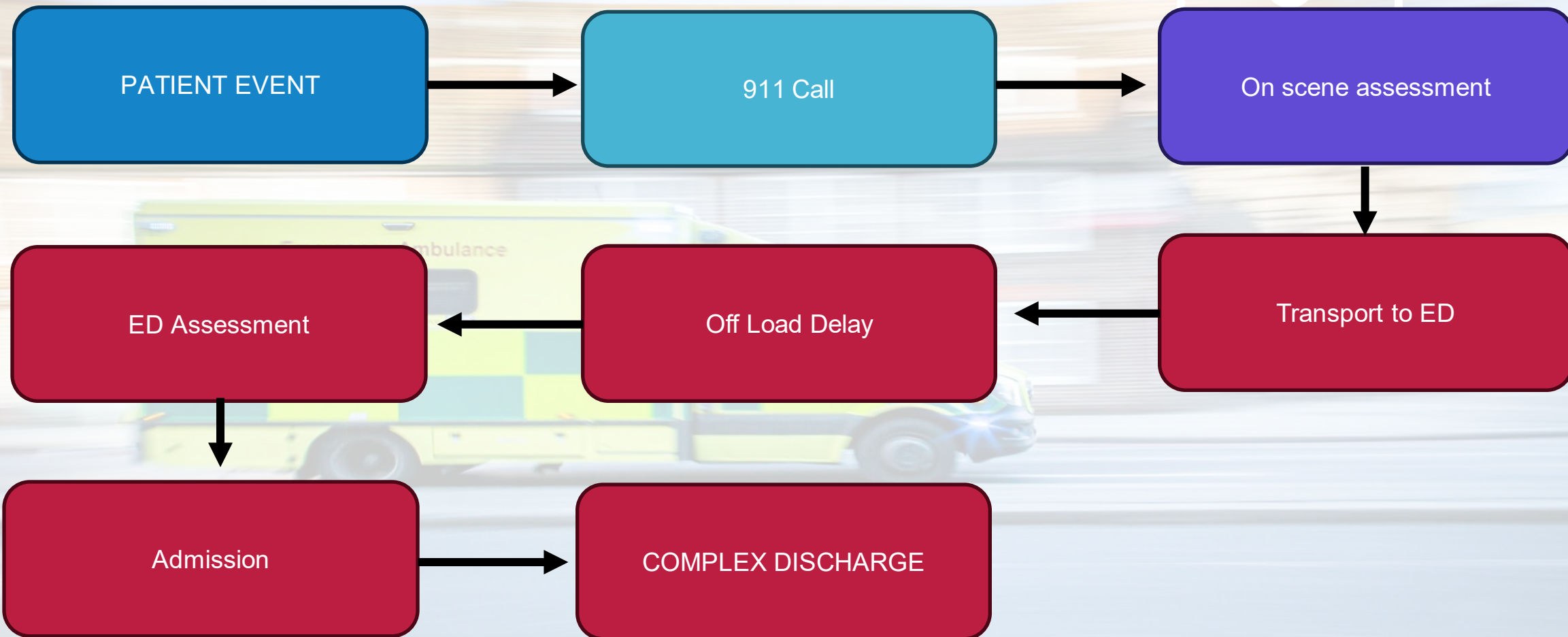
**But why are these important figures?**



Palliative emergencies commonly include:

- Hemorrhage
- Convulsion
- Fractures
- SCC
- Acute confusion

**But why are these important?**





# But why is this important?!

Some patient absolutely need to be seen in ED. Many don't!

One big risk with vulnerable, chronically ill patients is delirium in the ED – and we're seeing more of it!

The duration of hospital stay increases (21 days versus 9 days in the absence of delirium), the risk of developing dementia increases within 48 months after delirium onset, and the mortality risk increases by 62%.

The prevalence of delirium in end-of-life patients approaches 85% in palliative care settings

**IS THIS PREVENTABLE? – Possibly!**

# Case Based Discussion



# Case

## Meet Albert...

Albert is an 84 year old gentleman who lives in a LTC.

He is a retired aircraft engineer, following a back injury. He's lived in LTC for the past 18 months following a protracted ED & Hospital admission after having CVA.

He was diagnosed with Dementia when he was 80.

Over the past 6 months he's had numerous falls, increased confusion and his daughter has noticed a rapid decline in his mobility – staff report he's extremely restless at night, easily agitated, and losing interest in food and rational reasoning.

Him MRP now believes Albert is approaching EoL and start discussions on care.





# Case

PMH:

HTN

Dementia

Osteoarthritis

Slipped disc L4/L5 (caused him to retire)

CVA

Meds:

ASA

HTZ





# Case

Albert falls & has hip pain?

Paramedic arrives, assess him, and find:

GCS 3/3/5

Pulse 101 IR

Resp 24

BP 102/60

BG 5.2

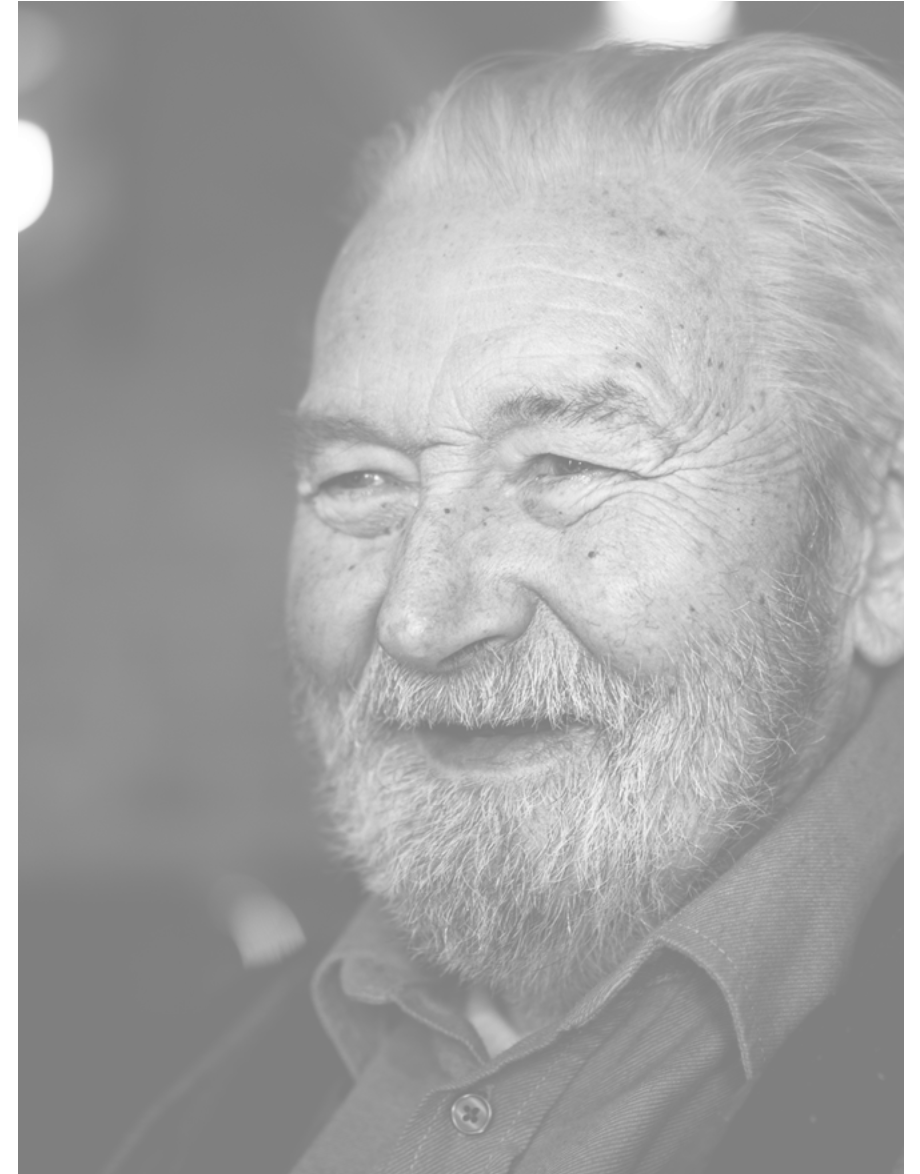
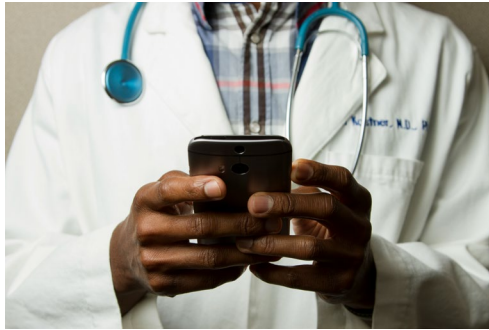
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MOST M2



Albert needed assessment, however, instead of being admitted – he was home and back in bed within 3 hours of the 911 call!

How come?!



# Session Wrap-Up

- Please fill out our feedback survey! A link has been added to the chat.
- Join us for our next session about **Addressing management of neurodiverse populations receiving a palliative approach to care** on **May 14<sup>th</sup>, 2024** from **12-1pm ET**.

# Thank You



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