Provincial EMS PEOLC ATR Protocol

SUPPLEMENTAL PROCESS DOCUMENT – October 1, 2016

EMS practitioners provide care using collaborative practice with patient, family, clinician (if available) and online physician

Clinician communicates with family/palliative physician or NP as possible

EMS Initiation

EMS assesses PEOLC patient with symptom crisis and identifies opportunity for treatment in place

- Patient is recognized as palliative and/or end of life by one or more of the following:
  - Patient is diagnosed with life limiting illness
  - Care is currently focused on comfort and symptom management rather than curative interventions
  - Patient presents with Goals of Care designation consistent with treatment in place
  - Patient is under care of physician and/or home care providing palliative care services
- Patient/family agree to treatment in place
- Patient is at least 18 years old

Expectation for Collaborative Practice

- EMS must attempt to connect with patient's primary/ palliative care team to obtain full understanding of patient history to ensure an informed, collaborative care plan is pursued
- Early involvement of patient's primary/palliative care team ensures arrangements may be initiated to support the patient at home after the ATR event
- Clinician may be available to come to scene to provide follow up care and support to the patient and family

EMS Attempts to Initiate Collaborative Practice Model

- EMS inquires if patient is receiving home care services or if patient/family have direction to contact clinician in symptom crisis
- EMS acquires clinician contact information from patient/family
- All consultation to clinician and other health care providers to be facilitated through dispatch (on recorded line)
- Multiple parties may be connected to one another simultaneously through dispatch to facilitate collaborative practice
- Clinician identifies if patient's palliative/family physician is available for consultation
- Collaborative practice may not be possible depending on availability of other health care providers in off hours
- EMS consults OLMC if collaborative practice attempt is unsuccessful or patient is not connected to primary/palliative care team

Remote Clinician Initiation

Clinician receives notice of PEOLC patient with symptom crisis and anticipates the need for EMS support

- Clinician calls family/palliative physician or NP to advise of situation, if possible
- Patient is recognized as palliative and/or end of life (at least 18 years of age)
- Clinician identifies a need for EMS support (event or symptom crisis that may require transfer to acute care or emergency department, or need for additional medical supplies such as medication, oxygen, etc.)
- Clinician is available to participate in collaborative practice with EMS (via phone and/or on scene)
- Clinician proceeds to scene to support ATR as available

Clinician On Scene Initiation

Clinician on scene assesses PEOLC patient with symptom crisis and determines the need for EMS support

- Clinician calls family/palliative physician or NP to advise of situation, if possible
- Patient is recognized as palliative and/or end of life (at least 18 years of age)
- Clinician identifies a need for EMS support (event or symptom crisis that may require transfer to acute care or emergency department, or need for additional medical supplies such as medication, oxygen, etc.)
- Clinician is available to participate in collaborative practice upon EMS arrival
- Clinician remains on scene

Clinician Calls 911 and Requests EMS PEOLC ATR Program

- Clinician calls 911 and answers Emergency Communication Officer's (ECO's) standard questions
- ECO will ask 6 initial questions (address, phone number, age, if conscious, if breathing, and what happened)
- **When ECO asks "tell me what happened?" Clinician indicates they require EMS for a palliative or end of life care patient**
- ECO will ask if the call is a result of an evaluation by a nurse or doctor. **Clinician indicates they are a registered healthcare clinician/provider**
- ECO will ask 6 additional questions (alert, breathing normally, bleeding/shock, severe pain, any special equipment or additional personnel needed)
- **When ECO asks "will any additional personnel be necessary?" Clinician indicates they are requesting EMS Palliative and End of Life Care Assess, Treat and Refer Program**

Dispatch Activates EMS PEOLC ATR program

- Emergency Communications Officer follows PEOLC ATR Dispatch Protocol
- The most appropriate unit (BLS or ALS) is sent to the event
- ALS resource is dispatched if both BLS and ALS resources are available
- EMS resource dispatched with no lights and sirens and no allied resources (police, fire, etc.)
- Crew alerted that event is for PEOLC Assess, Treat and Refer while enroute
- Crew provided with clinician name and contact information via Mobile Data Terminal (MDT)

ASSESS

Develop Care Plan

- Patient confirmed as PEOLC in discussion with clinician (if available) and/or online physician (patient's family/palliative physician, palliative physician on call and/or EMS Online Medical Consultation (OLMC) physician)
- Patient's palliative/family physician and/or EMS Online Medical Consultation (OLMC) physician is consulted regarding on scene treatment
- Care plan is created in line with patient/family's wishes and/or Goals of Care designation
- BLS crews who determine that the patient may benefit from ALS intervention contact dispatch to request ALS response if available as per zone's capacity
- Clinician (if available) initiates arrangements for additional on-going resources (e.g. oxygen, equipment, medications, etc.) as required
- Clinician (if available) determines need and timeline to proceed to scene (or remain on scene) for additional follow-up with patient as required
- EMS OLMC encouraged to engage palliative physician on call (via RAAPID) if palliative specialist advice required
- EMS may consider engagement of community paramedics as per zone's capacity and local practice

TREAT

Initiate Patient Treatment

- EMS practitioners initiate and provide treatment as discussed, in collaboration with clinician (if on scene)
- Care is provided within scope of practice, local service standards and protocols
- Online physician is re-consulted as necessary during treatment
- Care is provided in line with patient/family's wishes and/or Goals of Care designation
- In consultation with the patient, family, clinician (if available), and online physician, EMS supports non-transport decision if requested or provides transport to acute care or hospice setting if desired

REFER

Event Closure and Referral

EMS Responsibilities

- EMS completes standard patient care record (PCR) AND PEOLC Assess, Treat and Refer form OR PEOLC Assess, Treat and Refer fields on ePCR
- EMS ensures family/patient understand they may call their community team (eg. home care) or 911 again if needed
- If clinician enroute to scene, EMS places call to clinician through dispatch to complete transfer of care
- EMS does not need to remain on scene until clinician arrival (if enroute)
- EMS crew leaves copy of Assess, Treat and Refer form OR pamphlet with patient/family
- EMS crew transmits PCR to home care zone hub OR faxes PCR (and form if applicable) to CHAPS Patient Navigator (transport and non transport events)
- Once event has resolved, EMS crew departs from scene

Clinician (if involved at time of event) Responsibilities

- If clinician on scene at EMS departure, clinician assumes care as per local practice
- Clinician arranges additional on-going resources (e.g. oxygen, equipment, medications, etc.) as required
- Clinician contacts family/palliative physician or NP (if not done prior) for follow up
- Clinician completes relevant documentation as per local practice

Clinician is defined as any regulated healthcare practitioner, as per zones capacity

Online Physician is defined as the patient's family/palliative physician, palliative physician on call and/or EMS Online Medical Consultation (OLMC) physician

Resolved is defined as meeting the patient's needs and current wishes for care after discussion with patients and families

Collaborative Practice is defined as inter-professional and inter-organizational communication and decision making to provide patient centered care (via phone and/or on scene)