Paramedics Providing Palliative Care at Home: An Evaluation of the Health System Impact.

A Carter, *J Goldstein, M Arab, M Harrison, B Stewart, J Jensen, C Villard, J Sullivan, M Lecours*

Introduction

Paramedics play an important role symptom crises for patients receiving palliative or end of life (EOL) care. Paramedic practice has focused on emergent treatment and transport to the emergency department, which may contradict the patient's goal to remain at home. In two provinces, a new paramedic program for the delivery of palliative care was launched, which included an EMS clinical practice guideline, additional medications and full-day training for all paramedics (Learning Essentials Approach to Palliative Care (LEAP)-Mini for Paramedics). Palliative patients could be enrolled in an EMS database to make care plans available. This study measured the impact on the emergency health care system.

Methods

A retrospective before-after cohort design collected all consecutive palliative or EOL responses for one year (NS: 07/1/2015 – 07/01/2016; PEI: 09/01/2015-09/01/2016). Palliative care calls in the year preceding the implementation of the program were queried (03/01/2014- 03/01/2015) using a palliative or EOL measure. Demographic, operational, and clinical characteristics of patients were compared before and after program implementation and between provinces.

Results

The total number of palliative/EOL EMS responses: NS: before - 1248 vs. after - 2544. PEI: after – 315. DNR recorded in EMS chart: NS: before - 801 vs. 923 after. Patients recorded as palliative in EMS chart: NS after- 296 (23.7%). PEI: after – 313.
Calls resulting in transport: NS: before – 1097 (88.0%) vs. after 1894 (74.4%). PEI: before: 100% transport policy, after: 204 (65%). Median total call commit time: NS: non-transports 41:50 minutes (IQR 27:21,59:38), max 4:24:20 hours vs transports 1:02:06 hours (IQR 42:12,1:20:58), max 8:35:20. PEI: after – median 75 minutes, max 193 minutes.
Number of calls with medication given by paramedics: NS after 171 (6.7%) narcotics, 11 (0.4%) midazolam, 19 (0.7%) metoclopramide, 0 haldol. On PEI 45 (14.3%)

Conclusions

The implementation of the EMS palliative program decreased the number of palliative patients transported, and total EMS commit time did not increase. This results in care that aligns more closely with the patient's identified goals of care. Study limitations: difficulty defining case-finding criteria (number of eligible calls may be overestimated) and lack of wash-in period between program launch and data collection.