Ontario Society of Occupational Therapists

October 7, 2019

TO WHOM IT MAY CONCERN:

RE: Regulatory Consultation - Enabling New Models of Care for Select 9-1-1 Patients

The Ontario Society of Occupational Therapists (OSOT) is pleased to comment on the proposal to amend regulations under the *Ambulance Act and Health Insurance Act* to provide select 9-1-1 patients with alternative care options for prehospital care other than transport to the emergency department.

OSOT is the provincial professional association of over 4000 Ontario occupational therapists. Occupational therapists are regulated health professionals who work across Ontario's health care system to help people of all ages who are experiencing health related barriers to managing their day to day living occupations (self care, work, school, community engagement, leisure). Occupational therapists assist clients to assume or resume participation in those activities that are important and meaningful for them. Their unique attention to the interaction of the client's ability, the demands of the task at hand and the impact of the environment in which they need to function results in a wholistic consideration of options to resolve functional limitations. Masters prepared, with a background in physical and mental health, occupational therapists work to make the everyday possible for their clients!

Working in the publicly funded primary care, acute care, rehabilitation, home and community care, and long-term care sectors and in the private sector, occupational therapists interact with both clients and the systems that paramedics interact with. We believe the proposed changes address both the patient experience of our health system and economic pressures that result from over-crowded emergency departments.

The Society is supportive of proposed changes to the *Ambulance Act* to enable new patient care models for select 9-1-1 patients to provide timely access to definitive care where options other than transport to the emergency department may be done safely and appropriately. We believe the proposed changes will have positive impacts to:

- Reduce backlogs at Ontario hospital emergency department and contribute successful strategies to end hallway medicine
- Assure 911 patients are seen at the right time, in the right place, by the right person, minimizing delays in access to most appropriate services

- Support high quality, interprofessional care
- Minimize the potential complications of ER or hospital admissions that can preclude timely discharge – reduced strength, confusion/cognitive decline, infection, etc.
- Improve the patient experience and quality of life
- Enable more people to remain in their homes

Based on our knowledge and monitoring of EMS services in other jurisdictions and their relationship to the profession of occupational therapy, the Society is best able to comment on recommendations to enable paramedics to treat patients on-scene and referring them to another health care provider or to treat and release patients on-scene.

Treating patients on-scene and referring them to another health care provider

When a 9-1-1 patient is assessed to have a non life-threatening medical emergency but rather a non-emergency situation such as relapses in chronic conditions, breakdowns in care systems, memory problems or functional difficulties such as decreased mobility, balance issues, frailty, etc., an emergency room visit is an inappropriate destination. Most likely the professionals most able to assess and address their issues are not accessible there. In such cases, when a paramedic is able to stabilize a patient to be safe until they can be assessed by an appropriate rehabilitation professional, treating the patient and then referring to a community resource should be an efficient option. Occupational therapists would support such a model of care and would welcome referrals from paramedics to assess for home safety, physical, cognitive function and mental health status. Palliative care issues, non-injurious falls, mental health issues (not crisis) or any functional limitation that is impacting a client's independence and safety are good examples of the kinds of issues that could be appropriately addressed by referral to a community resource. However, OSOT would assert that there are issues beyond enabling a paramedic to treat and refer on to be addressed to enable this service delivery model to work effectively. These include;

- **Direct access to community services should be developed as part of care pathways** to be engaged by paramedics. Currently a referral to LHIN directed home and community services would not guarantee prompt access to services. For example, access to OT services is often wait-listed and thereafter limited to 2 – 3 visits. A paramedic must be able to be assured that services referred to can be accessible to a client identified with a need in a timely manner. We recommend that an occupational therapist be assigned to all care teams that may be established to support paramedic referrals in ways that can assure 7 day week access.

- **Communication and reporting platforms and policies to facilitate referral to community services and transfer of client information to support a referral is critical.** OSOT understands that presently when EMS community paramedics make referrals for OT services, for example, they have no way of knowing whether the referral was addressed, nor do they receive any reports or updates on services provided. In light of the potential for some clients to be repeat

9-1-1 callers access to the client's health record as part of a circle of care should be a strategic consideration.

- **Attention to support professionals engaged in new models of care to facilitate the cultural shift between healthcare professions** should be considered. Research in Great Britain, where there has been advancing attention to collaboration of multi-disciplinary teams with paramedics, has demonstrated a value in providing orientation and time for collaborating professionals to develop a shared understanding of models of clinical reasoning to facilitate cultural shift between healthcare professionals which can result in creative and flexible clinical pathways can support a reduction in unnecessary hospital admission.

- **Engage technology to effectively support communications, assisted assessment, or treatment consultation as may be appropriate to support paramedics to treat in-scene.**

Treat and release patients on-scene

Occupational therapists can see good opportunity for collaborative care if regulations enabled paramedics to treat patients on the scene. While there may be situations where the paramedic assessment and treatment on-scene is all that is required, the Society would position the following options for consideration to lend strength to the goals of regulatory reform. Non-emergency falls or mental health 9-1-1 calls provide two examples where occupational therapists would serve as valued partners to the paramedic on the call. **OSOT proposes that regulations enable paramedics to treat on-scene but also make provision for treating as part of an inter-professional team that treats on-scene.** Experience in Britain has provided clear example of the benefits of collaboration of occupational therapists and paramedics. The following examples are shared from the *Royal College of Occupational Therapists: Examples of Partnership in Working in Falls Response*, January 2019.

East Lancashire Falls Response Service

In Lancashire, in the 12 months before January 2016, 78% of people who received an innovative joint assessment between a paramedic and an occupational therapist were able to remain at home. This partnership is called the Falls Response Service (FRS) and has been set up by East Lancashire NHS Hospitals Trust and North West Ambulance Service (NWAS). The FRS is sent out to 999/111 calls from people who have fallen but do not have an apparent injury, as the multidisciplinary team is able to simultaneously check for health concerns that need immediate attention as well as assessing what caused the fall and establishing future preventative measures.

This is a dramatic reduction from the previous rate of 70% of people being taken to hospital, as the FRS partnership conveys less than 23% of those it assesses. During the pilot period of January to September 2015, the FRS completed an average of three ten-hour shifts a week. The savings to the emergency department have been calculated at £27,000, based on 214 calls costing an average of £126 per incident. The pilot has now been made permanent and the service now covers 7 days a week.

Impact: Figures on non – conveyance April 2016 - March 2017 = 76%. Previously, 70% of patients would have been conveyed to hospital.

Example of occupational therapists and paramedics in action:
The East Lancashire Falls Response Service crew responded to a 98-year-old lady lying on the floor following a fall in her bedroom upstairs. She had been found by her daughter who then called 999. The paramedic carried out a comprehensive check for injuries which was negative, allowing the occupational therapist and paramedic to proceed to assist the patient to get off the floor and onto her bed.
Further medical observations by the paramedic came back clear and the occupational therapist then assessed the lady's ability to move around her home, along with her strengths and abilities to manage occupations and her safety within the home. After speaking to the patient and her daughter, an action plan was agreed upon and implemented following the initial emergency visit.

Norfolk Community Health and Care Trust.
Early Intervention Vehicle- Early Intervention Technician and occupational therapist.
Benefits to the patient:

- Immediate provision of frames and equipment from vehicle with falls prevention advice, rapid referral for assessments for extra/new care and social care.
- Integrated emergency, health and social care assessment to reduce future falls.
- Improved access to community health pathways
- Reduced ED attendance and associated acute admissions
- High patient and carer satisfaction

Impact: Reduced demand on ED & associated admissions, for example: model suggests 15 avoided admissions to residential care. Significant economic savings across the health and social care community valued at £2.4m pa

Impact: 75% of patients prevented from coming into hospital. This equates to a Return on Investment of 9.6 to 1.

South Central Ambulance Service and the Royal Berkshire Hospital Foundation Trust - Falls and Frailty Response Service.
The team consists of four occupational Therapists and five experienced paramedics. They provide a blue light response service on Saturday, Sunday and Monday, 7am-7pm, to 999 calls for older adults who have fallen.

The service enables older adults to be treated at home with the aim of reducing future falls risks through addressing clinical, functional and mobility needs. Following the clinical assessment, the therapy assessment considers mobility, cognition, equipment needs, care needs and the home environment. The occupational therapist can then advise on changes to the home, strategies and techniques for moving safely and is able to supply equipment, as well as signpost for support available in the community.

Impact: Since October 2017 - to March 2018, 70% of older adults remained at home. Average response time is no more than 40 minutes, depending on the area.

Early Intervention Vehicle- Hertfordshire County Council.
From April 2016 and September 2017 the Early Intervention Vehicle responded to 1,636 calls with only 28% resulting in the person being conveyed to hospital. The service was calculated to save £809,938, with a return on investment of £1.30 for every pound spent.

Paramedic & Occupational Therapist Falls Pick up service- Bath & North East Somerset
7 day a week, 8 am – 6 pm service- marked response vehicle with a therapist and paramedic. The rotation is covered by two occupational therapists, one physiotherapist and a number of paramedics. This is a pilot running May 2017- April 2018, and has been extended May 2018-March 2019.

The pilot is a joint venture between the health and social care community organisation (Virgin Care) and the acute hospital (Royal United Hospital) & SWAST (South West Ambulance Service Trust). The acute trust provide two therapists and the community provide one therapist. The original pilot was for occupational therapists, this was extended to include one physiotherapist in the team. The therapy team is managed operationally and clinically by the Falls Clinic in the community, however the staff respond from the Ambulance station.

Impact: May 2017- March 2018 = 635 people seen. Following intervention, 551 stayed at home. 87% of patients were prevented from coming into hospital. Therefore only 13% were conveyed to hospital. The number of falls patients conveyed by a traditional ambulance model (an ambulance crew with no therapist) responding to falls is 40%.

The opportunity for paramedics to work in collaboration with other professionals while on-scene needs to be a provision within the regulations. In addition, to actualize the potential savings on ER visits and admissions and the improvement in client experience, the following need to be considered:

- **Provisions for embedding occupational therapists in paramedic services across the province need to be addressed.** To date, OSOT is aware of one municipal paramedic service (Niagara Region) that has piloted successfully an interdisciplinary falls paramedic service. Funding for the occupational therapist was seconded from the local hospital. Creative funding models needs to be mobilized to enable the service to result in savings that can pay for the additional staff resource.

- **Ideal models provide for mobile assistive device distribution.** For example, an EMS vehicle fitted with commonly used assistive devices and/or materials for simple adaptations to the environment enables the occupational therapist to implement solutions in situ, teach the client how to use or work with the adaptation, etc.

- **Integrated service delivery models of care such as Ontario Health Teams or bundled care models and interprofessional EMS teams should be integrated.**

Thank you for the opportunity to comment on proposed regulations to enrich the capacity of paramedic services in Ontario. Please contact us to clarify any of our points and recommendations.

Sincerely,

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