Inputs to Consultation Emergency Health Services Modernization

An Occupational Therapy Perspective

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Ontario Society of Occupational Therapists

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Inputs to Consultation on Emergency Health Services: an occupational therapy perspective

The Ontario Society of Occupational Therapists (OSOT) is pleased to comment on the Ministry of Health's *Discussion Paper: Emergency Health Services Modernization*, November 2019. We believe the consultation is an important step in looking at options for best utilization of emergency health services to support government priorities for the health system which include focusing on prevention and health promotion, providing the right care at the right place, and better integrating care to improve patient flow.

The Ontario Society of Occupational Therapists

OSOT is the provincial professional association of over 4400 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 emergency medical services serve and interact with.

OSOT's interest in Emergency Health Services

While occupational therapists are not professionals typically engaged in emergency care provided by Emergency Health Services, we promote our perspectives on the consultation questions because we believe there are meaningful ways for occupational therapists to contribute to and participate in strategies to support effective use of emergency health services in non-emergency functions that would effectively meet patient/public needs and contribute to health system efficiency and function. Our perspectives and suggestions are based upon the following;

- We are informed by the experience of jurisdictions in Ontario, in Canada and globally which provide exemplars of effective and impactful collaborations of occupational therapists and paramedics.

- As a profession, we support the capacity of all health professions to work to their full scope of practice and competence, extending this respect and support to paramedics.

- The issue of providing the right care at the right place is particularly relevant and important for many of the populations that occupational therapists are engaged with across the health system such as; frail seniors, persons living with chronic disease or mental illness, or those in palliative stages of health care.

- We understand the need to protect the effectiveness and efficiency of the ability of EMS to respond to emergencies, but we also see the value and potential of community paramedicine to promote and maintain health, wellness and quality of life and see opportunities for greater interaction with other components in the health system and other professionals such as occupational therapists.

- Current shifts in health system service delivery models to a more integrated health system create, in our opinion, opportunities to look at new integrations of EMS and other parts of the health system with a goal to deliver more effective care to Ontarians in need.

The Society will limit its comments to questions to which we can provide an informed response. There are many components of Emergency Health Services that the profession is not able to comment upon.

Lengthy Ambulance Offload Times and Delays in Transporting Medically-Stable Patients

Lengthy ambulance offload times result when emergency departments are critically busy. Therefore, one strategy to address the issue is to reduce the number of emergency visits. While not all emergency department visits arrive by ambulance, it is important to consider whether all ER visits delivered by ambulance are necessary. OSOT has supported recent regulatory changes that will enable new service delivery 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**. In a variety of jurisdictions, occupational therapists have been involved in new models of interprofessional service delivery with paramedics that are targeted to reduce the number of ER visits.** We share some of these exemplars in the "innovations" section below.

The efficiency with which Emergency Departments are able to effectively address the needs of ED visitors is also important to consider. In these departments, occupational therapists play an important role that informs decisions regarding admission to hospital or ability to safely discharge someone home. The occupational therapist's functional, cognitive, emotional assessment aims to determine a patient's ability to manage their basic activities of daily living safely within a home environment and the interventions such as the provision of equipment prescriptions, patient education and/or referral to community support services that will enable the person to be discharged home. These insights inform admission/discharge decisions. Not only can these services prevent unnecessary hospital admissions and exacerbation of "hallway medicine" situations, but they can also prevent the repeat visits to the

emergency department that can be common when patients are discharged home without adequate attention to their ability to manage functionally in their home. Both these outcomes are critical to minimizing backlogs in emergency departments that can impact offload times for ambulance services. Occupational therapy services are particularly relevant for the high volumes of older patients and those with complex chronic conditions. Occupational therapists are increasingly present in emergency departments across the province, however, many hospitals do not have this resource and further investment in and evaluation of occupational therapy to support emergency department service delivered is needed. **All Emergency Departments must have occupational therapists embedded in their multi-disciplinary teams.**

Lack of Coordination among EHS System Partners

Community paramedicine programs and non-emergency services that do not require transfer of patients to the Emergency Department must be able to rely on integrated communication systems that connect them to the publicly funded health system and community partners. OSOT was surprised to learn, in consultation with Emergency Health Services in various communities, how limited communication exists at present. When paramedics respond to a call from a senior who has fallen but is medically stable, we have been told that they wish to be able to refer to an occupational therapist to address functional and environmental assessments to identify and address fall risks in the home. While a referral can be made to LHIN home and community care services, we understand that there is no feedback loop to inform EMS about whether an OT assessment/treatment was provided. When the patient has repeat 9-1-1 calls it may be learned that an OT has not visited but the rationale has not been communicated.

The new regulations permit practice models for paramedics to treat on site and refer to community resources for certain 9-1-1 patients. To support this there needs to be effective, integrated communication systems to provide access to the client's primary care provider, to the home and community care system, to community mental health resources, etc. and to be able to receive feedback from these sources. As Ontario Health Teams evolve, emergency health services need to be viewed as part of the integrated system of care.

Intra-system communications can be supported by clear pathways and supporting policies amongst partner agencies, including EMS.

Innovations that can Improve Care

i) Paramedic Treatment of 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 primary care physician or other health 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 and to address risks and deficits to promote safe independence. 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 waitlisted and thereafter limited to 2 – 3 visits. Further, current process would require a LHIN Care Coordinator to assess the client and then, subsequent to determining program eligibility and priority for OT services, provide a referral to an occupational therapist who would then schedule a visit. This creates days, if not weeks delay. 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. For example, a palliative client who may require assistive or mobility devices should not be delayed in access to necessary supports. 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.

- A paramedic's referral to a family physician or Family Health Team may be an appropriate community referral. However, this may not provide access to additional allied health supports. For example, few physicians outside of some 60 Family Health Teams have access to the auxiliary resources of an occupational therapists to support their patients. To address this gap, **integrated service delivery systems need to address ways in which family physicians across the province can access allied health supports in a timely manner.** We believe that in an integrated health service system, community based primary care occupational therapists are a critical resource.

- **Communication and reporting platforms and policies to facilitate referral to community services and the 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 the professionals engaged in new models of care to facilitate understanding of each other's values, and professional outlooks is important**, as few health professions have had opportunities to work with paramedics in Ontario. 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 a cultural shift between healthcare professionals which can result in creative and flexible clinical pathways that can support a reduction in unnecessary hospital admission.

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

ii) Interprofessional partnerships – e.g. Paramedics & Occupational Therapists

Occupational therapists can see good opportunity for collaborative care if paramedics are enabled to treat patients on the scene. Non-emergency falls or mental health 9-1-1 calls provide two examples where occupational therapists could serve as valued partners to the paramedic on the call. As partners, a paramedic and an OT would respond to non-emergency calls not requiring an ambulance service. Designated EMS SUVs reduce the demand on ambulances. **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

The Early Intervention Vehicle is staffed by an Early Intervention Technician and occupational therapist and provides onsite access to typical assistive devices and easily installed adaptive equipment that addresses risks for falls in the home. 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 per annum. 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 by 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 utilizing a 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 provides two therapists and the community provides 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%.

OSOT positions that this evidence is sufficiently compelling to pilot similar partnerships of occupational therapists and EMS in Ontario to achieve the following;

- Reduce backlogs at emergency departments by reducing visits to the ED
- 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

To date, OSOT is aware of that Niagara Emergency Medical Services has piloted successfully an interdisciplinary Falls Response Team integrating an occupational therapist into their team. (View role description on page 10.) The value of responding to and seeing the patient in their home, where the fall occurred gives ready evidence of issues that is not easily accessed when a person is seen in a falls clinic or emergency department. The opportunity to assess the individual's abilities and the context or environment in which they live and need to function saves time and enables in situ problem solving. Furthermore, with the occupational therapist on site for the visit, an EMS referral to home care, a care coordinator's intake assessment, and the LHIN occupational therapist's assessment are all avoided – further system efficiency and cost savings.

It speaks volumes when a coordinated service can address a person's fall and mitigate future risks by modifying the environment, teaching new strategies for doing things or introducing mobility devices; thereby enabling them to remain living safely in their home and not dependent upon (or minimally dependent upon) LHIN PSW supports. Additionally, this can reduce the frequency of future 9-1-1 calls and emergency department visits.

In the same way, occupational therapists could support Community Paramedicine programs that exist across the province. These provide supports to people living with limited ability to access external services – frail seniors, those living with chronic disease, mental health conditions. The Society positions that a partnership of a paramedic with another allied health professional, such as an occupational therapist, would enrich the skillset and perspectives brought to assess, treat and support the stable but at risk client. Occupational therapists would bring assessment skills to address physical, cognitive, emotional domains and their professional attention to the relationship of the person and their strengths and abilities, the occupations they need to perform (activities of daily living, social activities, etc.), and the environment in which they need to function.

The Society positions that such integrations of occupational therapy and emergency health services could well serve the needs of both Ontarians and the public health care system. To effectively support such integrations the following need to be addressed:

- **Creative funding models need to be mobilized to enable occupational therapy service partnerships with Emergency Medical Services**. These can be found. Cost savings relating to emergency room diversion or costs associated with engaging LHIN support services can be realized and re-allocated to support new service delivery models. The integration of services and partnerships under an Ontario Health Team should facilitate the shifting of funds from one cost centre to another when there is such compelling evidence that re-allocation can make a difference. In the Niagara Region, the Hotel Dieu Shaver Health and Rehabilitation Centre funded the occupational therapy position as a secondment to the EMS.

- **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 device or adaptation, etc. Funding for such devices can be a barrier for people living with chronic disease or mental health issues, seniors, etc. and a simple solution such as a raised toilet seat (most falls occur in the bathroom) may be refused on the basis of cost. System wide consideration of funding models to address access issues is necessary.

- **Funding sources for home modifications need to be increased to truly support principles of aging in place.** Steps to entrance ways, ability to maneuver through a bathroom door in a wheelchair, a raised lip to the shower, etc. can all impose dependence on an individual who might otherwise be able to manage on their own in an accessible environment.

- **Investment in community based therapy services is critical**. Ontario's LHIN based home and community care system is heavily "care" focused with PSW services a primary resource. In meeting the demand for care, the very services that can support individuals to maintain, regain or develop skills and functional ability have been severely diminished. The capacity of the sector to build and support independence and function is compromised. Community based rehabilitative treatment services in the home and community care system essentially do not

exist. With 2 – 3 visits per client, assessment of basic home safety is all an occupational therapist can address. The potential for EMS to treat and refer on to community allied health professionals is both an opportunity and…a challenge. For this reason, we have suggested that OTs become members of designated teams or that LHINs identify interprofessional teams that can be responsive to paramedics' referrals.

Thank you for the opportunity to provide input to the consultation on Emergency Health Services Modernization. We would welcome the opportunity to meet to discuss our suggestions more fully. For further clarification of any of our points, please contact Christie Brenchley, Executive Director at 416-322-3011 or cbrenchley@osot.on.ca.

References:

Canadian Association of Occupational Therapists. Occupational Therapy in the Emergency Department Fact Sheet, retrieved February 7, 2020

Preston, J., Galloway, M., Wilson, R., McNamee, L., Deans, Y., & McGhee, G. (2018). Occupational therapists and paramedics form a mutually beneficial alliance to reduce the pressure on hospitals: A practice analysis. British Journal of Occupational Therapy, 81(6), 358–362. , retrieved February 7, 2020.

Royal College of Occupational Therapists. (2016) Reducing the Pressure on Hospitals, a report on the value of occupational therapy in England, retrieved February 7, 2020.

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Appendix:
Niagara Region EMS Falls Intervention Team – OT Role Description

Occupational Therapist, Falls Intervention Team
Niagara Region, Emergency Medical Services (EMS) Pilot
(Casual Employment with Temporary Full-Time 6 Month Contract)

In alignment with the Mission and Values of Hotel Dieu Shaver, we are seeking an Occupational Therapist for a secondment opportunity with the Niagara Region, Emergency Medical Services (EMS) Pilot.

In this role, you will be an autonomous primary health professional who works in partnership with clients and relevant others to provide safe, effective, ethical, and client-centered community based occupational therapy. These clients are identified through the 911 Niagara Ambulance Communication Center either at the time of the fall or through the Community Paramedicine Program. The incumbent will travel throughout the Niagara Region with their Paramedic partner to persons who have sustained a fall from standing/ground level and provide on-site assessment and care.

This position will help clients of all ages who have limited abilities establish, develop and/or maintain the ability to complete daily functions and tasks while focused on reducing slips, trips and falls. As a member of a multidisciplinary team, the Occupational Therapist is to provide assessments, treatment recommendations and community referrals to persons who have sustained a fall.

Main Responsibilities:

- Provides comprehensive assessments, assist with treatment, recommendations and community referrals to persons who have called 911 after a fall where there is no information to indicate there are any priority symptoms requiring transport to the emergency department.
- Assesses patient to determine their strengths and weaknesses, cognitively/perceptually, physically and psycho emotionally. Determine influences of the environment on the individual including evaluation of the environment. Interpret data to determine plans to support discharge planning where appropriate.
- Refers to appropriate community agencies necessary to support falls prevention.
- Provides education to patients and families regarding activities of daily living, home programs and adaptations to work/leisure, etc to prevent future falls.
- Completes full clinical documentation and input statistical information related to all patient activities that meet departmental, provincial and professional standards of practice and documentation policies.
- Participates in the development and evaluation of new and current programs.
- Participates in community liaison and system planning activities through committee membership related to falls prevention

- Provides assistance when Paramedic is required to lift patients using appropriate lifting techniques and supplied lifting devices designed to decrease and encourage as little effort as possible.
- Other job duties as required.

The successful candidate will possess:

- A Master of Science Degree in Occupational Therapy or equivalent is required.
- Hold a current General Practicing Certificate in good standing from the College of Occupational Therapist of Ontario.
- ADP Authorization required.
- A minimum of two years' experience in as an occupational therapist in a rehabilitation setting.
- Previous experience in a community setting is required. (i.e. home care, home visits etc.)
- Knowledge of local resources and referral pathways for continued health support.
- Knowledge of core reasons for falls, particularly in the geriatric community.
- Demonstrated knowledge and experience in applying the principles of falls prevention.
- Knowledge and skills in providing occupational therapy assessment, treatment and rehabilitation of individuals with mobility issues.
- Knowledge of common medications and diseases that contribute to falls, environmental assessment and community resources.
- Must have a working knowledge of the legislation governing the practice of Occupational Therapy.
- Demonstrated knowledge and application of evidence-based practice.
- Must possess the ability to operate a computer to perform data entry/retrieval and work processing functions. Experience with Clinical Connect an asset. May also be required to operate a GPS navigation system.
- Must possess English language verbal communication skills sufficient to understand and communicate detailed instructions, directions and procedures clearly to patients and families.
- Must possess English language literacy skills sufficient to complete and review patient assessment and treatment reports.
- Must possess human relations skills sufficient to develop effective therapeutic relationships with patients and their families and to develop and maintain positive working relationships with other members of the health care team.
- Must be a critical thinker and have the ability to use logic and reasoning during problem solving.
- Must have proven ability to perform the physical requirements of the position including the ability to lift a minimum of 15kg.
- In accordance with the Niagara Region Corporate Criminal Record Check Policy, the position requires the incumbent to undergo a Criminal Records Check and submit a Canadian Police Clearance Certificate prior to starting this assignment. The incumbent will be responsible for the cost of this clearance.