

Rethinking Paramedicine



Guided by Compassion. Enhanced by Experience.

Navigating Healthcare for a Better Wellbeing



Presentation Overview



- Toronto Paramedic Services Introduction
- Community Paramedicine Overview & Objectives
- Partnered Street Outreach
- Home Visit Program
- Community Paramedic Led Wellness Clinic
- Situation Tables
- Post-Fall Pathway Pilot
- Key Take Aways
- Questions



Toronto Paramedic Services

- Largest municipal paramedic service in Canada that serves approximately 2.8 million residents
- In 2024, Toronto Paramedic Services responded to over 313 000 calls for service and on average a 5% growth in call volume occurs year to year
- Ever growing demand for services and increased pressures on emergency departments and overall health care system



Community Paramedicine

- Program began in Toronto in 1999 and has steadily grown and evolved since
- Designed to support the City's most vulnerable residents and those who frequently use 911 and emergency departments
- Community Paramedics (CPs) work to
 - identify and address gaps in health & social care
 - connect clients to appropriate resources
 - work with partner agencies & primary care
- Provincially and Municipally funded



Community Paramedicine Objectives



- **911 call mitigation**
 - analysis of frequent 911 use
 - Community Referrals by EMS (CREMS)
 - FOCUS/SPIDER
- **ED diversion & System Navigation**
 - home visiting
 - short term case management
- **Community Outreach**
 - street outreach
 - wellness clinics
 - health education presentations & events
- **Improved community-based care**



Community Paramedicine Programs

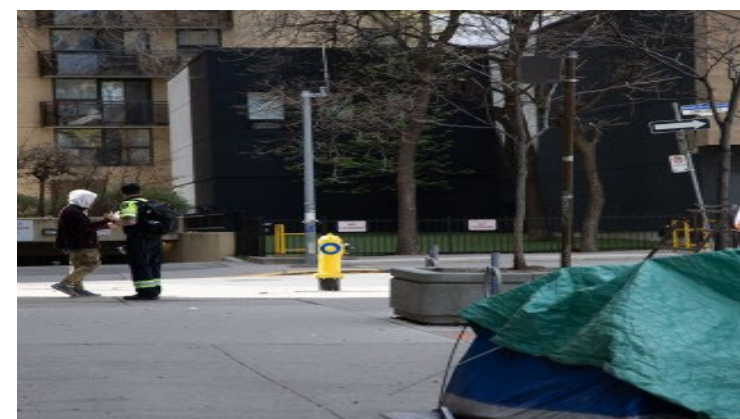
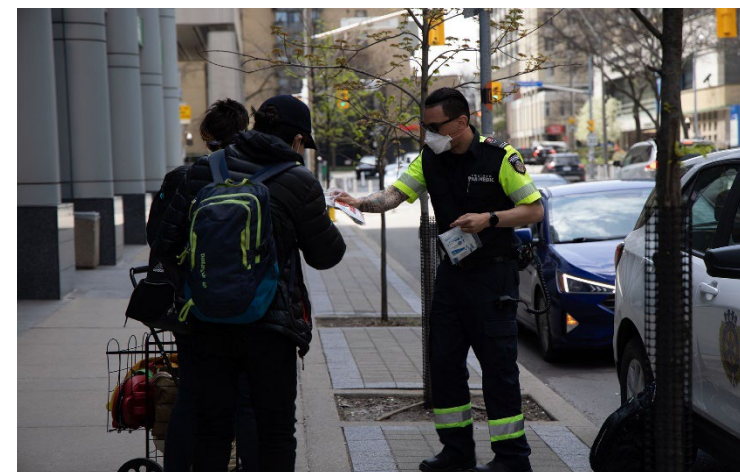
- Partnered Street Outreach
- Home visits
- Community Paramedic Led Clinics
- Situation Tables – FOCUS/SPIDER
- Post-Fall Pathway Pilot
- Community Referral by EMS (CREMS)
- Frequent Caller Program
- Homebound Vaccinations
- Complex Care Program
- Chronic Disease Management
- Palliative (in development)



Partnered Street Outreach

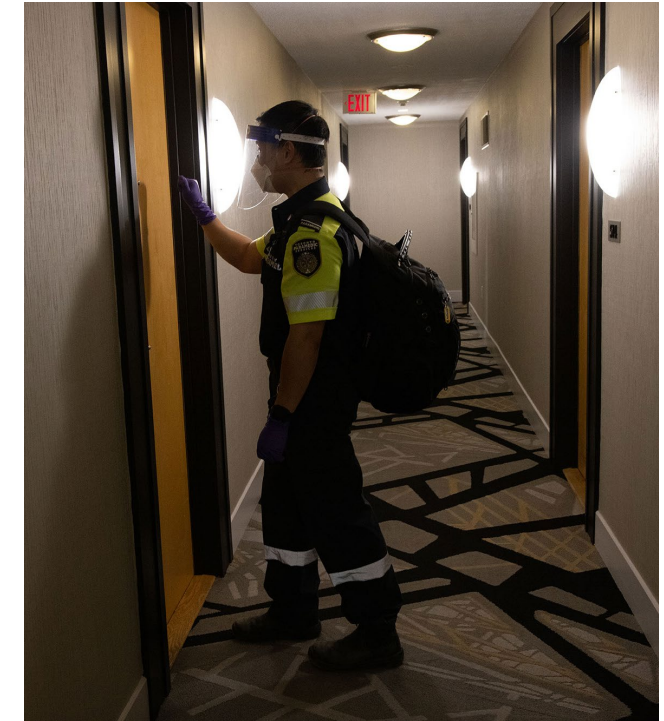


- Weekly targeted outreach
- Targeting encampment sites and other known areas identified by S2H & check-in at COT Central Intake
- Provide health education, advice, system navigation, first aid kits, topical antibiotic ointment, and naloxone kits
- Building relationships for better access to care and services



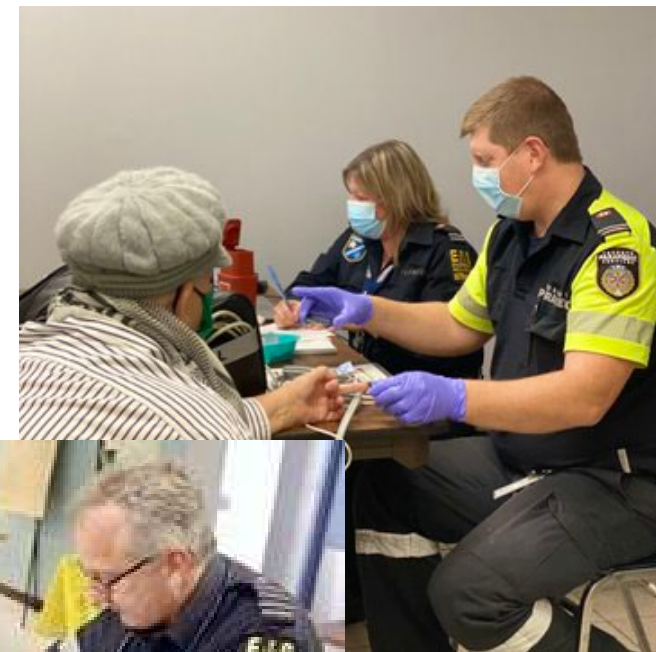
Home Visit Program

- CPs perform in-home and virtual visits to support vulnerable clients in the community as a result of referrals from frontline paramedics, other health care providers, and third parties as well
- What do CPs assess at a home visit:
 - living and housing conditions
 - socioeconomic and psychosocial challenges
 - medical history
 - vital signs including blood glucose & ECGs if required
 - medications and medication compliance
 - hazards in the home
 - current services in place
 - unmet needs
- After the home visit and assessment, CPs will then make referrals to community services to help eliminate any gaps in their care and conduct follow-up as necessary



Community Paramedic Led Clinic (CPLC)

- CPCL offered bi-weekly in 9 TCHC seniors buildings and 1 shelter.
- Monthly clinics at 5 NORC buildings and 1 UHN Social Medicine Housing location
- Focus on residential buildings with high 911 use
- Provides medical support, vital signs assessments, EQ5D interviews, education on medication use and frequent safety checks
- Over 8200 clinic interactions in 2024



Situation Tables



SPIDER- Specialized Program for Interdivisional Enhanced Responsiveness

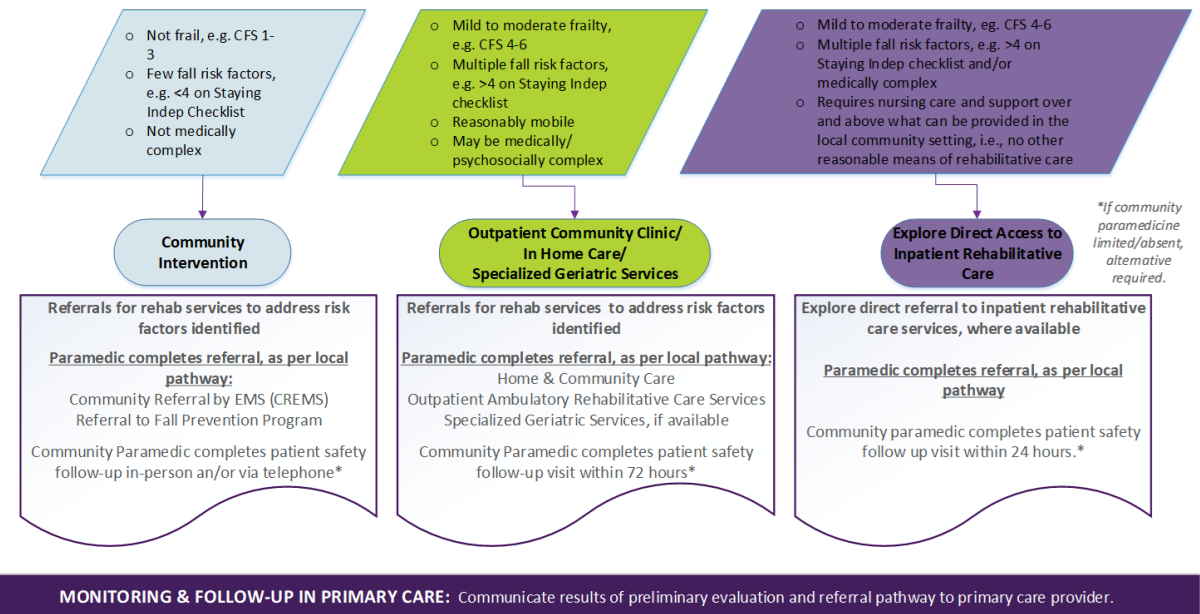
- Bi-Weekly meetings to bring forth at risk individuals who meet the SPIDER threshold criteria of health & safety concerns
- If left unattended such situations will require a variety of emergency responses including Paramedics, Police, Fire, Mental Health, Children's Aid and others.

FOCUS-Furthering Our Community by Uniting Services

- A multi-agency team that identify individuals, groups and places that are at a high risk of anti-social and/or criminal behaviour as either perpetrators or victims.
- Provide the community with the best possible interventions to respond to safety risks, within 48 hours.

Post Falls Pathways Pilot

- Partnership with Rehabilitative Care Alliance, GTA Rehab Network, and North West Toronto OHT
- Supports individuals with recent 911 calls for falls with care pathways
- Aims to reduce recurrence of falls and subsequent 911 calls and ED visits



Key Take Aways

1. Partnerships & collaboration are key to ensuring clients are well supported and safe in their communities
2. Investing in routine care and services reduces the need for acute care in both social and health contexts
3. Paramedics play a vital role in health and well-being outside of the traditional 911 system



Questions?



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