

# EMS Mobile Integrated Healthcare



# Mobile Integrated Healthcare

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**Purpose** To serve as a single point of contact for care providers needing to refer vulnerable patients for short-term medical support.

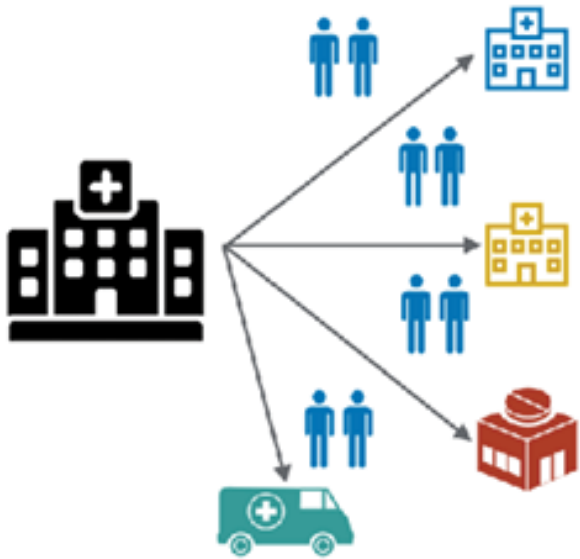
**Goal** Improve healthcare system capacity by reducing reliance on EMS, the emergency department and hospitals for urgent low-acuity illnesses.

**Model** Provide medical assessments, diagnostics and treatments using mobile Community Paramedic resources, in coordination with existing healthcare services through the MIH Assess Treat and Refer program.

# EMS and Paramedic Opportunity

## Anywhere, Anytime, Access

to non-emergent hospital level medical care



- ✓ Moving patient care outside of the hospital
- ✓ Using the success and proven ability of EMS to provide mobile medical treatment
- ✓ Re-frame the Paramedic scope of practice  
*Community Paramedics are provided with additional training and clinical rotations*

# Accessing MIH Services

**Access Point 1** – Community healthcare staff directly request Community Paramedic services via phone

**Access Point 2** – Physician or clinics request services via referral form

**Access Point 3** – EMS or Community referral via phone

300  
Partners  
Across  
the  
Province



1

2

3



Assess Treat and Refer  
Coordination Centre



# Medical Direction

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1. Most Responsible Healthcare Provider – Family Physician, Specialist, On-Call Facility Physician
2. MIH On-Line Medical Control (OLMC) Physician



**First  
Pathway**

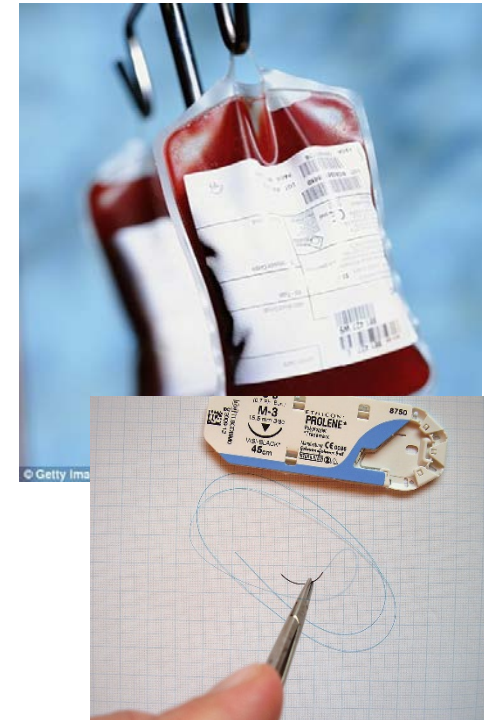


**Second  
Pathway**



# Clinical Services / Interventions

- CVC & IV rehydration
- IV, SQ, IM, PO, PORT & PICC medication administration including IV antibiotics
- Specimen collection (blood, urine, wound, NP)
- Blood transfusions
- Medication dispensing
- Point of Care Testing (iStat)
- Extensive medication formulary available (60 + stocked)
- Urinary catheterization
- Wound closure & care (tissue adhesive, sutures, dressings, staples)
- Prescription facilitation
- Facilitated DI transports
- Healthcare System Navigation and Assessment



# MIH Coordination Center

- ✓ First point of contact for care providers
- ✓ Provide EMS and Community Health staff with real-time solutions for non-emergent patients
- ✓ Opportunity to connect patients with community health services when they choose not to be transported
- ✓ Coordination centers – Edmonton (North Sector) and Calgary (South Sector)
- ✓ Provincial Coverage
- ✓ Staffed by Community Paramedics called Patient Coordinators
- ✓ Interface with existing dispatch services



## Crisis Response and EMS (CREMS)

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- Partnership with AHS AMH and AHS EMS
- Provides Medical and Mental Health Assessment to Patients Experiencing Crisis in Community
- Referrals from Access 24/7, EMS, EPS, PACT, RPACT
- Provides Heavy User intervention via EMS CHAPS Referrals
- Responds outside City of Edmonton
- Available 1200-000 Seven Days a Week





## City Center Team (CCT)

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- Supports at Risk and Vulnerable Persons
- Two Paramedics in Mobile Treatment Van
- Provides Outreach, System Navigation and Urgent Medical Care
- Facilitate Community DI
- Works with Outreach Agencies and Teams
- Works Monday – Friday 0730-1600



## Community Health and Prehospital Support (CHAPS)

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- Managed by MIH Coordination Center
- Receive Report from EMS Paramedics for Patients Who Require Additional Support or Heavy System Users
- Telephone Assessment by Community Paramedic to Patient then Referral to Community Health Agency
- Works to Manage Heavy System Users and Ensure Patients Remain Safely in Community

# Health Outcomes for Edmonton Zone MIH

Zone	7 Day Admission Rate
Edmonton	5%
Provincial	7.6%



## Patient Events

4581

## Hospital Avoidance

3435

**Avoidance rates are based on the following measures:**

- Administration of specific medications and blood analysis
- Urinary catheterization
- EMS to CRT referrals
- CTAS score 1, 2 and 3
- Acute wound treatment

# Thank You

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**“Where do I see myself in 15 years?  
I wish you wouldn’t ask that!”**

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