

Executive Summary

The Community Paramedicine for Long-Term Care (CPLTC) program was launched in a staged approach, starting in 2020. The intent of the program is to support vulnerable individuals to stay safe and healthy in their homes for as long as possible while waiting for placement in a Long-Term Care home. The CPLTC program does this by leveraging the skills and expertise of paramedics outside of their traditional emergency medical roles, to provide patient assessments, routine diagnostic procedures, at-home treatments, and/or remote monitoring to help meet the needs of eligible individuals in their local community.

As CPLTC is a novel program, a comprehensive evaluation framework is a core element in order to understand the impact of the program on stabilizing individuals on the LTC waitlist, reducing ED visits and hospital admissions, and helping individuals and their caregivers feel safe and supported in the community. The evaluation uses quantitative, qualitative, and financial metrics collected by local CPLTC programs. The client-level data is linked with health databases in a first of its kind assessment, which provides outcomes at the individual client and at the health system level. All 55 local programs report on a standardized set of data metrics, which allows the ministry to comprehensively measure program outcomes in a way that has not been possible before now.

The evaluation also includes a client experience survey to measure overall satisfaction from the perspective of the client, their caregivers and health care providers. The ministry received over 800 responses to the survey. Results of the evaluation include:

- ✓ **Cost:** The cost for the CPLTC program is approximately \$8.40/client/day, which is lower than other community support programs that target the same population.
- ✓ **System Utilization:** There was a 10% reduction in Emergency Department (ED) utilization and 7% reduction for visits requiring hospital admission.
 - Amongst clients who stayed in the program for less than 6 months, there was a 24% reduction in ED utilization and a 19% reduction in ED visits resulting in hospital admission.
 - Further analyses found that ED visits were most reduced in the first 90 days, with the reduction decreasing as clients remained in the program for longer.
 - 911 calls decreased by 22-32% among all CP clients, and by 20-32% among CP clients with one or more chronic medical condition.
- ✓ **Wait List Stabilization:** CPLTC clients on the LTC wait list are less likely to be moved into the crisis category, when compared to the general population aged 75+, and less likely to experience deterioration in their health condition.
- ✓ **Client Satisfaction:** Qualitative results convey that clients, their caregivers and family members are very satisfied with the program and felt that the program was accessible, reactive, proactive, and safe.

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- ✓ **Alternate Level of Care (ALC):** Overall, fewer CPLTC clients were being admitted into hospitals, however, of those that were admitted, more were designated as ALC.

“Prior to being on this program I had numerous calls to 911. Knowing these [CPLTC paramedics] were monitoring my vital stats was reassuring. They were quick to respond, knowledgeable and empathetic and provided support to me and my family. In my opinion, this service can maintain many seniors in their own homes, far less costly than long term care homes or hospital and certainly preferred by most seniors.” – CPLTC Client

Data collected to-date demonstrates that the CPLTC program is meeting its intended objectives from both a health system and user experience perspective. Future analysis will determine which specific services have the most cost-effective impact on clients and the wider health system, and why short stay CPLTC clients appear to have lower rates of ED utilization.

Note: This report includes findings of the MLTC funded CPLTC program only. MOH findings are not included in this report. MLTC continues to work with MOH towards a joint evaluation approach.