

CBRM

Integrated Health Care Program

Challenges Facing ICB





**Ambulance service in Nova Scotia can't keep up with
'unprecedented' call volume**



Paramedics union tweeting #codecritical when there are no ambulances available

The Program in a Nutshell

Referral based program to either or both:

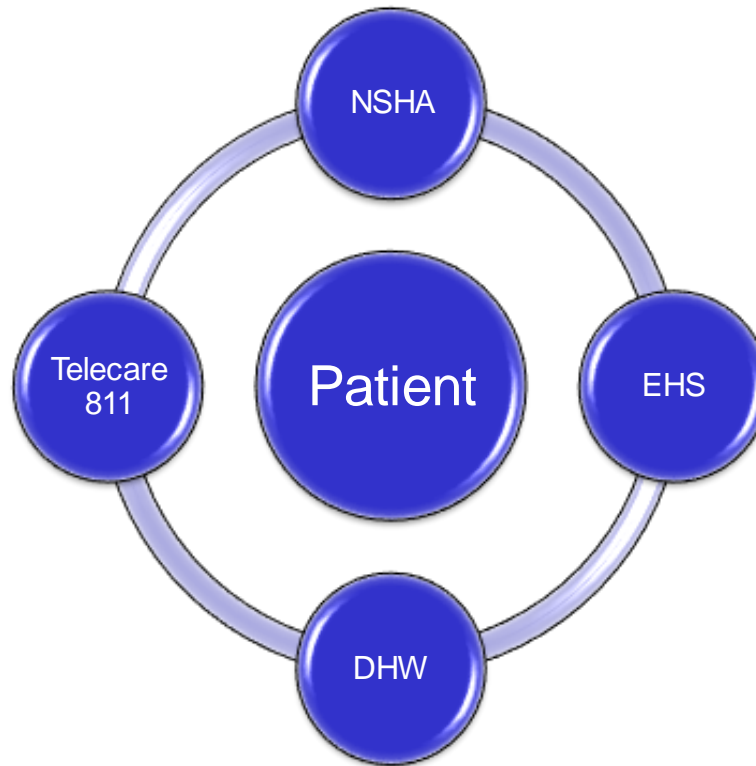
- 811 Telecare RN virtual visits
- Community Paramedic home visits

Patient Populations

- Supportive discharge from hospital = More
- Long Term Care residents
- Super Users
- Chronic disease management (Phase 2)



A Collaborative Care Partnership



CB IHP Program Goals

1. Be a bridge of care until other home care services such as VON can see patient.



2. Perform care services that are unique to patients in their transition of care in the home.



Dedicated to the Job



Patient Populations & Scope of Care

- Post ED – HTN Crisis, Abdominal Pain, Non-Diagnostic Chest Pain
- Post In-Patient Stay – COPD/CHF, Diabetes, Pneumonia Infections, At Risk Seniors, Post Surgery

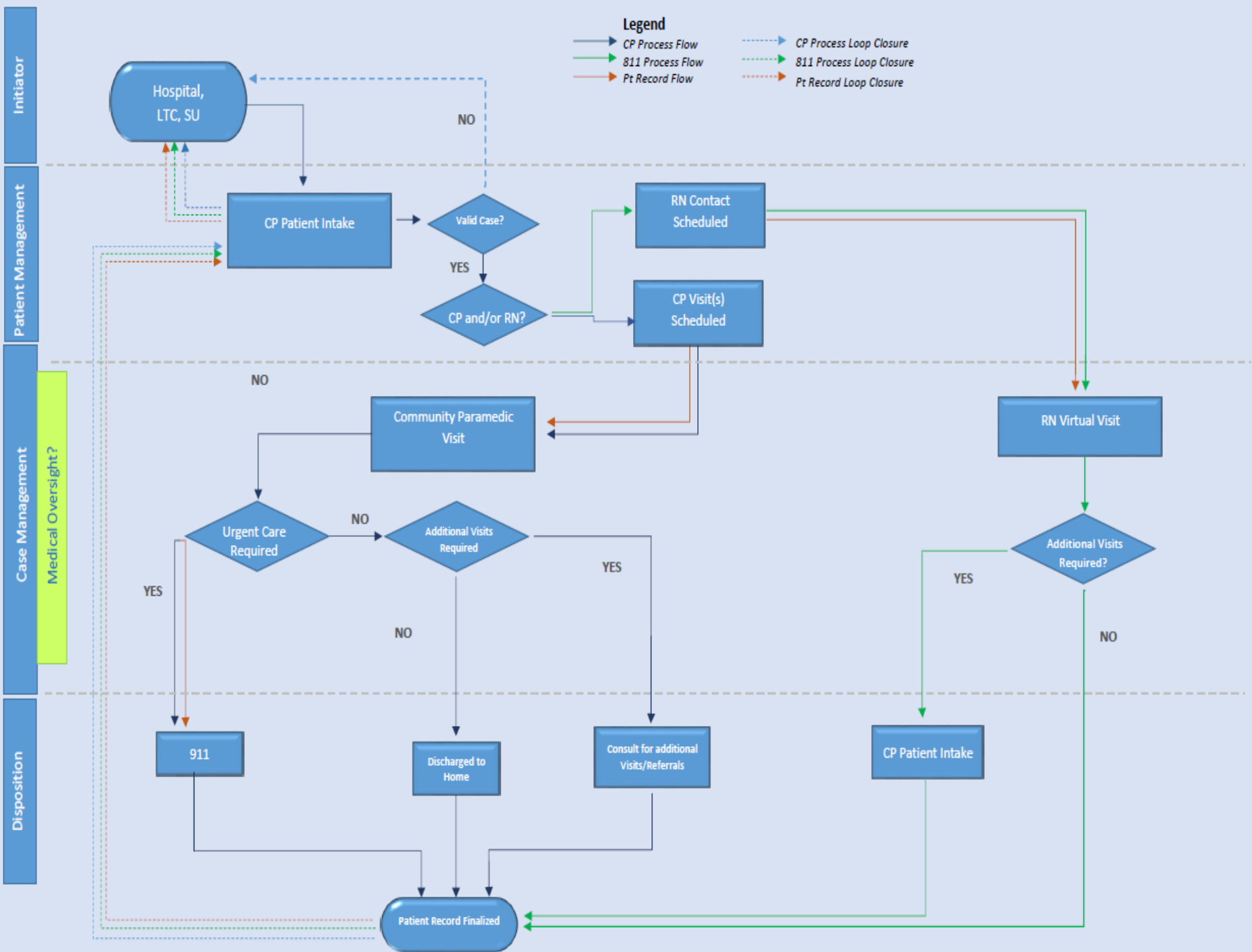
SCOPE

811 Telecare Services

1. Complete specific chronic disease management assessment
2. Medication adherence
3. Patient education and health information topics as appropriate
4. Community Resource Database information as appropriate

Community Paramedic Services

1. Physical assessment
2. Vitals
3. Lab Work (iSTAT / Phlebotomies)
4. Medication adherence / Patient education
6. Treatments (IV fluid therapy & antibiotics)
7. Cardiac monitoring



Vehicle

Will use similar lay as ECP Unit in Halifax.

Specific equipment

- Phlebotomy Cooling



- Mobile Printer



Potential Risks / Challenges

Capacity

- Demand for service outpaces ability to see patients in timely manner.

Hand Over in Care Process

- Ensuring seamless transition in care from IHP services to VON services. Possible confusion and duplication of services.

Patient Care Responsibility

- Identification of care responsibilities in various stages care journey. Whose medically responsible? Who do care records get sent back to?

Cape Breton Integrated Health: Improved Core Business

EHS/EMC

- Optimized system status plan better suited to patient needs.
- Reduced inappropriate EHS transfers.
- Increased hospital avoidance

NSHA

- Improved 'offload times'
- Reduced ED and Inpatient length of stay.
- Reduced ED overcrowding.
- *Improved flow of patients.*

Improved inter-system performance through integration, collaboration, measurement, benchmarking and feedback.

