



Promising Practice: Medavie Community Paramedicine (Improving Equity in Access to Palliative Care—Wellness Clinics)

Healthcare Excellence Canada (HEC) and the Canadian Partnership Against Cancer (the Partnership) would like to formally acknowledge the generosity of the Medavie team in sharing their skills, knowledge, expertise and experiences to form this promising practice document. For our program team, it is a privilege to share the details of this work; however, we recognize that the contributions Medavie has made to equity in palliative care reach far beyond what can be captured in this brief document. Medavie has graciously shared their work and their time with us and for that we are deeply grateful.



About Healthcare Excellence Canada

Healthcare Excellence Canada (HEC) works with partners to spread innovation, build capability and catalyze policy change so that everyone in Canada has safe and high-quality healthcare. Through collaboration with patients, caregivers and people working in healthcare, we turn proven innovations into lasting improvements in all dimensions of healthcare excellence. Launched in 2021, HEC brings together the Canadian Patient Safety Institute and Canadian Foundation for Healthcare Improvement.

The views expressed herein do not necessarily represent the views of Health Canada.

About the Canadian Partnership Against Cancer

The Canadian Partnership Against Cancer (the Partnership) is an independent organization funded by the federal government to accelerate action on cancer control for all Canadians. The Partnership is the steward of the Canadian Strategy for Cancer Control (the Strategy) and works to implement the Strategy to reduce the burden of cancer on Canadians. The partner network—cancer agencies, health system leaders and experts and people affected by cancer—brings a wide variety of expertise to every aspect of our work to support multi-jurisdictional uptake of the knowledge emerging from cancer research and best practices in order to optimize cancer control planning and drive improvements in quality of practice across the country.

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The Promising Practice

Model

The program delivers a palliative approach to clients within the community, where the clients direct their own care. The current focus of the program is on Wellness Clinics in spaces where clients already are, such as the John Howard Society. These Wellness Clinics with community paramedics take place three times a week for two hours a day, with signage for clients to know that they are taking place. Wellness Clinics can involve anything from checking vital signs, assessing a wound and connecting the client to other healthcare and community care services.

The work is based on the premise that people experiencing homelessness and people who are structurally vulnerable are faced with life-limiting or life-altering factors given their situation, and hence benefit from a palliative approach to care.

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Funding

The day-to-day work is funded by the Saskatchewan Health Authority. They fund eight hours a day, seven days a week, for a community paramedic to provide services under the area of mental health and addictions.

Team

The Wellness Clinics are staffed by an endorsed community paramedic who is licensed as an advanced care paramedic.

Population served

The target population for this program is people who are structurally vulnerable, including people experiencing homelessness. The palliative approach is provided to any client who has any sort of life-limiting or life-altering factors who may not otherwise seek care. There are no specific requirements or diagnosis needed. If people ask for help, they will be helped and connected to services.

Referrals

Referrals to the Wellness Clinics are typically self-referrals or walk-ins. However, referrals may come into the community paramedicine program from a variety of ways, such as paramedics working in the 911 system, community partners, including Square One (drop-in centre), the Mission (men's shelter), the Moose Jaw Police and Crisis Team, mental health and addictions and Wakamow Manor (where Medavie provides medical support for detox clients).



Outcomes and Impacts

Client demographics and other data collected

Medavie has collected data on the Wellness Clinics in August and September 2023. In total, 53 clients were reached, with an average age of 38. Of these clients, 68 percent were men, and 32 percent women. In all, 21 of these clients declared First Nations status. In addition, 28 of the clients reached were unhoused, and five were in temporary housing.

Results from August and September 2023 show that 40 out of 53 clients would not have sought other care if they had not attended the Wellness Clinic. As well, 15 referrals were given at the Wellness Clinics, including to primary health clinics, mental health, detox and other services.

Evaluation data

Data are being collected at the Wellness Clinics, including asking clients five questions:

- Did you know in advance there was a paramedic-hosted wellness clinic today? (Yes/No)

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- Were you planning on seeing another healthcare provider today? (Yes/No)
- The paramedic was able to help you with your concerns or questions today? (Strongly Agree/Agree/Neutral/Disagree/Strongly Disagree)
- The paramedic communicated how they could help or what your options were? (Strongly Agree/Agree/Neutral/Disagree/Strongly Disagree)
- How would you rate your overall experience with the paramedic at the wellness clinic? (Outstanding/Excellent/Average/Fair/Poor)

These results will be available in the future.



Collaboration

Partnerships

The Saskatchewan Health Authority is the overall funder of the community paramedicine program.

A major partner in this collaborative is the John Howard Society which provides space for the Wellness Clinics to take place.

Medavie also works closely with other agencies, including the Moose Jaw Police and Crisis Team.

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There are also close relationships with both emergency and family physicians in Moose Jaw, who can be contacted to provide prescriptions as needed, for example.

A new partnership is with the Moose Jaw & District Food Bank, which is also interested in doing Wellness Clinics. The Moose Jaw Housing Authority is another in-kind partnership, where Wellness Clinics have been held in the past.

Community partnerships

The program is at the “involve” level on the [IAP2 spectrum](#), as this program was developed by paramedics to offer people an opportunity to seek help in spaces where they are already located. One of the staff members at the John Howard Society, a major partner on this project, is a person with lived experience.

Lessons Learned

Key principles of the project include:

- Meeting people where they are at
- Harm reduction approach
- Trauma-informed approach

Enablers

- The flexibility to shift the project based on needs over time. The project started as a focus on delivery of more traditional palliative care and moved to focus on the strengths of the community paramedicine work, finding new ways to meet the population with whom they were already working.
- Informal relationships that have been built over time with key partners, including with physicians.

- Overall government support (including funding) for the program.
- Community paramedics and paramedics working in the 911 system will be trained using the Equipping for Equity course in 2024, to increase understanding of the social determinants of health and the impact on clients.

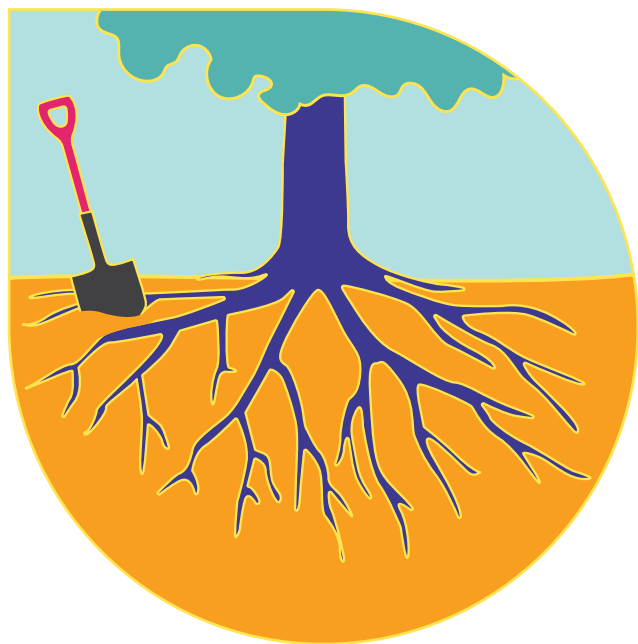
Challenges

- Referrals and data collection can be a challenge when working with vulnerable populations, as clients do not always have government-issued identification including a health card. Bridging the social care and healthcare worlds can be a challenge, as healthcare often has more formal requirements (e.g. health card) than social care. There can be a lot of bureaucracy in certain programs and plans.
- Primary Health Clinics require those without health cards to pay a \$50 registration fee, presenting a barrier for those unable to pay this fee.
- Sustainability of long-term funding for these types of programs can be a challenge. Innovations to show proof of concept are often funded by community partners, and not by governments.

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This promising practice was co-produced with Medavie. Information was compiled in the fall of 2023. In keeping with the changing and evolving nature of care the information may change in the future. We encourage you to reach out to this team for any further information that may be helpful as you work to improve access to palliative care for those you serve.



For more information

To learn more, contact:

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Additional Resources

- Mobile Integrated Health program:
[Community Paramedicine document](#)
- [Medavie Mobile Integrated Health video \(2023\)](#)

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