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November 29, 2016

Attention: All Members
CUPE Local 873

Dear Members;

Re: CSA Community Paramedic Standard Z1630

Please see the following link to view a draft public review copy of the CSA Community Paramedic Standard Z1630.

Public review and consultation will be open until January 17th, 2017.

If you have any comments, please feel free to contact me.

Sincerely,

Dave Deines
Provincial Vice President
Ambulance Paramedics & Emergency Dispatchers of B.C.
CUPE Local 873

DD/sw/MoveUp

CSA Z1630 - 2017

Community Paramedicine: Framework for Program Development

Public Review Draft

November 2016

Note: *This draft is still under development and subject to change; it should not be used for reference purposes.*

Please submit comments to:
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CSA Project Manager
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Community Paramedicine: Framework for Program Development

0 Introduction

0.1 General

This Standard provides a framework for the establishment of a Community Paramedicine Program.

0.2 Overview

The Canadian health care system is facing unprecedented challenges. Canadians are living longer; those born during the baby boom are reaching the age where additional health care services are needed. There is increased financial pressure in the health care system, a shortage and misdistribution of health care professionals in some regions, and increased demand on paramedic services. At the same time, Canadian jurisdictions are increasingly committed to transforming the health care system to be more patient and community-based.

Community Paramedicine Programs have emerged throughout Canada in an effort to maximize efficiencies in patient care and resources. These programs provide an innovative model of care that helps to improve access to additional support services for seniors and patients with chronic health and social issues. The development and expansion of these programs allows paramedics to apply their education and skills beyond the traditional role of emergency medical responders. These programs help to support high users of paramedic services to avoid emergency room visits and hospitalizations and can potentially delay entry to long term care. The aim of these programs is to improve patient outcomes and decrease costs in a way that supplements, but does not replace services delivered by other health care providers. These programs can help to provide a more sustainable, integrated, patient-centred system.

While many paramedic services and jurisdictions are developing and expanding these programs there are no nationally or internationally accepted guidelines for the development of community paramedicine programs. This Standard addresses the elements that experience has shown to be the most critical in developing an effective community paramedicine program.

This standard is to be applied in compliance with applicable legislation and in accordance with jurisdictional authority.

0.3 Users

The purpose of this Standard is to provide guidance to fully understand the context, key considerations and essential elements for community paramedicine program development. The Standard provides a framework and a systematic approach for paramedic services and their partners wishing to establish these programs.

0.4 Application

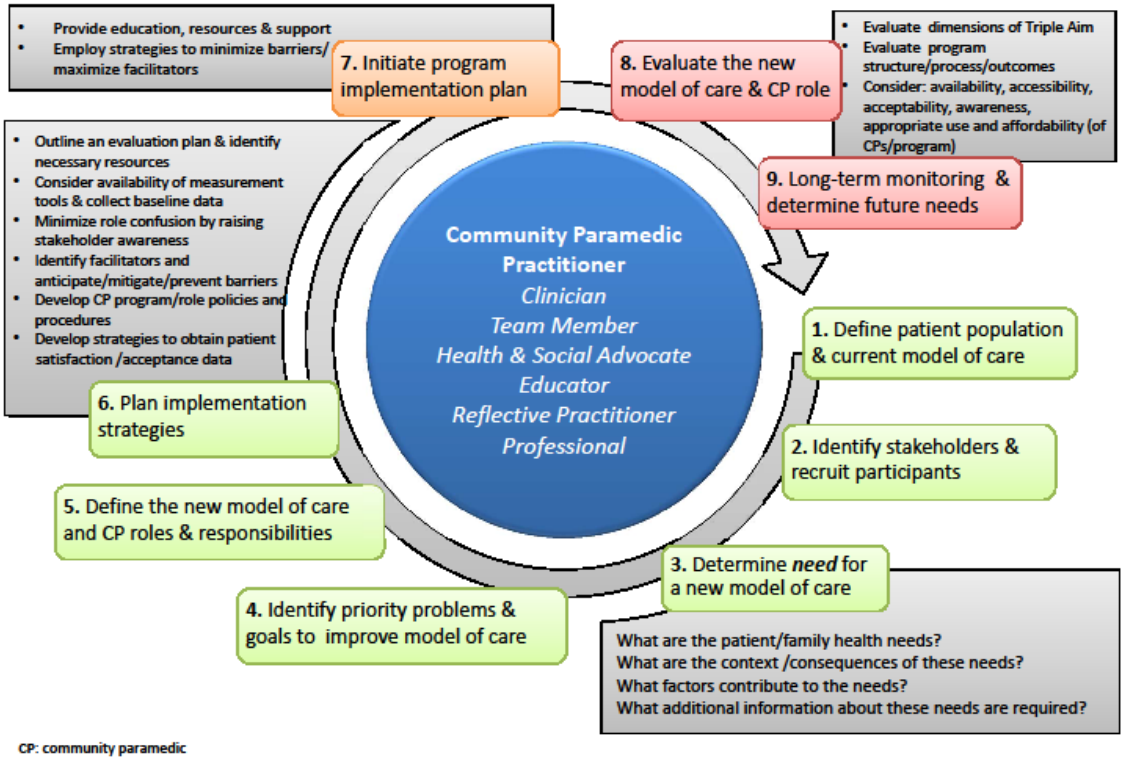
The extent of the application will depend on the circumstances particular to the paramedic service, the nature and location of its operations, the conditions in which it functions and the local gaps in healthcare. The intent of this Standard is not to promote uniformity in the structure of community paramedicine programs, but to encourage organizations to implement programs appropriate to community needs and available resources.

1 Scope

1.1

This Standard provides a framework for the planning, implementation and evaluation of a community paramedicine program, hereinafter referred to as "the program." The framework provides a practical guide and describes the participatory, evidenced-based, patient-centred process for establishing an advanced practice role and new model of care.

Figure 1. Framework for Community Paramedicine Program Development



A Framework for Community Paramedicine Program Development (modified and reproduced with permission from Bryant-Lukosius D. & DiCenso A. (2004) A framework for the introduction and evaluation of advanced practice nursing role. Journal of Advanced Nursing, 48(5), 530-540)

1.2

This Standard includes the following elements of a program development framework:

a) guiding principles;
b) competency, education and training;
c) models of care;
d) planning;
    a. identify partners
    b. community and stakeholder engagement

c. community needs and service gap assessment
d. communications

e) implementation;
f) evaluation and continuous improvement

1.3

This Standard is not intended to provide the full requirements of a management system standard. It may be used in conjunction with a management system, or on its own in the absence of a formal management system.

1.4

This Standard does not provide detailed scope of practice or protocols for the full range of services provided by programs. It is recognized that the regulation of services and personnel cross a number of regulatory authorities including Federal, Provincial, Regional and Local boundaries. All services and personnel should ensure that they meet the requirements of the various regulatory bodies and authorities having jurisdiction.

2 Reference publications

This Standard refers to the following publications, and where such reference is made, it shall be to the edition listed below.

- To insert references used once the draft standard has been finalized
- References in Clause 2 must be cited in the text (correspondingly, all referenced materials must appear in Clause 2)

3 Definitions and abbreviations

3.1 Definitions

The following definitions apply in this Standard:

Carer - a person who takes on an unpaid caring role for someone who needs help because of a physical or cognitive condition, an injury, or a chronic life-limiting illness (referenced in Better Home Care in Canada Collaborative Partnership brochure)

Community Paramedicine Program – uses paramedics to provide immediate or scheduled primary, urgent and/or specialized healthcare to vulnerable patient populations by focusing on improving equity in healthcare access across the continuum of care.

Community Paramedics - licensed paramedics that have completed a formal internationally standardized educational program through an accredited college or university and have demonstrated competence in the provision of health education, monitoring and services within or beyond the roles of traditional emergency care and transport. The specific roles and services are determined by community health needs and in collaboration with public health and medical direction.

Collaborative practice - communication, sharing, and problem solving between healthcare providers-

as peers. This pattern of practice also implies a shared responsibility and accountability for patient care.

Differentiated practice - the use of paramedics in a non-emergency setting or acute non-life threatening situations according to their expertise and qualifications.

Evidence based practice - the integration of best research evidence with clinical expertise and patient values to facilitate clinical decision making (Sacket et al., 2000).

Evidence-based practice – provision of health care that incorporates the most current and valid research results.

Sustainable health and health care - the appropriate balance between the cultural, social, and economic environments designed to meet the health and health care needs of individuals and the population (from health promotion and disease prevention to restoring health and supporting end of life) and that leads to optimal health and health care outcomes without compromising the outcomes and ability of future generations to meet their own health and health care needs.

3.2 Abbreviations

- If a lot of abbreviations being used, we would include this Clause.

4 Guiding Principles

4.1 General

The overall goal of any program should be to promote the patient's access to the right care, delivered by the right provider, at the right time, resulting in the best outcomes and the most effective and efficient use of resources. The foundation of any program will be dependent on stable and sustainable partnerships among numerous community-based agencies, teams and organizations.

While each program will be unique, based on the specific needs and resources of the community, common principles should guide the program and guide the program's evaluation and continuing improvement, from the outset.

4.2 Guiding Principles

The following eight principles underlie the structure and aims of an effective community paramedicine program. They are:

1. Patient and Family Centered
2. Needs & Evidence Based Care
3. Goal directed and Outcomes Based
4. Integrated Collaborative Care
5. Patient and Provider Safety
6. Stakeholder Engagement
7. Governance & Policy
8. Sustainability

1. **Patient-and Family-Centred**
   Patient- and family-centred care recognizes and incorporates the carer's needs, the patient's personal circumstances, their overall health history, the social and cultural context, as well as factors associated with the location and environment of patient encounter. Patients and their carers are integral parts of the care team who collaborate with the health care professional in making clinical decisions.

2. **Needs and Evidence Based**
   Each program needs to assess community needs and identify the gaps between the services and resources available. It must then define its service model with system-specific health status benchmarks and performance indicators. The model of care shall integrate and balance best research evidence, with paramedics' clinical expertise and the patient and family's values and needs.

3. **Goal Directed and Outcome Based**
   Community paramedic programs need to undergo ongoing and rigorous evaluation and improvement of its service and community paramedic roles related to pre-determined outcome-based goals.

4. **Integrated Collaborative Care**
   Programs should build on existing and established community linkages and partnerships and should supplement provision by other providers. Programs should provide seamless care pathways along and within each patient's continuum of care and assist patients with navigation of the health care system. This involves the understanding that it is the responsibility of all partners to ensure that optimum patient care is provided and that there is a shared responsibility and accountability of patient care.

5. **Patient and Provider Safety**
   The safety of the patient and the community paramedics are required keystones of community paramedicine programs. Engagement in voluntary and mandatory patient and practitioner safety reporting systems are key characteristics of a community paramedicine program.

6. **Stakeholder Engagement**
   Engagement of stakeholders is key to program success and should be reinforced during the planning stages and implementation of the program. Communications should be open and transparent to increase community/public awareness and establish strong partnerships.

7. **Governance and Policy**
   Effective programs benefit from strong governance and leadership. Programs must have policies, protocols and assessment tools in place and have senior management commitment. These programs must be aligned with the organization's mission and vision, values, strategic plan, and the management system and organizational practices. As well, jurisdictional and regulatory requirements need to be aligned.

8. **Sustainability**

Community paramedicine contributes to the sustainability of an integrated health system by increasing efficiencies and delivering cost effective care. Programs should be evaluated based on a uniform and validated set of measures leading to optimum sustainability and utilization of patient- and family-centred services.

5 Competency, Education and Training

5.1 General

The Program should establish and maintain a procedure to:

a) define the ideal and minimal competencies required of community paramedics; and
b) ensure that paramedics are competent to carry out all aspects of their unique role and responsibilities, including standard operating procedures.

5.2 Roles and Competencies

While some consider that Community Paramedicine is an expanded role for paramedics, in reality it is not a new practice, but has evolved as a professional specialty. This model of care has the potential to transform the overall role of paramedicine. For successful programs, the roles, scopes of practice and competencies should be clarified and formalized.

The Paramedic Association of Canada's 2016 Canadian Paramedic Profile provides the foundation for the roles and competencies specific to community paramedicine. These overarching roles include:

- Clinician
- Professional
- Educator
- Advocate
- Team Member
- Reflective Practitioner

5.3 Specialized Capabilities

The community paramedic is a patient advocate who displays strong communication, time management and clinical decision making skills while interacting with a diverse, multidisciplinary workforce often situated within complex organizational structures. The community paramedic ensures safe, proficient and appropriate patient care through paramedic protocols, medical consultation, recognized best practices of care, and clinical referral requests. As a professional, the community paramedic demonstrates ongoing working knowledge of paramedic and allied partners: protocols, policies and procedures; local service and business unit standards; and governance documents.

The capabilities most commonly identified as important to the role of a community paramedic include:

1. breadth and depth of clinical knowledge;
2. knowledge of the healthcare system and how it works;
3. experience working in the community and working in uncontrolled environments;
4. knowledge of local community, particularly other health care providers and opportunities for collaboration;

5. communication and relationship building skills;
6. comprehensive assessment and examination skills, including the capacity to see the bigger picture;
7. understanding of the social determinants of health;
8. advanced clinical reasoning and decision-making skills that are not reliant on protocols but can operate within guidelines; and
9. be particularly skilled at working at the intersections of complex systems of care practiced in the context of progressively more challenging problems, projects and standards of performance.

5.4 Education and Training

The organization should ensure that community paramedics receive specialized education and continuing professional development. The educational requirements should provide foundational knowledge based on a recognized or approved curriculum.

Training chosen should fit the needs of the community, based on the health care gaps identified through the community assessment. If an educational program from an accredited educational institution is not available locally, the program may need to develop an in-house program or work collaboratively with a local educational institution to develop a customized training program. These specialized programs could be developed and offered at a local, regional or provincial level.

6 Models of Care

6.1 General

A model of care provides details regarding Community Paramedicine program delivery. This may entail acting in expanded roles and/or with extended scope of practice in applying paramedic competencies in non–traditional community environments through collaborative or differentiated practice. Some community paramedicine programs may aim to reduce the number of patients transported to emergency departments either by re-directing them to service providers not located at a hospital or by providing the necessary care in place.

Historically, program models evolved out of the need to address issues of access to health care in under-serviced, often rural and remote areas. However, Community Paramedicine programs have also been introduced or expanded to address a wider range of health care and social issues, particularly in response to the needs of the elderly and those with chronic diseases, including in urban settings.

The terminology used to classify models of care can vary as can the outcomes of interest. Regardless, each program must define a model of care that describes:

- The population group, cohort, or patient group intended to be served
- The services or interventions that will be provided
- The rationale for these services or interventions
- The pertinent timeframes necessary for program delivery

- The settings under which the program will be delivered

A conceptual framework that provides some examples of models of care is shown in Figure 1. It is critical to identify the key health issues in the community served, to develop objectives for the program, and select the appropriate interventions and timeframes. Models can be classified into one or more of the following three domains:

a) Coordination;

b) Care; and

c) Response;

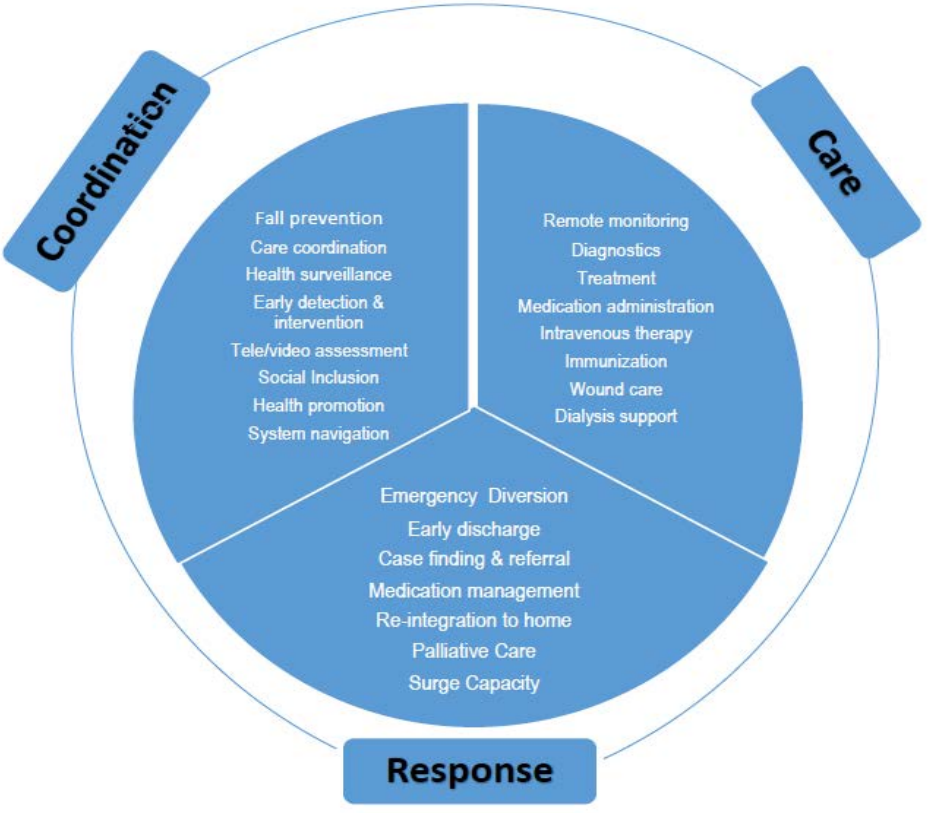


Figure 1. Models of Care example

6.2 Models

A model of care may contain one or more of the elements identified above. The following list provides a brief synopsis of some examples of program delivery that may fit within these domains.

a) Coordination

Examples include:

- **Health system navigation:** Paramedics who provide additional resources to clients that facilitate timely access to appropriate care.
- **Coordination with allied agencies:** Paramedics enabled to share client information with other agencies to facilitate access to care.

- **Screening and detection:** Paramedics engaged in health surveillance, early detection, or facilitation of telemedicine or e-health.

b) Care

Examples include:

- **Aging at home/aging in place:** Avoidance of long term care, allied professional extender, routine evaluation, customized care plans in conjunction with Home & Community Care, Primary Care or Specialized care.
- **Voluntary case identification:** Individuals are able to self-enroll in preventative programs for assistance in management of specific wellness initiatives
- **Community Education:** Providing information on injury prevention, falls prevention, or other public safety initiatives

c) Responsive

Examples include:

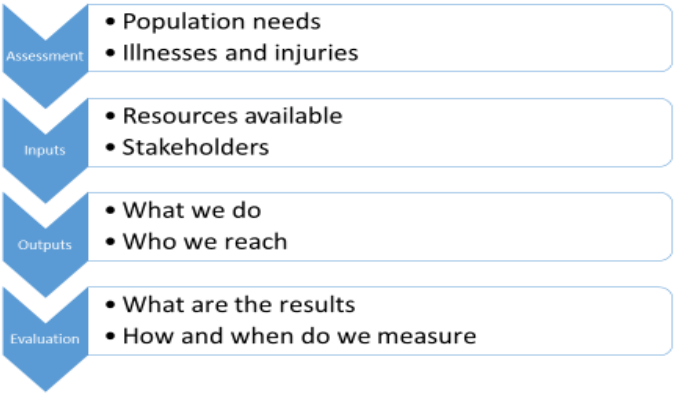
- **Home visits:** Experiential case finding, environmental assessment, carer support, chronic disease self- management in conjunction with Home & Community Care, Primary Care or Specialized Care
- **Palliative/End of Life care:** Off hours or rapid assistance for palliative patients in conjunction with Home & Community Care, Primary Care, or Palliative Care programs
- **Alternate Pathways/Emergency department diversion:** Paramedics facilitating responsive care 'in place' or to destinations other than the emergency department

7 Program Planning

7.1 General

Planning identifies and prioritizes key health care issues in the community. It includes assessment of community population health issues, current resources and assets available, and stakeholders. It will identify service gaps and opportunities for improvement and impact. The planning process is necessary to establish appropriate objectives and targets, select appropriate models, and plans to achieve objectives and other requirements, and a commitment to continual improvement. The organization will need to gather and review all relevant information as part of the planning process.

A simple logic model can help to guide the planning process for the program:



The organization should establish a comprehensive, collaborative strategic plan for the development of the community paramedicine program. The plan should provide evidence of executive buy-in and sponsorship. The plan should include specific measurement strategies, implementation milestones, a communication plan that includes engagement with local and regional stakeholders and a financial sustainability plan. The plan should be integrated into, or compatible with the other management systems in the organization. The pre-implementation phase may need to be relatively long, to allow sufficient time to:

- engage key stakeholders;
- develop and achieve authorization of relevant policies, procedures and protocols;
- establish systems of clinical governance and training; and
- placement of personnel.

While much can be learned from experiences with programs elsewhere, there will be a need for models to meet local needs and existing models of funding, governance and service delivery.

7.2 Commitment, Leadership and Governance

7.2.1 General

Commitment, leadership, governance, and effective collaboration are crucial to the successful implementation of the program. The program should have senior management level commitment and support and the program manager should report directly to senior management. While the paramedic service organization provides the primary commitment to the program, the organization should engage health care partners to develop leadership for the implementation of the program. Leadership should be cultivated within and amongst the participant organizations.

7.2.2 Partners

Potential partners and organizations may include:

a) emergency physicians;
b) family physicians;

c) community health nurses;
d) community mental health;
e) primary care clinics;
f) walk in and urgent care centres;
g) home care agencies;
h) social service agencies; and
i) volunteer organizations
j) regional health management organizations (example Ontario - Local Health Integration Network);
k) Allied public safety services (police, fire); and
l) Housing agencies/organizations – key player when it comes to stabilizing vulnerable clients

It is very important that partner organizations establish effective partnering agreements and information exchange agreements (i.e. MOU's)

7.2.3 Governance/Accountabilities/Roles and Responsibilities

The community paramedicine program should clearly identify organizational executive level commitment for the human, financial, capital and equipment necessary to develop, implement, and manage the community paramedicine program both clinically and administratively. It is important to ensure policies and procedures are developed that outline the community paramedic role related to autonomy, authority and accountability.

7.3 Community Care Needs Assessment

A community care assessment should lead to development of a program strategic plan which will define how best to incorporate existing community resources, services and personnel into a program. Successful programs rely on collaboration among health care organizations. The focus of the assessment should be to identify gaps and should be done using a multi-disciplinary process.

A successful program will use new partnerships with community stakeholders (patients, funding agencies, health care facilities, EMS systems, civic leaders and organizations). The strategic plan for the program should include ongoing evaluation based on defined performance measures with quantifiable clinical significance and feedback from stakeholders.

Resources and tools exist to help organizations conduct community health care assessments. Some of these are specific to community paramedicine and others are for general community health programs.

7.4 Community Resource Capacity Assessment

The program should be designed to address concrete and specific community health care gaps and respond to local circumstances and conditions. To identify these gaps the program should complete a comprehensive inventory that identifies the availability and distribution of current capabilities and resources from many partners and organizations.

A community resource capacity assessment can be complex and it may be difficult to achieve a complete assessment. As part of the planning phase, preliminary input from other health care providers and

stakeholders may help to identify key population groups or conditions that would potentially be targets for the Program and to focus the data collection.

7.5 Community and Stakeholder Engagement

Community engagement refers to the methods by which the program interacts, shares and gathers information from and with their stakeholders. The purpose of community engagement is to inform, educate, consult, involve, and empower stakeholders in both program planning, decision making processes and evaluation of programs. Effective community engagement helps to:

a) assess the level of community support;
b) provide clarity about how the program will interact with existing healthcare delivery system;
c) build advocates;
d) identify resources; and
e) identify barriers.

7.5.1 Community Engagement Plan

Community stakeholders are individuals, community groups, political leaders, or other organizations that have a vested interest in the outcomes of the program. Anyone whose interests may be positively or negatively impacted by the program, or anyone who may exert influence over the program or its results is considered a program stakeholder. All stakeholders should be identified and involved appropriately.

7.6 Program Development

7.6.1 Program Scope, Objectives and Targets

Community Paramedic programs should meet the needs of populations by providing community-focused support using innovative means. Program objectives should consider utilizing the Institute of Healthcare Improvement (IHI) Triple Aim approach to optimizing health system performance.

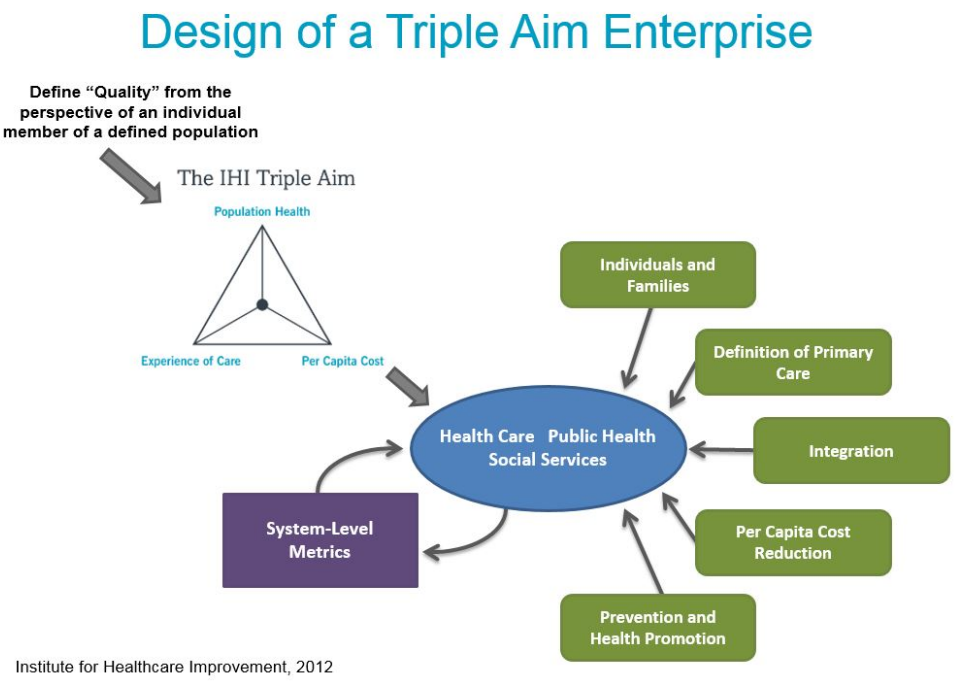
The three dimensions of the Triple Aim include[1]:

1. Improving the patient experience of care (including quality and satisfaction);
2. Improving the health of populations; and
3. Reducing the per capita cost of health care.

IHI's concept design includes an initial set of 5 components of a system that would fulfill the IHI Triple Aim.[1] These components should be incorporated into the Community Paramedic program concept design.

- Focus on individuals and families
- Redesign of primary care services and structures
- Population health management
- Cost control platform
- System integration and execution

[1] http://www.ihi.org/Engage/Initiatives/TripleAim/Pages/default.aspx



Effective programs use the Triple Aim and implementation concepts as a framework in their planning, program launch and evaluation. Other locally derived hallmarks should also be identified according to the gaps in service delivery in the planning stage of identifying the local gaps the program intends to fill, and should also be used during implementation and evaluation.

Monitoring of program objectives and targets should be:

a) developed by the multi-stakeholder Implementation Committee;
b) measurable;
c) consistent with the strategic plan and policies of the paramedic organization;
d) compliant with legal requirements and other requirements;
e) based on past performance measures and current local priority health care gaps based on community assessments;
f) aligned with the organization's operational and business requirements and other requirements or opportunities; and
g) reviewed and monitored according to changing information and conditions, as appropriate.

Best Practice Tip: Once the program scope, objectives and targets have been identified, it is a good idea to create a one page description of the program to distribute to partners and stakeholders to help build awareness and encourage community support.

7.6.2 Communications

A key role for a community paramedic is educator/communicator. This applies to program communications, but more importantly to communication with the patient, family, caregivers, patient

advocates and other health providers. Accurate and timely communication should be a priority to promote continuity of care and help to prevent adverse events. Miscommunication can impact patient safety.

At the program level, the team should establish and maintain policies and procedures for communication and public education to promote health and prevent injuries. Communications will include both internal and external communications. While much of the communication will be done during the planning and set-up phase, communication about the role of the program should be ongoing both within and outside the organization to help ensure the sustainability of the program.

Best Practice Tip – Tell the story and tell it often. Translate the complexities of the program into language that everyone will understand.

7.6.3 Documentation and Clinical Information Systems

The program should create and maintain the documents and records required for the program services. Documentation should be written clearly and be easily understood. While the program may utilize the information systems and documentation of the paramedic organization, there may be a need to develop specialized clinical information systems, records, and tools, recognizing the importance of integrated care. These may be customized database systems or publicly available patient assessment tools.

Program documentation should include:

a) program policies and performance measures;
b) assignment of duties and responsibilities;
c) procedures for program implementation;
d) supporting documentation for effective operation of program (e.g. training records, patient clinical records, checklists, etc.) ; and
e) other documents or records required (legal requirements for compliance with legislation).

7.7 Implementation Committee

A Program Implementation Committee should be established. The success of a program depends not only on leadership but high-level coordination. The Implementation Committee provides an ongoing forum to foster a participatory approach and a broad understanding of the program and innovative practices. The Committee can provide:

a) strategic guidance and oversight for design and implementation of the program;
b) effective and ongoing communication;
c) information sharing of innovative and best practices; and
d) exchange of ideas to ensure an understanding of, and input into the design of the program.

8 Implementation

8.1 General

The organization should determine, provide and maintain the infrastructure and resources needed to implement the program.

8.2 Safety Measures

Safeguards should be adopted and additional efforts should be introduced to assure that the program operates safely and provides the highest quality health services. Procedures should ensure that decisions remain focused on the safety and welfare of the patient. The program will also include policies and procedures to ensure the health and safety of the paramedics and other personnel involved with the program. In the home care setting, family care givers are providing a significant amount of patient care for chronic and complex situations. The program should also consider caregiver safety and support.

8.2.1 Patient Safety

Patient safety can be addressed through the following methods:

1. selection of qualified personnel to receive community paramedic training and be utilized in this role;
2. thorough training to ensure adequate knowledge and competencies of all program personnel;
3. robust medical control through the establishment of appropriate program policies and protocols and governance / medical oversight;
4. tracking and timely investigation of all clinical patient care concerns/complaints;
5. frequent and consistent review and reporting of program data; and
6. conducting patient and environment assessments, where appropriate (i.e. home safety inspection to assess the safety of the home environment).

8.2.2 Caregiver Support

Family caregivers are critical partners in the care of patients, particularly for those with chronic illnesses. As the population ages and home health care become more complex, community paramedicine programs can play an important role in helping family caregivers protect their own health and safety, and become more confident and competent. The health and safety hazards are both physical and psychological.

Programs should consider how to:

a) identify, assess and reduce health and safety risks for caregivers;
b) provide caregiver support to strengthen caregiver competency; and
c) educate caregivers on skills that will enhance patient safety.

9 Evaluation

9.1 General

The organization in collaboration with the Implementation Committee will develop or adapt an evaluation framework for the program. While each program may be unique in terms of its specific aims and objectives, the guiding principles for effective community paramedicine programs are common. (See Clause 4)

In the absence of validated national benchmarks, the team should draw on Community Paramedicine Program Evaluation Tools and adapt to their context and jurisdictional requirements. Each program should define its system-specific health status benchmarks and performance indicators.

Developing an evaluation plan during the planning process is critical. It helps to ensure that data can be collected in a systematic way that can be analyzed to assess the program outcomes and impacts. Plus, evaluation is important to help secure financial support ("return on investment") to maintain or expand the program.

9.2 Types of Program Evaluation

The main types of evaluation include:

a) monitoring and measurement of quality improvement metrics (based on guiding principles, program integrity requirements and specific objectives and targets identified in the strategic plan);
b) academic evaluation (i.e. peer reviewed studies and research); and
c) consumer and provider feedback (i.e. qualitative evaluations from patients, family, professionals, volunteers, and other health organizations).

9.3 Monitoring and Measuring

The organization should establish and maintain a set of measures to monitor, measure and record the performance and effectiveness of the program on a regular basis. This monitoring and measurement should:

a) Determine the extent to which the program policies, objectives and targets are being met;
b) provide feedback on program effectiveness and impact;
c) identify areas for corrective action and quality improvements;
d) meet requirements for patient safety reporting and action;
e) provide the basis for decisions around budget, staffing, resources, training, and service gaps;
f) help identify required changes to clinical guidelines and protocols;
g) provide information to help improve the planning process and input to management review;
h) provide information to be shared with program partners, stakeholders and the public; and
i) contribute to benchmarking and program comparisons.

9.4 Health Care System Impact

While each program will have a set of specific measures, it is important that each evaluation helps to show the value of community paramedicine as part of an integrated health care system. Some of the key questions that should be included in any evaluation of the impact of a program are:

1. Has the program decreased paramedic service utilization?
2. Has the program resulted in a decrease in emergency department use?
3. Has the program decreased the waiting times for Alternate Level of Care patients?
4. Has the program decreased the demand on Long Term Care?
5. Has the program decreased repeat paramedic service users?
6. Has the program decreased emergency department users?

9.5 Management review and continuous improvement

9.5.1 General

Senior management in collaboration with the Implementation Committee should review the program at planned intervals to ensure its continuing suitability, adequacy, sustainability and effectiveness. This review will include an assessment of the need for changes to the program, including the overall strategies, policies and objectives. The review should include an assessment of opportunities for continual improvement.

9.5.2 Review input

The input to the management review should include the following information:

a) results of monitoring and measurement;
b) feedback received from stakeholders and members of community;
c) research on updated clinical procedures and best practice;
d) new regulatory requirements and trends;
e) how well targets have been met;
f) status of any corrective actions;
g) changing circumstances (e.g. population demographics, funding opportunities); and
h) recommendations for improvement.

9.5.3 Review output

The organization should develop actions plans from the management review. The organization should have a process for recording and communicating the findings, conclusions and action plans to program personnel, the Implementation Committee and other interested stakeholders.

Annex A (informative)

Community Paramedicine Resources

Note: *This annex is informative and is not part of the standard.*

A.1

Provide a list of key community paramedicine resources (i.e. publications and web inks)

Suggestions welcomed

Include a link to the Mobile Integrated Healthcare Metrics for Community Health Interventions