

MIDDLESEX-LONDON

Emergency Medical Services Authority

The right care, in the right place, at the right time



PREDICTION, CONSENT, ADVOCACY

- Referrals should be considered for all patients including:
 - Experiencing disease
 - Chronic illness
 - Living through the natural aging process

ACTIVITIES OF DAILY LIVING ASSESSMENT TOOLS

Basic Activities of Daily Living - B.A.D.L.'s
(Dressing Eating Ambulating Toileting Hygiene)

Instrumental Activities of Daily Living – I.A.D.L.'s
(Shopping Housekeeping Accounting Food Transport)

PARAMEDICS ASSESSING ELDERLY at RISK of INDEPENDENCE LOSS (PERIL)

1. Is there any reason that might cause you to believe the patient cannot be safely discharged?
2. Are the patient's medications disorganized?
3. Has the patient called 9-1-1 in <30 days
3/3 "Yes" – 93% chance the patient will have an adverse outcome in <30 days
2/3 "Yes" – 54% chance the patient will have an adverse outcome in <30 days

****Note:** 30-50% of referrals are for patients who are already CCAC clients. It is important to still refer these patients as there may have been a decline in patient's condition since their last assessment.

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PARAMEDIC REFERRAL

1. Identified potential CREMS patient.
2. Obtain patient or substitute decision maker's VERBAL or WRITTEN consent for referral.
3. Complete the iMedic CREMS referral form in entirety. (all fields must be entered for CCAC consideration)
4. The attending paramedic will obtain a signature from the patient or substitute decision maker that has given consent for referral through the CREMS program.
5. The attending paramedic shall complete and submit an ePCR for review by MLEMS Community Paramedicine program and SWCCAC.

PARAMEDIC REFERRAL – PATIENT REFUSAL

In the event the patient or substitute decision maker refuses consent for referral

1. The paramedic will determine if the patient is at risk for adverse outcome based on the PERIL assessment ensuing the paramedics visit.
2. If in the opinion of the paramedic the patient is at moderate to high risk for an adverse outcome the paramedic will determine if the patient should require a follow-up from MLEMS Community Paramedicine.
3. If the paramedic deems the patient should require a follow-up the paramedic will indicate on the ePCR in the "Remarks" section with an explanation of concerns.
4. MLEMS Community Paramedicine program will review and determine if a follow-up is deemed necessary and provide a welfare visit within 48-72hours and/or when possible.

PATIENT REFUSAL OF SERVICE – COMMUNITY PARAMEDICINE FOLLOW-UP

Any patient ROS where the paramedic deems a follow-up necessary based on the causative factor

1. The paramedic will obtain verbal consent and a patient contact number for follow-up and document in the "Remarks" section along with an explanation of concerns.
2. The paramedic will submit the ePCR to the appropriate "ROS" receiving facility.
3. If a follow-up is deemed necessary by MLEMS Community Paramedicine it will be provided within 48-72hours. An email will be sent to the attending paramedic with the patient outcome.

****Note:** Documentation of all patient information is essential for CCAC and/or Community Paramedicine follow-up