Learning Sessions for Alliance's Annual Conference
https://www.allianceon.org/conference2024

Spotlight Presentation 1-4:

Nurse Practitioner and Community Paramedic Collaboration: Serving 70+ unattached seniors in the community

Presenters:

Presenter	Role	Organization
• Jocelyn Agravante	Nurse Practitioner	Kingston Community Health Centres
• Jeremie Hurtubise	Superintendent of Community Paramedicine and Performance Standards	Frontenac Paramedics

Description:

This presentation will aim to inform the audience about how the nurse practitioner working in a Community Health Centre and Community Paramedic collaborative partnership has been effective in providing primary care to seniors 70+ years old and unattached. Through virtual means, the NP, the CP and the patient communicate and address primary care issues where there is a barrier due to mobility issues, lack of transportation and lack of physical space.

Session objectives and learning outcomes:

- The audience will learn how the Community Health Care Model role in providing primary care to unattached priority population, being 70+ yo seniors who are unattached
- The audience will learn how the use of Telemedicine/ Virtual care facilitates communication between NP, CP and patient to overcome barriers such as decreased mobility, lack of transportation and lack of physical space
- The audience will learn how a Collaborative opportunity between the CHC NP and Community Paramedics addresses the pressures on ER and supports ER diversion

Full description:

Challenge:

The collaborative partnership between the Kingston Community Health Centre Nurse Practitioner and Frontenac Community Paramedic Program is a pilot project to provide seniors 70+ unattached with primary care. CP has been providing care to these individuals however their limited scope of practice was not able to address concerns seen in primary care, therefore forcing patients to go to the ER due to lack of a PCP. The introduction of the NP scope of practice addresses these issues.

Action:

Through the support of Kingston CHC, the NP was granted time to support the CP program. However, with physical space in the clinic being a barrier, in addition to mobility and transportation challenges with the patient, OTN virtual care has been able to bridge the connection between CP, NP and patient. As this is a pilot project with limitations, the hope is to have more funding available to increase capacity for more client visits and continue to take on patients 70+ unattached, thus alleviating ER pressures.

Impact:

Since September 2023, the NP has provided primary care to 10 unique clients, has had > 40 encounters via virtual or phone; access to other telemedicine services i.e., dermatology. We are hoping to provide primary care to more priority patients and measure cost savings from ER visits.

Trajectory:

We are hoping other CHCs will adopt this model to support patients in their respective areas as this has been received positively by patients in the program and complements the CP program. We are also hoping to explore more technology to optimize these visits. The program is still in the development stages.