

Paramedics Providing Palliative Care at Home

Frequently Asked Questions from the Paramedic Roadshow

Training

Q: What training will paramedics receive to provide palliative care?

A: The PPPCaH project team is developing a training plan that will provide all paramedics in Interlake-Eastern RHA the following training:

- Pallium Learning Essential Approaches to Palliative Care (LEAP) Paramedic training: 6-8 hours online self-directed training and 6 hours of interactive case based classroom training
- Classroom training on new palliative protocols, related Designated Medical Acts (DMA), policies, procedures
- Resources sent monthly via email highlighting ways to support clients and families

Q: How will paramedics be trained?

A: A “train the trainer” model will be used to ensure sustainability. Paramedics meeting Pallium Canada criteria will be trained and certified as LEAP Paramedic facilitators to provide LEAP Paramedic training on-going. A certified palliative care Subject Matter Expert (SME) or LEAP Core Facilitator will co-facilitate LEAP paramedic sessions for all paramedics practicing in IERHA. Additional training will be provided through on-going communications as well.

Q: When will paramedics be trained?

A: Starting in December, training will begin for paramedics who will become trainers. In January 2020, we anticipate that training will begin for remaining paramedics with training completion expected in April 2020. Work is underway to see this training integrated into approved paramedic education programs.

Q: Where can I learn more about palliative care?

A: Online resources include:

- [StaffNet](#): Visit StaffNet, click on “Education & Training”, “EMS Education & Training” and scroll to the bottom of “EMS Training Documents” for Pallium Canada’s free online module “[Taking Ownership](#)”.
- [Mygriefftoolbox.ca](#) – provided by Virtual Hospice, developed in Manitoba, is an online support and education site specifically for paramedics providing palliative care in the home.
- [VirtualHospice.ca](#) – information and support on palliative and end of life care
- [Indigenousvoices.ca](#) - cultural and spiritual considerations around palliative care including Inuit, Metis, and First Nations voices



233A Main St.
Selkirk MB
R1A 1S1

Operational – palliative care

Q: Sometimes we cannot locate an advanced care plan or health care directive in the home – how are we to know what to do?

A: A goal of the project is to identify opportunities to improve existing processes and documents and to educate patients, families, and care providers about the importance of ensuring that paperwork, including the nursing chart, is easy to locate and the information is up to date.

Q: Will we have a debrief tool specific to post palliative care calls?

A: Debriefing processes currently being used will stand. You are encouraged to call your supervisor or OCS if it is recognized that additional resources are required for yourself or your peers. Consider accessing the Employee Assistance Program and online tools on like Mygriefftoolbox.ca for additional support.

Q: Sometimes a family/caregiver changes their mind about the level of care at last minute?

A: Education regarding conversations with family and caregivers, along with helpful tools will be provided to you so you can navigate these situations with confidence.

Q: When a palliative care patient dies at home, sometimes family members cannot get a hold of their chosen funeral home so they call ambulance. What do we do?

A: While rare, this may happen. We will respond to assist families through the process of connecting with alternative resources. Information will be provided to paramedics to assist with this.

Q: What training and communications will families receive?

A: All Palliative patients registered on the Palliative care program within the IERHA will continue to receive information through the program, this will be enhanced with additional information from the project so we can manage family and client expectations.

Q: What if we are called to a palliative patient outside of the IERHA?

A: You would follow current protocols utilizing your increased knowledge to provide care and potential transport to the most appropriate facility.

Q: If I'm a PCP and can't treat the patient in accordance with their treatment plan because of the drugs involved, do I transport the patient or call for ALS?

A: If an ALS unit is required, it may be requested by dispatch, as per existing processes. If unavailable, transport may be required at the discretion of the patient and paramedics.



233A Main St.
Selkirk MB
R1A 1S1

Q: If a PCP can't give morphine why are we sending PCPs only to calls?

A: Not all palliative care calls require medication delivery for symptom management. Palliative education and protocols will prepare all levels of paramedics to provide care to palliative patients. Protocols will define what types of care are in the scope of work of different levels of paramedics.

Operational – general

Q: Does this mean more calls for paramedics?

A: It's not anticipated that the project will result in increased calls to paramedics. Paramedics are already responding to calls from palliative patients and families. This project will provide the information, education and protocols that paramedics require to let them provide care to palliative patients using a palliative approach. A goal of the project is to ensure paramedics are aware of a client's treatment plan and that they have the training and support to address clients' wishes and attend to families' needs.

Q: Does this expand paramedic scope of practice?

A: This project does not seek to expand paramedic scope of practice. Palliative protocols are being developed within the existing paramedic scope of practice. Paramedic scope of work may be impacted within the approved paramedic scope of practice.

Q: Is this community paramedicine?

A: No, this is not paramedicine. Paramedics will be dispatched in response to calls to 911 when a palliative patient or their family identifies a crisis as is done today. The project will provide you with more tools to provide care to clients registered with the palliative care program without transporting to a facility in response to calls to 911.

Q: Can EMS carry ERIK for the family to complete if they don't have one?

A: It is recommended that all ambulances carry ERIK to be left with individuals who are interested in having a kit. We are currently working towards procuring more kits to provide for the units. As well, working towards educating paramedics to the importance of the use of ERIK and how to encourage families to fill the provided forms out appropriately.

Q: Was the labor group engaged early on in the project?

A: All stakeholders have been identified and communication has been ongoing as needed.



233A Main St.
Selkirk MB
R1A 1S1

Q: Is there a way to monitor project progress and what future processes will look like?

A: Project information and attainment of key milestones will be communicated using memos to staff, Wednesday Wave, and published [here](#) on StaffNet.

Q: Is someone going to “have my back” if I don’t transport a patient and the patient’s condition deteriorates?

A: The delivery of palliative care at home would be regarded no differently than any other care you deliver in the home when responding to a call and would be ensured the same way. Palliative care protocols are being developed for the delivery of palliative care considering the potential for treatment with no transport of the client.

Q: Is there a working plan?

A: A project plan exists defining project activities and schedule. The detailed operational components are currently being developed.

Q: I am so excited about the project and a new way of work to address the needs of people who are palliative care clients and their family members. How can paramedics be involved?

A: Speak with EMS lead, Shelly Karlson-Eastman, operations manager, for more information on how to be involved. To learn more, visit <https://is.gd/PPPCaH> or email PPPCaH@ierha.ca.



233A Main St.
Selkirk MB
R1A 1S1