



Extended Care Paramedics/Palliative Care Rapid Response Project

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*"...More than adequate. I would recommend this service and want it at the end of my days"**

**Comment made during an interview with a carer, 2011.*



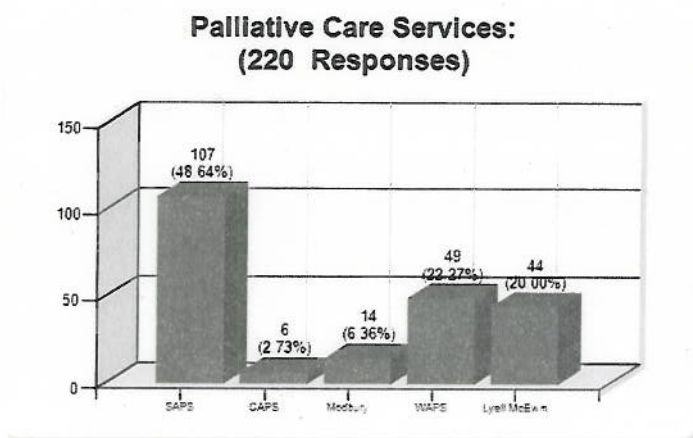
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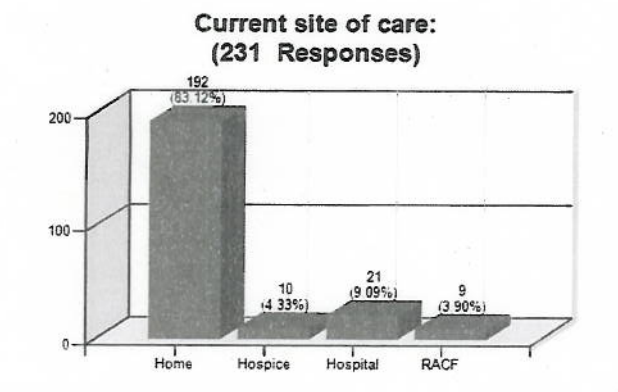
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a. Palliative Care Data

A total of 239 data forms were submitted for after hours calls received by palliative care services during this period. 220 forms identified the palliative care specialist service to which the call was related. The remaining 19 forms did not identify a specific palliative care service.

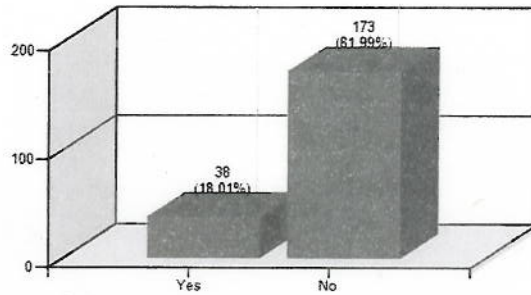


The majority of after hour calls received (83%) were in relation to patients residing in their own home.



The calls were initiated by the carer 53% of the time. The "other" calls consisted of 6 calls from another palliative care service and 8 calls from ECPs to a palliative care service.

**Contact with ECP:
(211 Responses)**

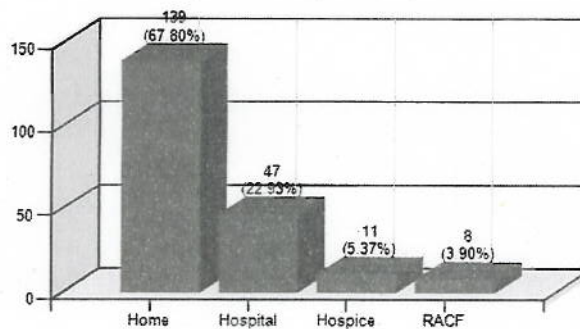


Time spent on contacts:

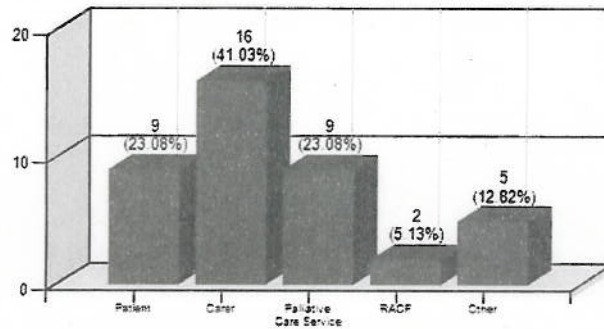
The time spent on after hours contacts by palliative care clinicians ranged from 2 – 150 minutes. The number of additional calls required in response to an after hours contact ranged from 0 – 5 calls.

After completion of an after hours contact with a palliative care service, 68% of patients remained at home, 23% required hospital admission, 5% hospice admission and 4% remained in a residential aged care facility.

**Site of care at completion of contact:
(205 Responses)**



**Contact Initiated by:
(39 Responses)**



The main reason for calls to ECPs related to symptom issues (68%). Some calls cited more than one reason for the call. The "other" category included reasons such as dehydration, a laceration requiring suturing and advice regarding the use of a PEG tube. On this occasion the ECP identified a separate symptom issue and subsequently sought advice from the relevant palliative care service.

After assessment by the ECP, the interventions undertaken by the ECPs, following discussion with the palliative care on call staff included:

- Intravenous rehydration
- Administration of analgesics
- Administration of anti-emetics
- Assistance with management of terminal secretions
- Provision of medications
- Support to patient, family or carer
- Assistance with formalities after patient died during the visit
- Initiation of referral to a palliative care service
- Insertion of indwelling catheter
- Inserting subcutaneous butterfly
- Establishing subcutaneous infusions
- Drawing up of medications for carer to administer
- Replacing nasogastric tube
- Urine testing for suspected urinary tract infection

9 required the assistance of an ECP. This equates to 8.4% of the calls received requiring rapid response.

The frequency of need for after hour visits is between 1 – 2 times per week in Southern Adelaide. The 40 visits across all the areas during the 118 days, equates to 1 visit every 3 days across the entire metropolitan area or 10 per month.

The cost for an ECP visit is \$174 regardless of the time spent. If the patient has SA Ambulance Subscription there is no cost to the patient.

For palliative care services to provide rapid response services the following costs would need to be considered:

- Initial set up cost of a suitable vehicle (\$120,000 per SA Ambulance)
- Ongoing running costs of this vehicle
- Ongoing medical consumables and medication costs
- On call and call-out costs for palliative care staff (nursing and medical)*see below
- Costs of security monitoring of staff conducting after hours visits
- Cost of a call centre to triage after hours calls

*A consultant Level 9 total cost per hour including all the following is \$189.73

	Base Salary	Att/Ret	On Call	Total	Oncosts	Total Cost
Consultant Level 9 / Hour	110.39	33.12	8.28	151.79	37.95	189.73

There are two clauses in the EB regarding 31(recall) or 32 (Immediate recall).

The costing on recall which includes an additional 50% of the applicable hourly rate plus an extra \$25 to \$45 for the first three hours and then increases to double time after that and increases on Sundays and public holidays.

For a three hour call out (not a Sunday or public holiday) – the consultant would cost (including oncosts):

$3 \times 189.73 = \$569.19$
 $3 \times (151.79 \times 50\%) = \227.68
 $3 \times 25.00 = \$75.00$
 Total \$871.87

	Base Salary	Oncosts	Total Cost
RNL3 3 rd increment / Hour	48.35	9.67	58.02

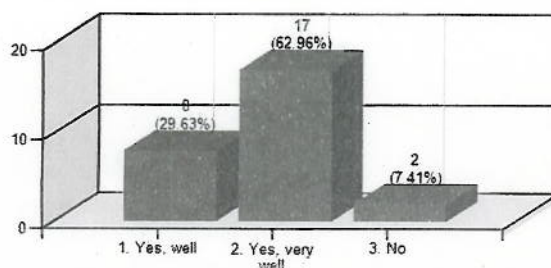
On call allowance \$27.00

$3 \times \$58.02 + \$27.00 = \$201.06$

Total cost for a Consultant and Nurse to attend: \$1072.93 per visit

The ECPs were able to manage the symptoms, concerns or difficulties on 92.5% of occasions.

**1. Were the paramedics who came to your home able to manage the symptoms concerns or difficulties you
(27 Responses)**



Comments in relation to the ECPs ability to manage the issues included:

"They were brilliant."

"Marvellous / Wonderful. They even came back that night"

"He was in terrible pain and didn't want to go to hospital. They gave him Panadeine forte and then stayed 30 minutes after that to make sure he was better"

"My father's tumour started to bleed. Both RDNS and ECP were not successful in stopping it, so eventually my father had to be taken"

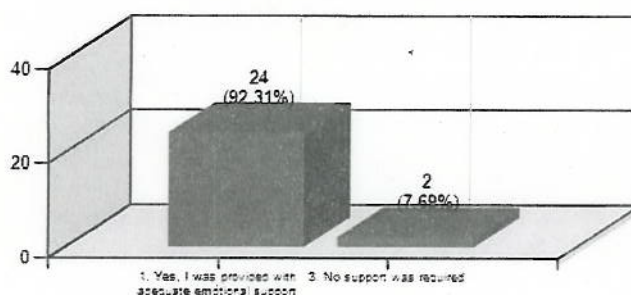
The majority of people were asked if they wanted an ECP to attend there home. In other situations the ECP's were contacted by other family members, RDNS or the palliative care service.

"RDNS were present and they suggested it as the ECP's had been out twice before and this was on a Sunday"

"I asked for the paramedics because I knew the ambulance wouldn't come out."

An overwhelming number of respondents (92%) felt the ECP provided emotional support.

**4. Overall, did the paramedic involved in care provide you with adequate emotional support?
(26 Responses)**



"They were very nice. They stayed with me for a couple of hours and helped me get my husband to the toilet as he often felt the need to go. Because of this, they realized that I couldn't manage"

"One paramedic spoke to me who was very kind. The other paramedic spoke to my husband"

"I was really out to it so wasn't aware of anything. I'm unable to answer this question"

"Wonderful"

"I had children here when the paramedics arrived. They spoke to me as well as the children. To me the paramedic was "beautiful, an angel from God"

The overall satisfaction with the way the ECP respected and listened to individual needs was 100%.

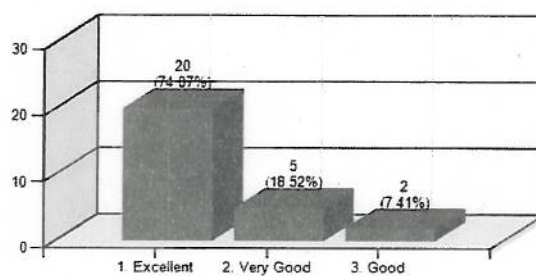
"Even after she arrived and did all that she could, she stayed with me because she didn't think he had long to live. Once he died, she helped me to get him washed and helped the GP when he arrived. She also made sure that the children all went in to see him and say good-bye but when the funeral home came to take the body away, she made sure the children were distracted so they didn't watch this happen"

"Very quick both times they visited"

"It took two hours for the ECP to get there. In the meant time, the ambulance phoned back and offered to take him to hospital sooner but we really preferred that he stay home if possible so refused and said we would wait for the ECP"

The ECP service was rated good, very good or excellent by 100% of consumers.

**7. Overall, how would you rate the service you received?
(27 Responses)**



"Above excellent!"

"Very excellent"

"10/10"

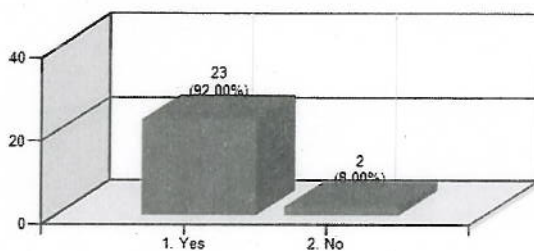
"I would say the service was excellent but the two hour wait made me grade it down one level"

"Contacted after hours palliative care service. They took great interest in her regarding her history and problems. Spoke to GP too"

"The paramedics phoned the Palliative Service but because he was newly diagnosed, they didn't want the paramedics to give him anything. They suggested that he come into the ED department"

"The ECP contacted IMVS to get the results of a urine sample that had been taken. He also phoned the SAPS on call nurse and she coordinated along with the medical doctor on call to suggest Augmentin Duo which the ECP had with him"

**9. Was there anything particularly good about your experience with the Extended Care paramedic Services?
(25 Responses)**



"General demeanor was very supportive especially with someone like my husband who was dying"

"The ECP did get them out of a sticky situation as this was a hostel setting and the palliative care service were not very helpful during the weekend with getting the medications that he needed"

"If all the ECP's were as good as the two girls who came to me, that would be a terrific service!"

"I now know that they are there and what they can do. Initially they came really fast...then we had to wait. Stopped him from having to go to the hospital"

"They taught me and the family how to use a butterfly clip so we could give pain relief. They have visited more than once (3x) and each time they were good"

"Everything was excellent"

The patients and carers interviewed were asked if they would like to add any further comments at the end of the interview.

The responses were:

"Very grateful that they came and for the type of support especially for palliative care patients"

"I couldn't thank them enough. He was in so much pain and they tried so hard to make him comfortable. A wonderful service!"

"She was so gracious and beautiful. Made my husband's passing so easy. She stood in the background and didn't interfere but I knew she was there which was very comforting"

"An exceptional service and I am very grateful for them. Never was I felt to feel guilty calling them out at 11pm. I now know that I can get a nurse via his DVA package from HSS at any time 24 hours day. This will be the person I'll call should we run into any other problems"

"Let's get more of this service. This needs greater funding so that there are more available. Re palliative care on call: this took a very long time for the on call doctor to return the call. The operator first got our number wrong. Then when we phoned again, it went through to an answering message. The ECP was with us from 1-4pm only because of the length of time it took for the on call palliative doctor to get back to us"

d. ECP Feedback Survey

The Rapid Response Project Team felt it was important to gain feedback from the ECPs in relation to providing care for palliative care patients. The Extended Care Paramedics (ECPs) were all emailed a hyperlink to an anonymous survey. Participation was voluntary. There was an 84.6% response rate with 22/26 ECPs responding to the survey.

1. Have you attended a palliative care patient in your role as an ECP?

Yes 100%

2. If yes, how many palliative care patients have you seen?

4 patients – 1 (4.5%)

5 or more – 21 (95.5%)

**8. Have you found the ability to contact palliative care staff useful?
If not, why not?**

21/22 responded to this question.

Contact with specialist palliative care staff was deemed valuable, particularly in response to specific clinical management issues, medications and complex decision making.

9. Would you find regular audits of palliative care cases useful?

Yes – 21 (95.5%)

No – 1 (4.5%)

10. Do you have any additional comments you would like to make?

18/22 provided additional comments.

Responses were mixed. Whilst the majority of ECPs found palliative care work to be satisfying and challenging, it was nonetheless demanding and often difficult to meet family expectations, particularly as a sole practitioner delivering care at the coal face. Some concerns about consultation with ECPs regarding their willingness to provide this kind of care were raised. Despite this, the majority of respondents reported palliative care work as rewarding and contributing to job satisfaction. The ECPs felt good about their care resulting in palliative care patients being able to remain at home and therefore avoiding attendance at Emergency Departments.

e. Discussion

Paramedics and palliative care make an unlikely alliance until you examine the data from this paper and understand the role required. A palliative care patient who presents with a single problem is often an extremely complex patient in terms of co morbidities and a highly charged social environment. Managing an individual situation requires a high level of synthesis ability as well as very well developed interpersonal skills.

Paramedics are educated to assess emergency situations taking in a large number of pieces of data and coming up with a working hypothesis without the luxury of a previous medical history or even a stable patient. Emergency paramedic care relies on physiology, psychology and observation coupled with a sound knowledge base and the confidence to use it. Extended care paramedics in this ambulance service have all acquired considerable experience in emergency assessment and care and have years of experience in this role behind them. Applying the same problem solving, analysis and synthesis to palliative care situations it is not only practical but as the data illustrates it is highly effective. As a paramedic used to working as part of the wider health team the extended care paramedic has the skills set necessary to analyse and come up with a solution in conjunction with the rest of the health care team.

The other quality which makes this unlikely alliance work is that paramedics are used to using their interpersonal skills to defuse highly charged situations. They have been exposed to a huge range of emergency presentations so that they are well placed to appear confident and reassuring in a palliative