



PRESS RELEASE

New patient care model ready to roll in Chatham-Kent

CHATHAM-KENT, ON February 27, 2015, A new community paramedicine program is about to bring supportive care to complex patients in their homes and community setting. Medavie EMS Ontario will launch the pilot program on March 2nd, using dedicated primary care paramedics to visit patients for routine follow-up care and support.

“These patients are often at-risk due to their complex medical issues,” said Steve Pancino, general manager, Medavie EMS Ontario. “By providing regular, routine support to patients at home, it may be possible to improve the patient outcomes and reduce unnecessary 911 calls and visits to the emergency department.”

Using a non-response vehicle, the paramedics will provide support to the patients who are identified through the Chatham-Kent Community Health Centre, the Community Care Access Centre or other healthcare providers collaborating in the Chatham-Kent Health Link. The Chatham-Kent Health Link is a provincially-funded initiative that brings together voluntary groups of healthcare providers such as family doctors, specialists, hospitals, homecare and community support agencies to develop new and better ways of coordinating services for patients and local residents.

To prepare for the program, two paramedics recently completed a custom community paramedic program at Fanshawe College, which included advanced assessment of cardiac and respiratory patients, mental health, advance care planning, motivational interviewing and fall risk assessment. Many of the patients in the program suffer from cardiac and respiratory issues such as congestive heart failure or chronic obstructive pulmonary disease.

The pilot is funded through a one-time grant from the Ontario Ministry of Health and Long Term Care. The program also received support from the Chatham-Kent Health Link to improve access and care for cardiac patients throughout the municipality. The pilot program will be evaluated following the initial study period and considered for additional implementation.

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