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## Report 2025-036

**Report Title:** Northumberland Community Paramedic 2024 Year End Report

**Committee Name:** Community Health

**Committee Meeting Date:** March 4, 2025

**Prepared by:** Kim Wilkinson  
Deputy Chief  
Northumberland Paramedics

**Reviewed by:** Susan Brown  
Chief  
Northumberland Paramedics

**Approved by:** Jennifer Moore, CAO

**Council Meeting Date:** March 19, 2025

**Strategic Plan Priorities:** ☐ Innovate for Service Excellence  
☐ Ignite Economic Opportunity  
☒ Foster a Thriving Community  
☐ Propel Sustainable Growth  
☐ Champion a Vibrant Future

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### Information Report

**“That** the Community Health Committee receive Report 2025-036 ‘Northumberland Community Paramedic 2024 Year End Report’ for information; and

**Further That** the Committee recommend that County Council receive this report for information.”

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### Purpose

The purpose of this report is to provide a year-end review of Northumberland Community Paramedic Program services for information purposes. All data and statistics presented include the period of January 1 to December 31, 2024.

## Background

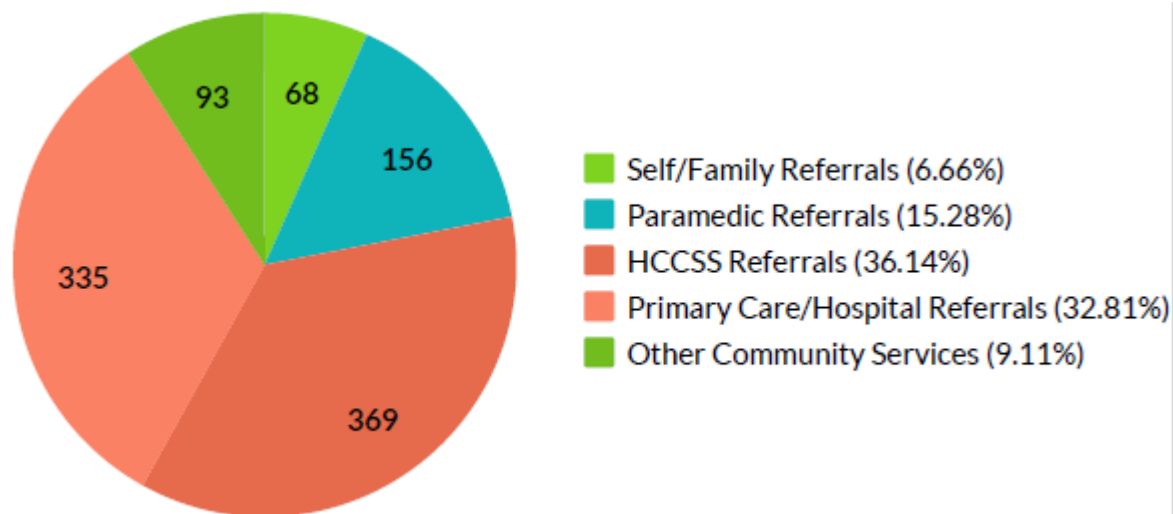
The Northumberland Community Paramedic (CP) Program has been providing non-emergency services to the members of our community since early in 2020. In 2022, it was announced that the Ministry of Long-Term Care would be funding a pilot program to expand CP services across the province. At this time Northumberland County was awarded a temporary funding opportunity of \$3 million per year until March 31, 2024. Since then, the Ministry has extended the funding with a current end date of March 31, 2026. The primary goal of the program is to provide the right care to the right person in the right location while allowing individuals to remain at home longer, safely.

We also receive a small amount of funding through Ontario Health; approximately \$345,000 annually. Within each funding stream there are specific requirements for services provided and to which populations. This chart summarizes the current funding structure.

	CP LTC	Ontario Health/HCCSS
<b>Funding</b>	3 M / year until March 31, 2026	259,000 + 50 RPM HISH - \$18,000
<b>Goals</b>	LTC waitlist  Assessed for admission to LTC <ul style="list-style-type: none"><li>• Eligible for admission to LTC</li></ul>	<ul style="list-style-type: none"><li>• HISH</li><li>• Referred by HCCSS</li><li>• Decrease 911</li></ul>

Since the inception of the CP program, we have provided services for almost 5000 community members across Northumberland County. In 2024, we enrolled 597 new clients and at the end of the year had 1152 active clients throughout the county (see map attached); throughout the year we had a total of 1623 active clients. We provide Community Paramedic services to Northumberland County -inclusive of Alnwick/Haldimand, Brighton, Cobourg, Cramahe, Hamilton, Port Hope and Trent Hills.

Referrals are received from various community partners including Home and Community Care Support Services (HCCSS, formally known as the LHIN), family health teams, hospitals, other community partners and self / family. Last year our largest referral source was HCCSS followed by our family health teams.

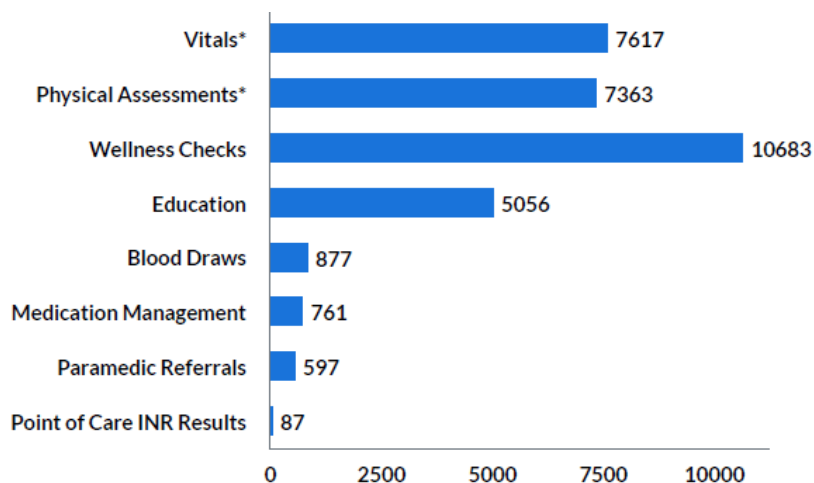


Currently, we have twelve (12) full-time CP positions with four (4) stationed in Cobourg and two (2) in Campbellford who all work on a 12-hour continental shift rotation. Our full time CPs are all certified paramedics with a minimum of 108 additional hours of specialized training in geriatrics and community paramedicine to start with continued specialized education provided annually. Part time CPs participate in an introductory 12-hour geriatric and community paramedicine course as well as annual continuing medical education for CP.

CP services include both home and telephone wellness assessments, medication administration, point of care testing such as urinalysis, and blood tests, phlebotomy for homebound individuals, ECGs, vaccinations, remote patient monitoring, IV antibiotic administration, health education, and system navigation assistance. In 2024, we completed over 33,041 different tasks for our clients including almost 11,000 wellness assessments (see attached 2024 YTD infograph). We work with our community partners to identify gaps in healthcare within the community to avoid redundancy of services provided.

#### Completed Tasks by CPs

Total Tasks Completed this year: 33,041



Reduction of 911 calls for many of our high 911 users has been seen after enrollment in the community paramedic program. In the last 6 months of 2024, we were able to help reduce 63 ambulance calls with just 25 of our high 911 users from January to June 2024 for a cost savings of at least \$15,120.00. This estimated cost savings is based on \$240.00 per ambulance call as per the Ambulance Services Billing document from Ministry of Health and Ministry of Long-Term Care last modified 2023-10-25.

Since January 1, 2024, the CPs have responded to at least 433 urgent requests for assessment due to various concerns by clients, family and caregivers including urinary tract infections (UTI), chest infections, skin infections, post fall assessments, and wound care to name a few. Many of these urgent visits have led to potential emergency department diversions for a significant cost savings to the healthcare system. These cost savings are based on the Canadian Institute for Health Information patient cost estimator from 2021-2022 for patients who are at least 60 years of age.

<b>Illness/injury</b>	<b>No. of calls</b>	<b>Estimated cost of hospital visit</b>	<b>Total estimated savings</b>
UTI	54	\$6762.50	\$365,175.00
Chest infection /COPD exacerbation	26	\$5886.50	\$153,049.00
Cellulitis	5	\$8515.50	\$42,577.50
Dehydration	7	\$5293.00	\$37,051.00
Wound care	51	\$5310.00	\$270,810.00
Congestive Heart Failure (CHF)	9	\$8841.00	\$70,728.00
<b>TOTALS</b>	<b>152</b>	<b>\$41,308.50</b>	<b>\$939,390.50</b>

In addition, we also responded to 31 requests for assessment of individuals experiencing shortness of breath unrelated to COPD or CHF. Intravenous antibiotic administration for 3 clients allowing them to avoid repeat ED visits to obtain their daily dose and 4 intravenous starts for clients participating in MAID when nursing was unavailable.

During 2024, we also provided approximately 350 influenza vaccines, 200 COVID vaccinations and 23 rabies vaccinations. With regards to the rabies vaccinations, this was a partnership with HKPR in an effort to reduce the number of ED visits for subsequent rabies vaccinations while promoting the completion of the series of vaccines required when a possible exposure has occurred.

The Community Paramedic program also holds monthly wellness clinics at 7 County housing units, monthly or bi-monthly clinics as high utilization retirement homes, and twice weekly assessment/treatment times at Transition House (310 Division). Last year we held a total of 177 clinics over 278 hours with 339 in attendance. During these clinics we have been able to help prevent emergency department visits by connecting individuals with the resources they required. For example, connecting an unattached client who has multiple medical concerns with primary

care through the GAIN team. Left untreated this client would likely have experienced a medical emergency requiring ED visit.

Another integral part of our program is our remote patient monitoring (RPM) which allows Community Paramedics to monitor heart rate, blood pressure, oxygen saturation and weight of some of our clients remotely. In 2024, we had a total of 149 active RPM clients and performed 192 RPM assessments. During the year we actioned 2,066 RPM alerts through telephone wellness checks and or home visits collaborating with primary care providers to adjust medications as required. The ability to enroll clients in the RPM program can help to facilitate earlier hospital discharge while providing peace of mind to the client, caregiver and primary care providers knowing they will be monitored daily for any changes in vital signs. Daily monitoring of an individual's vital signs allows for early intervention when / if changes are noted with a reduction in ED visits and potential hospitalization. For instance, we were able to prevent a CHF client from requiring an emergency visit through regular monitoring of their weight; when weight gain was noted, we were able to connect the client with their primary care practitioner for an adjustment in their medication.

Recently we obtained consent from 13 of our CP clients who had high 911 use in 2023 to obtain their ED visit and hospitalization records inclusive from January 1, 2024 to December 31, 2024. In Appendix "D" you can see where we have been able to positively impact the use of 911, ED and hospitalizations in most situations. This positive impact provides an estimated cost savings to the health care system of \$51,768 while ensuring that clients are able to remain at home safely and independently.

Collaborating with our community partners including HCCSS, local hospitals and family health teams as well as the Ontario Health Team – Northumberland allows us to continue providing services to members of our community to assist them to stay home longer, safely. We can help, not just our clients, but also their caregivers and primary care practitioners. As the county's population ages the need for mobile healthcare support will continue to grow.

Our therapy dog, IVY Joules has been visiting CP clients throughout the year bringing them joy and comfort. After our visits we ask clients to complete a brief survey and found that 93% of clients have felt very good or fantastic following IVY's visit. She has also attended debriefs with staff and allied services following difficult emergency responses to provide comfort when it is needed most. Visiting county staff, IVY helps to alleviate stress and bring joy to the workplace.

*Testimonial from the client after an IVY visit:*

*"I enjoyed how friendly she was. She was very sweet and very polite. ... I have a sick family member who is battling leukemia, and he looked forward to receiving the pictures from the visit. She isn't just helping us in the community, she is also reaching people in Hamilton." Client*

*"Much more talkative than any other visit I have ever seen him. Ivy appeared to brighten up his mood and engagement for the visit." CP observation*

Through our newest initiative, the CP program has developed a Virtual Wellness Library for individuals to access from their homes that includes seated exercise classes that were recorded in partnership with Community Care Northumberland and the Cobourg Community Centre as well as falls prevention tips and meditation resources. Since we launched the wellness library in November until the end of January, we have had 380 views and 229 active users. Future plans

include adding to the number of recorded exercise classes available as well as adding new sections such as tips on nutrition.

Through our quarterly surveys we received valuable feedback to help us improve our services. See the attached 2024 Survey results.

Testimonials:

*“It is a **comfort** to know that we can call Community Paramedicine and have a concern we have **checked out** by a medical professional.” (CP client)*

*“This program has been a **safety net** for me as ... always checks my blood pressure - I was in so much pain with my swollen legs and feet that I **could barely walk**. If he **hadn’t visited me at home and contacted my doctor, I would still be suffering.**” (CP client)*

*“**Excellent service**, enjoy visits from EMS provider. Excellent tips and it gives me a **better sense of well-being** knowing my health is constantly being monitored.” (CP client)*

*“As an Emergency Nurse working in Northumberland Hills Hospital, I have noticed a **sharp decline in patients who had previously had frequent visits** to the department **following the implementation of this program**. It became obvious within weeks of the roll out that it was a **much-needed service to our community** and has **benefited many at risk patients**. It is my **hope** that this program will be both **continued and expanded** to further assist the ever-growing community of Northumberland County.” (local RN)*

## Consultations

Prehos documentation data

Future Health Remote Patient Monitoring data

Eastern Ontario Association Paramedic Chiefs / Community Paramedic Programs

Northumberland Community Paramedic Quarterly Surveys

Northumberland Hills Hospital

Campbellford Memorial Hospital

## Legislative Authority / Risk Considerations

N/A

## Discussion / Options

N/A

## Financial Impact

N/A

## Member Municipality Impacts

Data presented is a year-end report inclusive of Northumberland County.

## **Conclusion / Outcomes**

Staff request that the Community Health Committee and County Council receive Report 2025-036 'Northumberland Community Paramedic 2024 Year-end Report' for information.

## **Attachments**

- 1) Report 2025-036 ATTACH 1 'CP Client Map 2024'
- 2) Report 2025-036 ATTACH 2 'RPM Client Map 2024'
- 3) Report 2025-036 ATTACH 3 'Northumberland Community Paramedic 2024 Infograph'
- 4) Report 2025-036 ATTACH 4 '2024 (Jan – Dec) Survey Results'
- 5) Report 2025-036 ATTACH 5 '2023-2024 ED/Visits'