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1.0 Purpose

1.1 To define standards for paramedics working in clinical roles as Extended Care Paramedics.

2.0 Guiding Philosophy

2.1 EHS is committed to the design and delivery of optimal patient care and in so doing embraces opportunities to enhance the overall patient experience and improve patient outcomes in the broader healthcare system.

3.0 Definitions

3.1 System Status Plan (SSP): a province-wide ambulance management system to match resources to the changing patterns of demand.

3.2 Extended Care Paramedic (ECP): An EHS-registered Advanced Care Paramedic with special endorsements as outlined in Policy 6000: Essential Competencies and Policy 6001: Paramedic Registration.

4.0 Policy

4.1 The primary role of the Extended Care Paramedic is to provide care to patients in nursing home facilities or in other programs/initiatives as approved by the Provincial Medical Director.

4.1.1 The secondary role of the ECP is to respond to unscheduled calls within a community, provided they are the closest available unit to high medical priority call in the community. In responding to these calls, the ECP is to practice only within the ACP scope of practice. The ECP unit shall not otherwise be considered part of the System Status Plan (SSP).

4.2 ECPs will operate in a single-response, non-transport capable vehicle.

4.3 ECPs will assess and treat patients within their scope of practice as defined by Policies 6000 and 6001: Essential Competencies and Paramedic Registration. All patient documentation, including patient follow-up visits, will be recorded in the ePCR as defined by Policy 6180: Medical Responsibilities of Paramedics.

4.4 Every ECP patient contact requires on-line medical oversight physician (OLMOP) contact. Conflict between the OLMOP and paramedic will follow Policy 6175: Mandatory On-Line Medical Oversight.

4.5 In the event of a disagreement between the OLMOP or ECP and the patient's physician regarding patient care, the patient's physician will retain ultimate responsibility for care. The disposition of the patient will be reached by consensus between the patient's physician and the OLMOP.

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4.6 All decisions regarding trip destination will be made according to Policy 6120: Trip Destination.

4.7 All inquiries regarding the service provided shall be managed according to Policy 1004: Service Inquiry Process.

5.0 Appendices

5.1 ECP Call Flow Diagram

6.0 Reports

6.1 Sum of times an ECP responds to unscheduled, high medical priority calls in the community.

7.0 References

7.1 Policy 1005

7.2 Policy 6000

7.3 Policy 6120

7.4 Policy 6175

7.5 Policy 6180

7.6 Policy 6186

8.0 Outcome Measurement

8.1 None

9.0 Revisions

9.1 None