EMS Palliative and End of Life Care Assess, Treat and Refer Program
What's New In Phase II

The following document details the enhancements and changes within the Provincial EMS Palliative and End of Life Assess, Treat and Refer program from Phase I (launched April 1, 2015) to Phase II (effective October 1, 2016).

This document serves as an adjunct to the EMS PEOLC ATR program training package that has been updated to include the program enhancements and inclusion criteria.

This document may be used to assist areas that have already implemented Phase I to easily identify the changes to the program within Phase II which goes live October 1, 2016.

	Provincial EMS PEOLC ATR Program Phase I (Launched April 1, 2015)	**Provincial EMS PEOLC ATR Program Phase II** (Effective October 1, 2016)
Patient Inclusion Criteria	• Patient recognized/confirmed as palliative/end-of-life by registered healthcare clinician on scene • Patient 18 years of age or older • Registered healthcare clinician (registered nurse, nurse practitioner, licensed practical nurse, physiotherapist, occupational therapist, or respiratory therapist) on scene and able to continue patient care	• Patient recognized/confirmed as palliative/end-of-life by registered healthcare clinician **or EMS practitioner** • No change • **Clinician presence on scene is no longer required for EMS to treat the patient in place** • If clinician is not on scene, EMS will to attempt to connect to clinician/primary care team via phone
Accessing the Program	• Activated by registered healthcare clinician on scene through 911 dispatch using the clinician dispatch script	• Three routes of program access: ○ Activated by registered healthcare clinician on scene through 911 dispatch using the clinician dispatch script ○ **Activated by registered healthcare clinician not on scene through 911 using the clinician dispatch script (remote initiation)** ○ **Patient identified by EMS after routine response to 911 call from patient/family (EMS initiation)**

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EMS Response	• EMS notified of PEOLC Assess, Treat and Refer event while en route and responds non-lights and sirens	• EMS will continue to be notified of PEOLC Assess, Treat and Refer event and respond non-lights and sirens to events that are created from the clinician dispatch script (clinician initiation on scene or via phone remotely) • EMS may respond lights and sirens as a result of routine response to 911 calls directly from the patient/family
Clinician Roles and Responsibilities	• Communicates with family/palliative physician or NP as possible (before, during or following event)	• No change
	• Provides patient care in collaboration with EMS on scene	• No change • If clinician is not on scene, clinician collaborates over the phone with EMS (program activated remotely or patient identified by EMS as a potential candidate for treatment in place)
	• Resumes care after EMS departs from the scene	• If clinician is on scene – no change • If not on scene, clinician proceeds to scene as needed/possible, and resumes care after EMS departs from scene • EMS may still treat the patient in place if the clinician is not available (or not needed) on scene at the time of the event in consultation with an online physician
	• Arranges for ongoing resources (oxygen, equipment, medications)	• No change
	• Completes documentation as per local policy and procedures	• No change

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Physician Consult Process	• **Mandatory physician consult for all EMS PEOLC ATR events** • EMS may contact EMS OLMC, the palliative physician on call and/or the patient's palliative/family physician as available for medical direction • Clinician identifies if the palliative physician on call or the patient's palliative/family physician is available for consult	• No change to physician consult process from Phase I • Additionally, EMS should request that calls to the palliative physician on call and/or the patient's palliative/family physician be connected through dispatch so the conversation is conducted on a recorded line
EMS Practitioner Roles and Responsibilities	• Provide patient care in collaboration with registered healthcare professional on scene • Documentation – ePCR: ○ Complete standard ePCR documentation ○ Complete applicable Assess, Treat and Refer sections of ePCR ○ Complete applicable PEOLC sections of the "Refusal/ATR Brochure" and leave with patient/family • Documentation – paper PCR ○ Complete standard documentation ○ Complete PEOLC Assess, Treat and Refer Form and leave copy of the form with the patient/family	• Identify PEOLC patients who may be appropriate for treatment in place • Provide patient care in collaboration with registered healthcare professional as available (**on scene or via phone**) • If clinician not on scene, EMS attempts to connect with clinician via phone to obtain a full understanding of patient history and ensure a collaborative care plan is pursued • Conversations with other healthcare professionals (clinicians and physicians) to be connected through dispatch (recorded line) • Documentation – ePCR ○ No change ○ **Additionally, ensure ePCR is transmitted to the appropriate homecare zone hub before finalizing and deleting ePCR** • Documentation – paper PCR ○ No change ○ **Additionally, ensure PCR and ATR form is faxed to navigator (as per bottom of form) for program evaluation and forwarding to the appropriate homecare zone hub**