Community paramedics—a grass-roots movement

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Objectives: Community paramedicine is an emerging model of care where paramedics apply their training and skills in ‘non-traditional’ community-based environments, often outside the usual emergency response and transportation model. It has been implemented in small pockets of Australia, United States and Canada. A partnership between an Australian research team and a paramedic service in rural Canada provided an opportunity to observe and analyse the evolution of a community paramedic model as a community-driven initiative. One of the research questions was the extent to which the paramedic service and paramedics engaged with local communities during the introduction of the community paramedic model.

Methods: The study was undertaken in the County of Renfrew, Ontario, Canada, where a community paramedic role has emerged in response to demographic changes and broader health system reform. Qualitative data was collected through a combination of direct observation of practice, informal discussions, interviews and focus groups. An innovative component of this research was reference to the Australian rural domains of paramedic practice model and the use of boundary theory to identify and analyse how community paramedics are creating and maintaining new role boundaries and identities.

Results: The Renfrew community paramedic model emerged organically from existing structures and local needs. It is built on strong partnerships between the paramedic service and other health and social services. A wide range of disparate community health initiatives have evolved into a coherent and sustainable community paramedic program. The program consists of four key elements:

- Ageing at Home Program
- Paramedic Wellness Clinics
- Ad hoc Home Visiting Program
- Paramedic Response Unit Program.
The findings indicated that community paramedic programs are more likely to succeed if they are integrated within the local health system, have viable treatment and referral options for sub-acute and chronic patients, paramedic education that is broader than traditional paramedic emergency response competencies, and an appropriate and effective clinical governance system is in place.

**Conclusions:** Innovations in the delivery of rural paramedic services can be successfully developed and implemented at a community level if all agencies and health professionals work together. The outcomes of this community paramedic program are improved monitoring of the health and wellbeing of the aged living in their own homes, a more integrated local health system, and reduced costs to individuals and the overall health system. There have been no adverse impacts on the emergency response capability of the paramedic service in the County of Renfrew.