Niagara EMS Mobile Integrated Health (MIH) Program Updates

Public Health and Social Services Committee

March 4, 2025

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Niagara EMS MIH – Program Updates

Agenda

- Background / History of our MIH Model of Care
- Overview of Current MIH Response Teams and Successes
- What's Next?





Background / History of MIH Model of Care

- Providing the right care, at the right time, in the right place by the right provider.
- Patient-centred care with a preventive approach, available 24 hours per day, 7 days a week.

Populations Served by our Community Paramedicine (CP) programs:

- High volume users of 911 and hospital ED with a history of chronic physical health conditions (e.g. congestive heart failure, diabetes, COPD, hypertension)
- Seniors on the Long-Term Care (LTC) wait list or on the trajectory for admission to LTC
- Consumption and Treatment Site users, providing harm reduction services to those struggling with addictions





Overview of Current MIH Response Teams

- MHART Mental Health and Addictions Response Team
 - -Community paramedic and mental health nurse (donated in-kind by Niagara Health)
- FIT Falls Intervention Team
 - -Community paramedic and occupational therapist
- CARE Community Assessment and Referral Team
 - -Community paramedic











Overview of Current MIH Response Teams

- Street Outreach Team
 - -Community paramedic



- Palliative Care Team
 - -Community paramedic



Research study allows specially trained paramedics in the region to provide palliative care





Avi Hollo is photographed with a photo of his father, Israel Hollo, who died in August. Avi speaks about the positive experience he had with the Niagara Emergency Medical Services palliative care team when his father was dying.





MIH Key Performance Indicators / Outcomes

- In 2024, Niagara EMS responded to 95,705 assignments (emergency calls)
 - Our MIH teams responded to 9,091 of those assignments 9.5% of the service volume
 - MIH teams also performed **4,837** in-home and virtual visits with CP program clients
 - Since 2018, MIH services are becoming a larger % of our service volume, better serving low-acuity calls when they happen and preventing others from happening at all.
- MIH teams responded to **6,819** Priority 3, 4 and 5 calls (low acuity calls) in 2024 and transported **799** to hospital.
 - This represents an ED diversion rate of 88.3%
- Economic analysis of MIH has shown substantial cost savings of EMS staff time and resources (60% less) compared with use of ambulances for the same emergency calls.





In their words... feedback from our CP client surveys

"This program has allowed us to live at home in a rural area and feel confident with taking care of my husband, because I know they will drop in and check in with us. Knowing someone is just down the road. They are so cheerful. Keep up the good work."

"It's a lot less embarrassing than having 911 come with their flashing lights, fire truck and ambulance. They provide a level of care in this crazy system we try to navigate through."

"Monthly health checks in my home to monitor BP, heart, etc. and to determine if an ER visit is required. I receive more health monitoring from this program than from my GP! It has eased concerns and saved ER visits and confirmed times when one was required. Love and appreciate this program."





Spotlight on the Community Paramedicine for Long-Term Care (CPLTC) Program

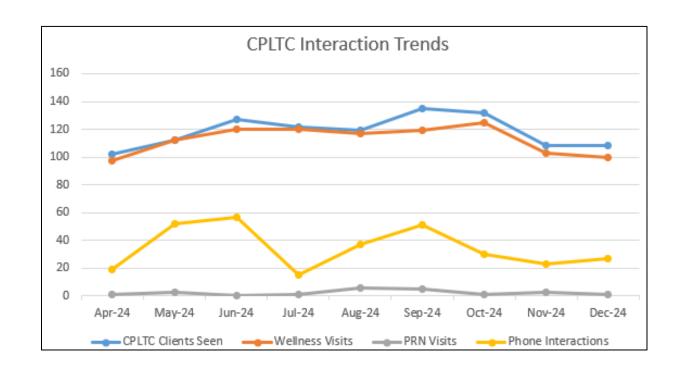
 Program goal - to keep seniors awaiting LTC safe and healthy in their own homes for as long as possible.

CPLTC guiding principles:

- Accessible
- Responsive
- Proactive
- Safe



Spotlight on the Community Paramedicine for Long-Term Care (CPLTC) Program









What's Next?

- Patient Care Models (PCMs) give paramedics more options to provide safe and appropriate treatment for patients while helping to protect hospital capacity.
- Niagara has submitted PCM proposals to the Ministry of Health and awaiting approval.
- Options include:
 - Alternate Destination (e.g. mental health crisis centre, hospice, urgent care centre)
 - Treat and Refer (e.g. primary care physician or home and community care)
 - Treat and Discharge (with appropriate follow-up care recommendations if needed)





Questions / Comments



