Introducing the Community Paramedicine at Home Program

CP@home

McMaster University
Family Medicine

McMaster Community Paramedicine

CP@clinic©

The Community Paramedicine at Clinic *(CP@clinic)* Program is:

- **innovative, evidence-based, and cost-effective**
- **a chronic disease prevention, management, and health promotion program**
- **held in common spaces in social housing buildings**
- **offered on a drop-in basis**

Adapted to be delivered in patients' homes

CP@home©

The CP@clinic Program has been adapted to be delivered as an in-home visit, referred to as *CP@home*.

***CP@home* features all of the same assessments/tools that are familiar to CP@clinic community paramedics.**

Populations that can benefit from CP@home:

- **Vulnerable and frail older adults**
- **Populations prioritized by the Ontario Health Teams**
- **Individuals referred by paramedics (includes frequent callers)**
- **Individuals referred by hospital discharge planner (e.g. at-risk for readmission)**
- **Individuals with multiple chronic conditions**
- **Individuals with limited mobility**
- **Individuals on the Long-Term Care Waitlist**
- **Individuals receiving remote patient monitoring**

Benefits of the CP@home Program

- Improved patient quality of life
- Identifying and managing chronic diseases
- Help patients stay healthy at home
- Educating and empowering patients to look after themselves
- Connecting back to primary care

Features of the out-of-the-box CP@home Program

- Evidence-based program grounded in 10 years of robust research
- Standardized online paramedic training
- Uses appropriate validated assessment tools/questionnaires
- Standardized electronic database with decision support
- Standardized reports for monitoring and quality assurance
- Customized impact reports for services needs

CP@home First Visit

Completion of patient intake assessments

→

CP@home Follow-up Visit

Patient check-ins with assessments as needed

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CP@home Program Discharge

Definite end-point for in-home visits