Essential elements to implementing the Paramedics Providing Palliative Care at Home Program: An application of the Consolidated Framework for Implementation Research (CFIR)

**BACKGROUND**

- Comfort care (palliative care) without transport to hospital has not traditionally been paramedic practice.
- The novel Paramedics Providing Palliative Care at Home Program allows for care at home, without automatic transport to the emergency department.
- The program includes a new palliative clinical practice guideline, medications, a database to manage and share goals of care, and palliative care training.

**OBJECTIVES**

- This study sought to determine the essential elements for implementation, scale and spread of the Paramedics Providing Palliative care at Home Program.

**METHODS**

- Qualitative deliberative dialogues were held with diverse stakeholders/experts in one province with the Program (Nova Scotia, March 2018) and one without the Program (British Columbia, July 2018).
- Four team members analyzed the data independently; themes were derived by consensus with the broader research team.
- The Consolidated Framework for Implementation Research (CFIR) informed the discussion guide and was used in a framework analysis.

**Consolidated Framework for Implementation Research (CFIR)**

- For this study, the CFIR domains included:
  - Characteristics of intervention – paramedic palliative model of care
  - Outer setting – stakeholders/organizations outside the EMS system
  - Inner setting – providers/organizations within the EMS system
  - Characteristics of the individual – frontline paramedics
  - Implementation processes of paramedic palliative model of care

**LIMITATIONS**

- Deliberative dialogues were undertaken with stakeholders involved in implementation, others may have expressed different issues. Other provinces without the Program might weigh the issues differently or raise others.
- Inherent in discussions is the potential for stronger voices to be heard more; the facilitator made efforts to seek everyone’s input.

**RESULTS**

- "...the patients want this information to be available to their circle of care — paramedics, emergency rooms, palliative care teams and family physicians."
- Cosmopolitanism
  - Inter-sectoral communication is critical but challenged by privacy concerns and the siloed structure of the health system.

- "How do we change the culture of paramedicine, that this is our job now? Taking care of a patient differently at home and not just transporting is actually doing our job versus you call we haul to hospital.”
- Characteristics of Intervention
  - Locally adapted training is an essential characteristic of the intervention; cost is a factor.

- "[In places], there was almost a union grievance when there’s a perceived overlap in scope and role. You need lots of early engagement of stakeholders. I think was a key lesson for us."
- Implementation Climate
  - Shift in mindset away from traditional paramedic roles is required; this can be facilitated by paramedic champions and a positive implementation climate.

- "Had the paramedics not received the education, it would have been harder to get buy-in from the palliative care teams - that paramedics would know what to do."
- Engagement & Planning
  - Early engagement of diverse stakeholders and planning for sustainability is key.

**CONCLUSION**

- Essential elements for implementing the Paramedics Providing Palliative Care at Home Program were described, via an informed discussion with stakeholders from a province with the Program and one without.
- This will be helpful for successful scale and spread of the Program.