Community-Based Emergency Care

A Novel Approach to the development and delivery of first response medical services in remote First Nations communities

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• Community Collaborators: Jackson Beardy (Sachigo Lake First Nation), Jason Beardy (Nishnawbe Aski Nation)  
• Many other staff, students, community members and collaborators!

23 Oct 2014: CRHNET Symposium, Toronto
Competing Interests

• Financial
  – None to declare

• Non-Financial
  – AO and DV are founding volunteer board members of “Remote Health Initiative”, a non-profit dedicated to improving health services in remote communities.

Funding Sources
Overview

1. What is known: Poor access, poor health.
2. What is needed: local solutions.
3. Innovation: CBEC
4. Possibilities: Sustainable Local Care
5. Challenges: Funding and Scale-Up
“Boring! I’m already on my Smartphone”

www.nosm.ca/cbec
What we know: Poor Access

25,000 Ontarians need to board a plane to access an emergency department.

2000 medical evacuations from remote communities in 2013.

29 remote communities have no 911 or formal paramedical services.

15% of trauma deaths can be reduced with pre-hospital services.
What we know: Poor Health

Severely elevated rates of:
• Diabetes, heart disease, stroke.
• Chronic and acute mental health
• Infectious disease
• Injury (30% of all deaths in the Sioux Lookout Zone)

All translate into more medical emergencies and community crises.
What is needed: Pre-Nursing Station Care

Pre-nursing station Care

Prehospital Care (Ontario: $2.4B/yr)
What is needed: Community-Based Models

People in remote and isolated First Nation communities should have access to excellent community-based first response emergency care.
What is needed: Comprehensive Capacity

**SKILLS AND CAPACITIES**

**DISEASE-CENTERED STRATEGIES**
What is needed: Investment

“There is willingness to pay for janitors to clean schools, but not in paying for first responders to save lives.”
Innovation 1: Sachigo Lake First Nation

**Phase 1** - Site Visit & Needs Assessment, *May 2010*

**Phase 2** – SLWEREI Training Course, *Nov 2010*

**Phase 3** - Evaluation & Curriculum Refinement, *Nov 2010-May 2012*

**Phase 4** - Second Course & Capacity Building, *May 2012*

**Phase 5** - Evaluation, Dissemination & Future Planning, *May 2012-Mar 2013*
Innovation 1: Sachigo Lake First Nation

- Collaborative program development
- Honours and affirms local geography, culture and systems
- Comprehensive approach, including mental health first aid
Innovation 1: Sachigo Lake First Nation

- Population health approach: trained 6.5% of the population (~163k Torontonians)
- Rigorous evaluation: Can a community-based first response program enhance emergency response capacity and community resilience in a remote First Nations community?
Innovation 1: Sachigo Lake First Nation

A young woman from Sachigo Lake First Nation ...had been been uncertain about whether she’d feel comfortable – the sight of blood had never been her favourite. But, being involved in the simulated health emergencies helped and motivated her. She decided to go to college to train to be a paramedic. When she graduates, her goal is to work in remote First Nation communities like Sachigo Lake.
Innovation 2: CBEC Roundtable

Sioux Lookout, October 2013
Innovation 2: CBEC Roundtable

Guiding Principles

1. Community-based
2. Sustainable
3. Capacity-building
4. Collaboration
5. Integration
6. Excellence
Possibilities: Sustainable Local Care

Learning together!

MD, NP, RN
• Comprehensive remote life support training.

Community Emergency Health Workers
• 1-2 per community
• Modular training
• Job opportunities
• Community trainers and providers

Lay Responders
• 5-10% of the population

What is known ➔ What is needed ➔ Innovation ➔ Possibilities ➔ Challenges
Challenges: Scaling-Up and Integration

What is known ➜ What is needed ➜ Innovation ➜ Possibilities ➜ Challenges
Challenges: Funding

~2% of the population

2% of the Ontario prehospital care budget is about $4.8 million/year
Challenges: Epidemiology and Evidence

Conclusions

2. Local, evidence-informed, comprehensive solutions are desperately needed.
3. Locals can be given the skills and training to deliver emergency first response services.
4. CBEC is a well-developed and exciting model.
5. We need modest governmental support to build this system.