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# COMMUNITY PARAMEDIC PROGRAM EXPANSION

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## Overview

The County of Renfrew Community Paramedic Program delivers essential, community-based healthcare to more than 10,000 residents, completing approximately 30,000 home visits annually to ensure patients receive the *right care, in the right place, at the right time*. The program plays a critical role in advancing one of the Ministry of Long-Term Care's key priorities – reducing Alternate Level of Care (ALC) pressures – by providing timely, in-home clinical interventions that prevent unnecessary hospital admissions and delay or avoid long-term care placement.

Through remote patient monitoring, post-911 follow-ups, chronic disease management, and community-based palliative care, community paramedics stabilize patients at home, promote aging in place, and reduce reliance on institutional care. This proactive model improves quality of life for older adults, those on LTC waitlists, and residents facing complex health and social challenges. By diverting more than 2,500 calls from emergency departments and generating an estimated \$5.4 million in annual system savings, the program demonstrates measurable success in supporting Ontario's goals of reducing ALC rates, improving transitions of care, and helping residents remain safely at home.

## Program Need, Capacity and Current Operations

Renfrew County is one of Ontario's largest and most rural regions, characterized by a rapidly aging population, geographic dispersion, and limited access to hospitals, long-term care facilities, and primary care. These challenges result in higher rates of emergency service use, longer wait times, and increased ALC occupancy. The CPLTC program bridges these gaps, providing a flexible, mobile healthcare workforce that ensures vulnerable residents receive high-quality, proactive care in their homes.

The County currently receives \$2 million annually in time-limited provincial funding to support 10 Community Paramedic FTEs, managing more than 1,200 high-priority patients. The team delivers preventive, in-home, and transitional care, working collaboratively with health and social service partners to reduce hospital dependency and delay LTC admissions. Key components of this integrated model include:

- Post-911 and hospital follow-ups to prevent readmission and manage complex conditions before crisis;
- Community-based palliative care, with more than 600 clients supported through coordinated symptom management, advanced care planning, and home-based end-of-life services that reduce emergency transfers and ALC stays;
- Lung Health East partnership providing joint management of COPD and chronic respiratory conditions, reducing ED visits and hospitalizations;

- Mesa initiative, an inter-agency collaboration addressing mental health, addictions, and homelessness, linking high-risk individuals to wrap-around supports;
- Healthy Homes Outreach, a partnership with Housing Services providing on-site medical and social care in County-owned rental units to more than 280 active clients, most of whom are seniors; and
- Indigenous health partnership with the Algonquins of Pikwakanagan, embedding community paramedics within local health teams to provide culturally safe, integrated, and continuous care.

These partnerships create a coordinated continuum of care across Renfrew County, enabling early intervention, stable management of chronic conditions, and dignified end-of-life care. Without sustained base funding, this critical capacity which directly alleviates ALC pressures and protects hospital and LTC resources is at risk of contraction.

## Provincial Context

The Ontario government invests \$87 million annually with municipalities, Indigenous communities, and district service boards to deliver CPLTC programs a partnership that serves as a lifeline and safety net for seniors and vulnerable residents across the province.

Thanks to this investment, the County of Renfrew has delivered nearly 50,000 visits through its CPLTC program. The County remains one of Ontario's flagship CPLTC sites, consistently demonstrating success in LTC admission avoidance, ALC reduction, 911 diversion, and palliative care. The program aligns directly with the Ministry's aging-in-place strategy, ensuring residents remain independent, supported, and connected to their communities.

## Analysis

The County of Renfrew CPLTC program provides a proven, cost-efficient, and scalable solution to reduce ALC pressures and strengthen Ontario's long-term care capacity:

- At \$8.40 per client per day, CPLTC costs less than 15% of a basic LTC bed, while delivering comparable clinical oversight and stability.
- Data shows a 32% reduction in 911 calls overall and a 65% reduction among high-frequency users, preserving emergency and hospital capacity.
- Clients supported through community paramedicine are less likely to require crisis LTC admission, reducing waitlist growth and ALC occupancy.
- Community-based palliative care delivered by paramedics reduces hospital readmissions, improves symptom management, and allows residents to receive dignified end-of-life care at home.
- The County's integrated model leverages local partners to address both medical and social determinants of health, ensuring more effective, equitable outcomes.

With stable base funding and expansion, the program can further reduce ALC rates, support earlier hospital discharges, and enhance system resilience across the care continuum.



**The County of Renfrew requests that the Minister of Long-Term Care and the Government of Ontario:**

1. Confirm base funding for the County's CPLTC program beyond the current contract period to secure long-term stability, staff retention, and service continuity; and
2. Increase annual funding by \$1.5 million, with future adjustments indexed to inflation, program growth, and population need, to:
  - Deliver an additional 15,000 hours of direct client care annually;
  - Expand in-home palliative and chronic disease management services;
  - Strengthen LTC admission avoidance and ALC reduction through enhanced transitional and follow-up care;
  - Deepen integration with Ontario Health Teams, hospitals, and LTC facilities; and
  - Ensure sustainable growth that keeps pace with demographic change and rising system pressures.

## Financial Implications

- Current Annual Funding: \$2 million
- Requested Increase: +\$1.5 million
- Future Base Funding: \$3.5 million (stabilized, inflation- and growth-indexed)

This investment will be offset by system savings from fewer hospital admissions, reduced ALC days, avoided LTC placements, and decreased 911 utilization, while supporting workforce stability and predictable cost planning.

## Conclusion and Recommendation

The County of Renfrew Community Paramedicine for Long-Term Care Program is a proven, evidence-based model that supports aging in place, reduces ALC pressures, and expands community-based palliative care. Establishing base, inflation-indexed funding with a modest growth adjustment will ensure the program remains sustainable and responsive to Ontario's changing demographic landscape.

### Recommendation:

That the Minister of Long-Term Care approve:

1. Confirm ongoing base funding for the highly successful *Community Paramedicine for Long-Term Care (CPLTC)* program beyond the current contract term to ensure stability and sustainability; and
2. Allocating an additional \$1.5 million annually, with future funding indexed to inflation and program growth, to expand capacity for LTC admission avoidance, ALC reduction, and palliative care delivery, reinforcing Ontario's leadership in innovative, integrated, and compassionate long-term care