

Community Health EMS



EMSAC

June 27, 2014

Chair: Kevin Bollar

Agenda



Introductions

Agenda

- Idaho CP Program Updates
 - Ada County Paramedics
 - Bonner County EMS
 - Moscow Fire
 - Teton County Valley EMS
- ISU CP Program Updates
- State Health Innovation Grant
- National/International Updates
- Open Discussion



ADA COUNTY COMMUNITY PARAMEDICS

CONTINUING PROGRAMS

▣ FIELD PROVIDER REFERRALS

- REDESIGNED ONLINE PATIENT REFERRAL FORM FOR EMS PARTNERS
- INCLUDES EASIER ABILITY TO TRACK DATA.

▣ POST-HOSPITAL DISCHARGE PROGRAM

- CONTINUED PARTNERSHIP WITH SLHS
- COMPLETED AND SIGNED CONTRACT WITH SAHS
 - ▣ CHF Patients Only To Begin
 - ▣ Begin To See Patients The Week of the June 30th
 - ▣ Discussion Of Presence Into Canyon County
 - ▣ Canyon County Developing a Community Paramedic Program

CONTINUING PROGRAMS

- ▣ COUNTY EMPLOYEE VACCINATIONS
 - CONTRACTED TO ADMINISTER THE 2014-2015
 - DEVELOPING ADDITIONAL WELLNESS ITEMS FOR CLINICS

- ▣ EDUCATION
 - 3 INDIVIDUALS
 - HENNIPEN TECHNICAL COLLEGE
 - 112 CLASSROOM HOURS, 200 CLINICAL HOURS
 - COMPLETED THE CLASSROOM HOURS – BEGINNING CLINICAL HOURS

ON-GOING/NEW PILOTS

▣ INVOLUNTARY MENTAL HEALTH EMERGENCY DEPARTMENT DIVERSION PROGRAM

- COMPLETED PHASE I – SUCCESSFUL
- BEGINNING PHASE II
 - ▣ EVALUATING PET TEAM CONCEPT
 - ▣ PARTNERING WITH LAW ENFORCEMENT AND MOBILE CRISIS
 - ▣ TIME STUDY

▣ PACIFIC SOURCE

- SUBMITTED A COMMUNITY HEALTH EXCELLENCE GRANT
- DISCUSSIONS TO ADMINISTER SEASONAL FLU CLINICS TO CERTAIN MEMBER TYPES
 - ▣ INCLUDED VALUE ADDED ITEMS

OTHER UPDATES

- ▣ PROGRAM ANALYSIS
 - HRSA REVIEW HAS STARTED

- ▣ AGENCY EDUCATION STANDARDS
 - INITIAL DISCUSSIONS

- ▣ BUREAU OF COMMUNITY & ENVIRONMENTAL HEALTH GRANT

- ▣ DOT PROGRAM – CONTINUING

- ▣ IRCP – POSSIBLE PRESENTATION

Ada County Paramedics Program Updates



Questions?

Mark Babson

Ada County Paramedics

Community Paramedic

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Bonner County EMS Program Updates



Mark Zandhuisen, Bonner County EMS

- No New Progress-Engaging w/New EMS Management on Future Direction

Bonner County EMS Program Updates



Questions?

Mark Zandhuisen

Bonner County EMS

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Moscow Fire Program Updates



Dave Reynolds, Moscow Fire

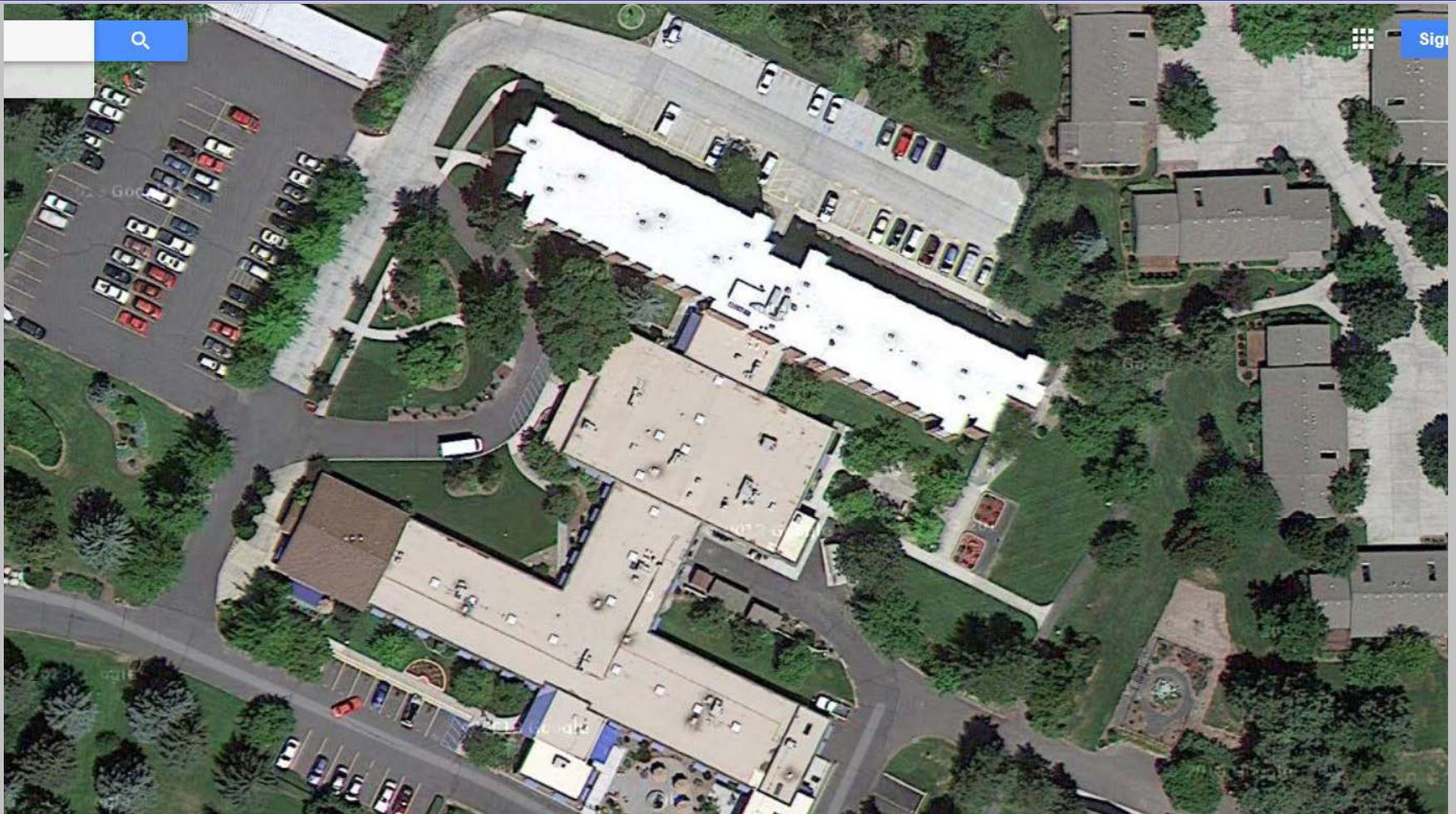
- Problem identified by frequent responses
- Request was for evaluation, not transport
- Agency viewed facility as supplanting staffing
- Multiple facility/agency meetings

Moscow Fire Program Updates



- Pilot Project: Community Para-medicine MOU with Good Samaritan Village
 - Identified a Patient Care Need to Utilize Community Paramedicine
 - Nursing Staff Not Available After Hours
 - Fallen Residents Require an Evaluation
 - A CP Provides Assessment Leading to Either a Lift Assist or EMS Transport
 - Decrease in EMS Responses for Non-injury Lift Assist Events

Moscow Fire Program Updates



Moscow Fire Program Updates



- Results
 - Approximately 500 hours On-call per month
 - 0 to 10 Callouts
 - Approximately 25% Transports
 - Cost: Approximately \$1200 per month
 - Problems: Keys, Staff Training, Shift Start/Stop Times

Moscow Fire Program Updates



- Overall
 - Success Providing Rapid Service at Low Cost
 - Identify Patients Needing Transition to Full Care
- Plan
 - Continue Program
 - Investigate Offering to Other Assisted Living Facilities

Moscow Fire Program Updates



Questions?

**Dave Reynolds
Moscow Fire
EMS Director**

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Teton Valley Program Updates



Robert Veilleux, Teton Valley Health Care

- Population: Approximately 10,000
- 435 Square Miles
- Seasonal Visitors, e.g. Grand Targhee, YNP, GTNP
- 1 Critical Access Hospital in County
- 3 Ambulance Model
- Paramedic/Basic Crew 24/7
- Backup Crew 24/7

Teton Valley Program Updates



- Teton Valley Hospital Based Model Design
 - Reduce Hospital Readmission Rates
 - Reduce Medication Errors
 - Increase Immunization Rates
 - Improve Continuity of Care for our Patients

Teton Valley Program Updates



- Program Specifics
 - Joint Pilot Program with Teton Valley Ambulance and Teton County Fire
 - 2 Paramedics for Each Home Visit
 - <10 Patients Enrolled in Pilot Program
 - Grants Received
 - Rural Health & PacificSource
 - Duration
 - Planning: Nov 2013 - Feb 2014
 - Home Visits: Feb - Jul 2014
 - Analysis: Aug 2014

Teton Valley Program Updates



- Highlights
 - Enrolled New Patients with Primary Care Provider
 - Common Services Provided at Home
 - 12-Lead
 - Vitals
 - Medication Reconciliation
 - Needs Assessment
 - Home Safety
 - Patient Education

Teton Valley Program Updates



- Highlights (continued)
 - Specific Needs Addressed
 - Medication Concerns
 - Equipment Issues
 - Lab Services
 - Patient Education
 - Safety Issues Identified
 - Urgent/Emergency Consult

Teton Valley Program Updates



- Potential Barriers
 - Funding
 - On-shift/on-call
 - 2 Providers/call
 - Time Consuming
 - Stakeholder Involvement and Commitment
 - Difficult to Contact Patients
 - Equipment and Vehicle



TETON VALLEY AMBULANCE

Teton Valley CP (Community Paramedic) Program

Topics to present to Idaho State CHEMS

Robert Veilleux, Director of EMS
Teton Valley Health Care
Office Phone: 208-354-2383, ext. 121
Email: rveilleux@tvhcare.org

- 1) Population served: Approximately 10,000, including Alta Wyoming
 - a. 435 square miles
 - b. 1 critical access hospital in county
 - c. Seasonal visitors (e.g. Grand Targhee, YNP, GTNP)
 - d. 3 ambulance model
 - e. Paramedic/Basic crew 24/7
 - f. Backup crew 24/7

- 2) What is our Hospital based model designed to do?
 - a. Reduce hospital readmission rates
 - b. Reduce medication errors
 - c. Increase immunization rates
 - d. Improve continuity of care for our patients

3) Program Specifics

- a. Joint pilot program with Teton Valley Ambulance and Teton County Fire
- b. 2 Paramedics at each home visit
 - i. Each service provides 1 paramedic
- c. 9 patients in pilot program
- d. Duration
 - i. Planning: Nov 2013 - Feb 2014
 - ii. Home visits: Feb - July 2014
 - iii. Analysis: Aug 2014
- e. Grants Received
 - i. State of Idaho Flex Grant
 - 1. To start Pilot program with specific data set to be measured
 - ii. Pacific Source foundation
 - 1. To support pilot program
 - 2. To help fund a coordinator position for the program
 - 3. To pay for Motivational Interview training

4) Highlight Positives on what the program is doing for our community and hospital

- a. Enrolled 1 patient with PCP (primary care provider)
- b. Common services provided at home
 - i. Baseline 12-lead ECGs of all 9 patients
 - ii. Monthly vital sign check (HR, RR, BP, SPO2, ECG, BGL, Weight)
 - iii. Up to date medication reconciliation
 - iv. Patient needs assessment
 - 1. Medical needs
 - 2. Mental health
 - 3. Nutritional screening
 - 4. Social history
 - 5. Day to day living needs
 - 6. Overall welfare check
 - 7. Fall risk assessment
 - 8. Chronic Illness specific assessment (e.g. CHF, COPD, Diabetes)
 - v. Home safety inspection
 - vi. Patient education

- c. Specific needs addressed
 - i. Medication Issues
 - 1. Identified non-compliant Lasix use
 - a. Educated patient about medication use
 - b. Informed PCP
 - 2. Identified and resolved patient's compounding medication concerns
 - ii. Equipment Issues
 - 1. Identified unrecognized chronic hypertension due to faulty home BP monitor
 - a. Purchased new home BP monitor for patient
 - 2. Aided patient in receiving portable home O2 equipment
 - iii. Lab Services
 - 1. Blood draw for A1C testing
 - 2. B12 injection available to patient
 - 3. Vaccinations available to patients (influenza, pneumonia, DPT)
 - iv. Patient Education
 - 1. CHF, COPD, DM Type-2 education for patient and family.
 - 2. Educated pt. about carb and calorie counting required for insulin pump use
 - 3. Educated patient in not combining old pills with new pills in same prescription bottle
 - 4. Educated pt. on medication compliance and diet changes to reduce constipation
 - v. Safety Issues Identified
 - 1. Missing/non-functioning smoke alarms
 - 2. Expired fire extinguishers
 - 3. Non-secure area rugs
 - 4. Inaccurate home BP monitors
 - 5. Post-op mobility, sleeping, accessibility, and safety improvements for the home
 - 6. Basic assistance at home
 - vi. Urgent/ Emergency consult
 - 1. Consult via phone with ER provider for patient with asymptomatic bradycardia

5) Highlight any barriers that we have met or any that we foresee as being a challenge once grant is up.

- a. Funding of our CP (Community Paramedic) program
 - i. We believe that CP providers can function most effectively while not “on shift” for 911 response, and not “on-call” for 911 or emergency transfers.
 - ii. Two providers needed for each home visit
 - 1. Not all paramedics in CP program are comfortable with solo visits
 - 2. Remote locations for some patients reduces paramedic safety net
 - 3. Potential for unsafe scene
 - iii. Time consuming
 - 1. Initial CP home visit 1 ½ - 2 hours.
 - 2. Follow-up visits 1-2 hours
 - 3. Medication reconciliation most time consuming (counting meds)
 - 4. Drive time within county
 - 5. Charting 10-30 min/patient
 - 6. Scheduling
- b. Stakeholder involvement and commitment
 - i. PCP (primary care providers)
- c. Difficult to contact patients
 - i. Part-time residents (e.g. seasonal residents, seasonal workers)
 - ii. Unpredictable or combative patients requiring care
 - iii. , (a couple) didn't have a telephone. It was determined that we would not care for these patients during this pilot program.
- d. Equipment and Vehicle for CP use
 - 1. How do PCPs bill for oversight and consultations?
 - 2. Clinical training of CP crew
 - ii. Hospital pharmacists
 - 1. Time required for medication reconciliations
 - iii. ER Provider
 - 1. Liability of urgent consult when PCP not available
- e. Scheduling with dual agency home visits (TVA and TVFD)
- f. Community Paramedic specific training/experience
 - i. Didactic education
 - ii. Clinical education
 - iii. Prior EMS/Paramedic experience

Teton Valley Program Updates



Questions?

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ISU CP Program Updates



Mike Mikitish, Idaho State University

- New BS in Health Sciences – EMS Concentration
- Fall 2015
- 4 Tracks – Leadership/Management, Clinical, Educ., *CP*

ISU CP Program Updates



- Curriculum tied to the national curriculum from the North Central EMS Institute (NCEMSI)
- Didactic offered live-online utilizing Blackboard Collaborate as our virtual classroom and Moodle for course content (group discussions, case studies, presentations)
- Clinical sites are still in the works
- Students that just want the Community Paramedic track – Certificate of Completion (Awarded 12 Credit Hours)

ISU CP Program Updates



Questions?

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Coordinator Paramedic Science
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State Health Innovation Grant



Mary Sheridan, Bureau of Rural Health & Primary Care

- CMMI model Testing Application due 7/21/14
- Implement and Test Innovations
- If funded, Four Year Project Begins 1/1/15
- CHEMS and Community Health Worker (CHW)
- Programs in Rural and Underserved Areas
- Expands Telehealth use in Rural Areas

State Health Innovation Grant



- Year 1: Regional Stakeholder Educational Events
 - Sessions for CHEMS and CHWs in 7 regions
 - Program Development and Training Information
- Years 2, 3, 4: Community Paramedic Training Course
 - 4 Staff/3 Agencies per year/\$3,000 Course Fee
- Years 3, 4: CHEMS BLS/ILS
 - Program Development
 - 4 staff/2 Agencies per year/est. \$3,000 Course Fee

State Health Innovation Grant



- Years 2, 3, 4: Technical Assistance
 - On-site Mentoring Team Visits for Program Development
 - Technical Assistance via Telehealth Technology
- Years 3, 4: Continuing Education
 - One-day Conference; Presenter Fees, Participant Travel/Lodging
- One-Time Incentive Payment
 - \$5,000 for Data Collection, Reporting, Implementation
 - Recipient Not Defined- CHEMS Part of Primary Care Team

State Health Innovation Grant



Questions?

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Bureau Chief
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National/International Updates



Mindi Anderson, Bureau Representative

- International Roundtable of Community Paramedicine
 - Conference Scheduled in Reno Nevada, 3-5 September 2014
- Mobile Integrated Healthcare Forum (CPIF)
 - Go to <http://cpif.communityparamedic.org/> for previous recorded meetings
 - Big Push for Quest in Researchers to Provide Evidence Based Data to Use for Legislative Efforts at the National Level
- HRSA/ASU Law Research Department Report
 - Explored the Liabilities and Legalities of CP
 - Committee met Twice-Awaiting Final Report

Conclusion



- Open Discussion
 - Request to Create a Working Group to Work on the following Items prior to NEXT CHEMS Meeting in October
 - Create Data Points for CP Programs in Idaho (5-Star Rating/Population Health/Aligning with Triple Aim)
 - Update Talking Points of CP/Create FAQ's (How to get started)
 - Exploring PERCS to Set Parameters for Agencies Providing Non-transport/Non-emergent EMS Care
 - Continue to Build Email Communication List of Agencies in Idaho Interested in CP
- Summary/Final Statements