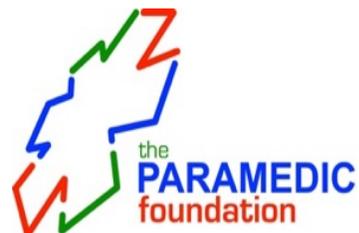


COMMUNITY PARAMEDIC® TOOLKIT

IDAHO BUREAU OF EMS & PREPAREDNESS



May 2019

Community Paramedic® Toolkit

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<https://healthandwelfare.idaho.gov/medical/emergencymedicalservices/tabid/117/default.aspx>



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DEFINITION OF TERMS

SPECIFIC FOR THE STATE OF IDAHO

The terms “community paramedicine” and “Community Paramedic,” are used in this document in an all-inclusive manner, referring to work by emergency medical technicians (EMTs), advanced EMTs, and paramedics. The State of Idaho uses the term, “Community Health Emergency Medical Services” (CHEMS), in much the same way.

The future of CHEMS in Idaho will likely include not only EMTs, AEMTs, and medics, but also a variety of other practitioners like Community Health Workers (CHWs), working together to better care for patients, reduce costs, and benefit both rural and urban public health. Using the terms “community paramedicine” and “Community Paramedic” here provide a simple, inclusive way to capture the complexity of EMS in a changing healthcare environment.

COMMUNITY PARAMEDIC® TOOLKIT

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PLAN TO PLAN

STEP 1

OVERVIEW

The first step in developing a Community Paramedic® program is to learn all you can about this evolving field, the various programs in operation today, and the scope of education required for this new type of paramedic. Doing your homework upfront will allow you to begin formulating the vision and scope of your program, so that you may effectively propose the idea to stakeholders. This handbook will provide you with most of the background you will need to begin. Developing a Community Paramedic® program requires the ongoing management of multiple logistics requiring significant legwork. To help plan and track all of the tasks, develop a work plan and fill it in to the best of your ability now, and update it as you go.

CONDUCT BACKGROUND RESEARCH

Refer to Appendix 1.1 for the list of resources.

DEFINITIONS

1. Community Paramedic® Toolkit: A set of tools, resources, guidelines, and recommendations, brought together and based on subject matter expertise and experience. The accumulation of tools are combined to make a resource guide for starting Community Paramedic® programs.
2. Telephone Redirection: Utilizing a call center to redirect non-emergent calls to the appropriate destination or provider
3. Integration: Working closely to collaborate with other organizations or providers; the process of integrating

4. Health Promotion: The science and art of helping people change their lifestyle to move toward a state of optimal health
5. Safety Inspection: An organized examination or formal evaluation to ensure a safe environment or safe practices
6. Community Paramedics® as a Safe Practitioner: A Paramedic that has advanced education and is safe in every aspect of the care they deliver
7. Treat and Release: Treatment rendered at time of call and then the patient is safely left in their environment without need for transport to an emergency center
8. Paramedic Operating in Primary Care: Paramedics providing primary care services within their scope of practice in conjunction with a well-coordinated care plan
9. Policy: A high-level overall plan embracing the general goals and acceptable procedures
10. Value: The measure of outcomes and/or economic benefit utilizing innovative or transformative methods of care
11. Emergency Department Visit Reduction: Treatment or care of patients that work towards minimizing the use of emergency departments in hospitals
12. Assessment and Referral: The process of evaluating the physical, mental, or social need of a patient and then referring them to an appropriate resource to assist with improving outcomes

Refer to Appendix 1.2 for additional definitions.

WORK PLAN

A work plan is an outline of a set of goals and processes by which a team and/or person can accomplish those goals, and offering the reader a better understanding of the scope of the project. Work plans help you stay organized while working on the development of the program. Through work plans, you break down a process into small, achievable tasks and identify the things you want to accomplish. A work plan is an important tool that helps a project to assign tasks, manage workflow and track the various components and milestone deadlines. A work plan often has a duration of six to 12 months, but it can be adjusted, based on a specific need within the organization. Implementing work plans helps articulate strategies to employees in a way to improve team member focus and drive. Review these key components when developing work plans to ensure you are not overlooking important details. (Kimberlee Leonard, 2018)

These are the steps to develop a work plan:

1. **Identify the purpose for your work plan:** Determine the purpose up front so you can prepare properly.
2. **Determine your goals/steps and objectives/activities:** The first thing a work plan does is to define the goal of the project and the key objectives that the project will achieve. With these items defined, workers are able to perform work tasks toward goal achievement. Goals and objectives are related in that they both point to things you hope to accomplish through your work plan. However, remember the differences, too; goals are general and objectives are more specific. Without clear goals and objectives, team members blindly work on tasks without purpose.

*For the purpose of this work plan, refer to the **Steps and Activities**.*

Consider ordering your work plan by "SMART" objectives. SMART is an acronym used by individuals searching for more tangible, actionable outcomes in work plans.

- **Specific:** *What exactly are we going to do for whom?* Lay out what population you are going to serve and any specific actions you will use to help that population.
 - **Measurable:** *Is it quantifiable and can we measure it?* Can you count the results? Remember that a baseline number needs to be established to quantify change
 - **Achievable:** *Can we get it done in the time allotted with the resources we have available?* The objective needs to be realistic given the constraints. In some cases, an expert or authority may need to be consulted to figure out if your work plan objectives are achievable.
 - **Relevant:** *Will this objective have an effect on the desired goal or strategy?* Make sure your objectives and methods have a clear, intuitive relationship.
 - **Time bound:** *When will this objective be accomplished, and/or when will we know we are done?* Specify a hard end date for the project. Stipulate which, if any, outcomes would cause your project to come to a premature end, with all outcomes having been achieved.
3. **Establish Project Timelines:** Establish the timeline for the implementation of your program.
 4. **Set Project Budget:** Setting the budget requires having the teams assigned and the timelines set. The project budget should break down what each section and team will cost. Review cost efficiency at milestones, to determine if a team is on track to meet, go over or go under budget.
 5. **Who is accountable:** Accountability is essential for a good plan. Who is responsible for completing each task? There can be a team of people working on a task, but one person has to be answerable to a task being completed on time.
 6. **Quality Assurance and Control:** With objectives, milestone timelines and budgets set, a project manager is capable of performing quality assurance tests on progress. At milestone deadlines,

team leaders should report progress, costs and any concerns or obstacles presented. This helps the project manager build an action plan to attack problems, before they set the project off course, either in budget or time frame.

A sample work plan has been attached as Appendix 1.3.

APPENDIX LIST

Appendix 1.1 – Community Paramedicine® Resources

Appendix 1.2 – Definitions

Appendix 1.3 – Sample Work Plan

REFERENCES

Kimberlee Leonard, C. (2018, August 3). *Definition of a Work Plan*. Retrieved from Chron Small Business Web Site: <https://smallbusiness.chron.com/definition-work-plan-39791.html>

ASSESS PROGRAM FEASIBILITY

STEP 2

OVERVIEW

You should determine early in the process whether such a program is even feasible in your area, given state EMS laws and the level of commitment needed internally, from local medical providers, local public health and from a local college or university. The following section provides a checklist to assess feasibility and an overview list of initial contacts and commitments you will need.

PROGRAM FEASIBILITY CHECKLIST

Organization & questions to be considered	Date Contacted	Date Approval Received	Description/Notes
Are there any state regulatory barriers that need to be dealt with first?			
Does internal buy-in exist among EMS Personnel, Medical Director and Board?			
Are local physician practices willing to participate? Train paramedics?			
Are local public health departments willing to participate? Train paramedics?			
Is a local college or university available to teach the Community Paramedic® course?			

IDAHO STATE OFFICE OF EMS OVERVIEW

Once you have formed your initial program vision, begin by talking with the Idaho State Office of EMS to ensure you are operating within the state rules and/or regulations. Because formal Community Health EMS (CHEMS) programs are new, the state office is there as your first resource and in a supportive role on an ongoing basis. With that being said, the Bureau of Emergency Medical Services and Preparedness' CHEMS Program Specialist is the first point of contact and the designated representative to answer any questions.

STATE SPECIFIC EXAMPLES - COLORADO

With Idaho still developing the state specific rules and regulations, here is an example of how another state is operating. In the State of Colorado programs operating must have a license from Health Facilities at CDPHE and have endorsed providers from Emergency Medical and Trauma Section (EMTS) at CDPHE. Below are the steps for each program.

COLORADO: HEALTH FACILITIES:

STEP 1: UNDERSTAND WHAT A COMMUNITY INTEGRATED HEALTH CARE SERVICE IS AND REQUIREMENTS FOR LICENSURE

<https://www.colorado.gov/pacific/cdphe/community-integrated-health-care-services-and-community-assistance-referral-and-education-services>

STEP 2: FILL OUT THE PROPER FORMS FOR LICENSURE

<https://www.colorado.gov/pacific/cdphe/health-facilities-licensure-and-certification>

Once the "Letter of Intent" is submitted CDPHE will contact you with the proper tools for applying.

COLORADO: EMTS:

STEP 1: RESEARCH SCOPE OF PRACTICE AND BECOME ENDORSED

Requirements for State of Colorado www.coems.info

STEP 2: BECOME ENDORSED

<https://www.colorado.gov/pacific/cdphe/becoming-paramedic-community-paramedic-p-cp-endorsement>

Assess Program Feasibility

A paramedic with community paramedic® (P-CP) endorsement is an individual who has a current EMS provider certificate at the paramedic level issued by the department and is endorsed to perform an expanded set of medical acts in a licensed community integrated health care service (CIHCS) setting, as defined in section 17 of the [Chapter Two Rules Pertaining to EMS Practice and Medical Director Oversight](#).

STEP 3: INITIAL ENDORSEMENT REQUIREMENTS

An applicant for the paramedic with community paramedic endorsement must log in to their [OATH](#) account and do the following:

- Provide a current IBSC card
- Provide a certificate of completion from an accredited paramedic training center or an accredited college or university
- Submit an initial application for the paramedic with community paramedic® endorsement OR
- Submit a P-CP add-on application if already certified

STEP 4: RENEWAL ENDORSEMENT REQUIREMENTS

A renewal applicant for the paramedic with community paramedic® endorsement must log in to their [OATH](#) account and do the following:

- Provide a current IBSC card
- Submit a renewal application for EMS provider certification at the paramedic level with community paramedic endorsement

Please consult the IBSC website for more information on the IBSC exam and requirements:

[International Board of Specialty Certification \(IBSC\)](#)

AGENCY SPECIFIC ENGAGEMENT AND COMMITMENT

Next, propose the idea internally. You will need commitments from everyone within the organization including the agency director, EMS personnel, board members and medical director. The paramedics will be required to participate in a fairly rigorous training and education program, both up front and in an ongoing manner. Make sure personnel are willing to take on this additional role.

Obtain assurances from the board of directors that:

Assess Program Feasibility

1. they will support the organization in focusing on program development, which could take 1-2 years to operationalize
2. they understand that internal resources, including funding, may need to be shifted toward program support.

Finally, gain a commitment from the medical director that they will provide the medical oversight, including the development of quality assurance mechanisms, advising the clinical training process, and evaluating the competency of the Community Paramedic's® skills.

GATHER INFORMATION AND SUPPORT BASED ON THIS CHECKLIST:

Agency Checklist	Date Contacted	Date Approval Received	Description/Notes
Board of Directors			This can be your governing board
Director/Chief			
Training Department			
Quality			
Clinical			
Staff and Key Personnel			This should include a stakeholder presentation for internal purposes.
Medical Director			More on this topic in Step 4

APPENDIX LIST

No Appendix in this section

ASSESS COMMUNITY NEEDS

STEP 3

OVERVIEW

The Community Paramedic® program will be better able to make the case for its existence, obtain resources, and have more of an impact on community health overall, if services are based on a needs assessment. Your local public health department has the resources and experience to conduct a community health assessment, with many of them even required to publish one on an ongoing basis.

Patient databases at the hospital and paramedic services are two additional sources of queryable data. The paramedic service database can provide the medical description and demographics of patients that place frequent 9-1-1 calls. The hospital database may be able to provide a list of the conditions most frequently requiring hospital readmission that could be targeted for a CP visit. Finally, one-on-one medical provider interviews can provide qualitative information about how a CP program can best help them fill health care gaps and serve their most vulnerable patients

ENGAGE HEALTH DEPARTMENT

The collaboration between all of the different health care agencies and CPs in a community is essential to the success of any program. Most importantly, it is what is best for the patient. Relying on the education they receive, CPs are now working with the local Public Health Departments to fill gaps where care is not being provided. CPs are redefining their role from emergency response to more patient education, prevention, and care coordination.

Assessment, policy development, and assurance are the three fundamental purposes of public health. Public health guides providers to align services they provide to each unique community in order to meet the population's needs. The ten Essential Public Health Services are integral to community paramedicine as part of the education the providers receive and types of care they provide their patients. They are as follows:

Assess Community Needs

- ✓ Monitor and evaluate health status to identify community health problems
- ✓ Diagnose and investigate health problems and health hazards in the community
- ✓ Inform, educate, and empower people about health issues
- ✓ Mobilize community partnerships to identify and solve health problems
- ✓ Develop policies and plans that support individual and community health efforts
- ✓ Enforce laws and regulations that protect and ensure public health and safety
- ✓ Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- ✓ Assure a competent public and personal health care workforce
- ✓ Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- ✓ Research for new insights and innovative solutions to health problems

DEVELOP A NEEDS ASSESSMENT

During your planning phase, use information collected from community needs assessments, discussions with hospitals, long term care providers and physician clinics, performance expectations in any contracts negotiated with health care providers, and productivity estimates for the number of visits, travel times, administrative time, etc., to develop an initial estimate of the CP workload for your agency. A community needs assessment can determine:

- ✓ The leading causes of preventable morbidity and mortality
- ✓ Gaps in health care services
- ✓ Demographics of the populations most impacted by the gaps
- ✓ Characteristic of those who most frequently use the ambulance service
- ✓ Most frequent conditions requiring hospital readmission
- ✓ The greatest health care needs as seen by local medical providers

Your local public health agency has experience conducting health assessments and could be a good resource for this activity. The department regularly tracks community health outcomes such as death, injury, and disease rates, which could be used for program planning and evaluation. For example, areas with a high rate of senior falls may wish to add a safety check to Community Paramedic® home visits.

ALIGN FUTURE SERVICES WITH ESTABLISHED COMMUNITY NEEDS

Community Paramedics® (CP) are members of a distinct community and they play an important role by assessing and evaluating community services and systems to identify gaps between the community and health care systems and services. The CP navigates and establishes methods to better serve communities and clients. They help individuals and communities overcome barriers, which prevent them from accessing and benefiting from health services. They serve as advocates, facilitators, liaisons, community brokers and resource coordinators. Community Paramedics® are also educated as direct service providers, which will ensure basic and advanced levels of care appropriate to prevention, emergencies, evaluation, triage, disease management and basic oral and mental health. The CP will ensure the overall goal of mentoring and empowering clients, communities and health care systems to achieve positive outcomes and to reach the optimal level of wellness for everyone (Community Paramedic Curriculum® version 3.0).

APPENDIX LIST

No Appendix in this section

REFERENCES

Community Paramedic® Toolkit (2016). Retrieved from <https://www.health.state.mn.us/facilities/ruralhealth/emerging/cp/docs/2016cptoolkit.pdf> Page 22-24

Community Paramedic Curriculum® version 3. Copyright 2012 by the North Central EMS Institute and The Paramedic Foundation

DETERMINE MEDICAL DIRECTION

STEP 4

OVERVIEW

The program's Medical Director will have specific duties related to the Community Paramedic® program. They should evaluate the Community Paramedics® after completion of education, annually, and as needed for skills and knowledge. A sample evaluation tool is provided within the Community Paramedic® Curriculum. They will also perform chart reviews and provide feedback to the paramedics. This process should be rigorous at first, by potentially looking at all clients during the program's pilot phase (for example, the first 50 patients), and then determining the criteria for regular reviews after that. During chart reviews, the medical director can evaluate whether the CPs are assessing the patients appropriately, documenting appropriately, communicating adequately with the ordering physician, making referrals, following policies and procedures, and meeting general patient and provider needs.

Patient satisfaction surveys are one tool that can help the Medical Director assess patient care on many levels. Patient case studies performed with the paramedics for a high-risk type of visit will help to build judgment and continue the learning process. The medical director may also be part of call down list if the ordering physician is not available when the home visit is conducted.

Many programs utilize a physician board certified in family practice or internal medicine. They share the medical oversight with the organization's 9-1-1 medical director. Medical Directors that oversee traditional 9-1-1 programs can be utilized but often don't have a population health perspective needed for the program. Providers that order care or participate in care plans should be involved in teaching and evaluation of skill competencies during clinical rotations (All of these roles are clarified through a Memorandum of Understanding with each medical practice).

MEDICAL DIRECTOR TRAITS

Medical Direction is imperative for the CP program to be successful. Early engagement with your 9-1-1 Medical Director is important so they understand the program and the needs of your community. It is also important to have a Medical Director that is involved in Family Practice or Internal Medicine. Most programs have found success engaging these types of physicians as they understand the unmet medical need.

Traits that are important to the medical director include:

- ✓ Patient Advocacy
- ✓ Population Health Interests
- ✓ Communicative
- ✓ Trusting of providers under their authority
- ✓ Involved in QA/QI processes
- ✓ Life Long Learner
- ✓ Caring
- ✓ Engaged

This list is not inclusive but programs with Medical Directors that provide input do well. Medical Directors should also strive to have their staff on board with the CP program too. That staff should understand that when the CP calls for an order or something out of the ordinary, they should make every effort to get the physician on the phone with the provider. The Medical Director should also understand the practice of Paramedicine and what challenges providers face in the field every day. See Appendix 4.1 for sample Talking Points specifically to engage future Medical Directors.

MEDICAL DIRECTOR ROLE

The CP functions under delegated practice of his/her medical director. As such, it is imperative that the CP operates by a set of guidelines developed by this physician. To ensure that the process is seamless, a strict adherence to the principles of continuous quality improvement (CQI) must be followed. This concept is no different from what is expected of the EMS medical director in providing supervision for his/her paramedics in the area of emergency 9-1-1 response.

The components of this supervisory role can be divided into three areas: prospective oversight, concurrent oversight, and retrospective oversight. Through prospective oversight, the CP medical director must develop guidelines of patient care that are supported by modules of training. As the CP moves into the community to do his/her work, the CP medical director must concurrently assess the skills of his/her extenders, by doing “ride alongs”, offering “skills day” training, and by being available for consultations, as needed (this may be accomplished by various means of telecommunication). Lastly, the CP medical director must provide retrospective oversight by doing periodic case reviews

Determine Medical Direction

with his/her CP's. This should be done on a regular basis; every 1-4 weeks, depending upon the activity of the service (Community Paramedic® Toolkit, pg. 49).

SCOPE AND INVOLVEMENT

Medical Director	Date Contacted	Date Approval Received	Description/Notes
Initial			
Introduced Idea			
Understands General Concepts			
Develop Scope of Practice			
Protocol Sign Off			
Initial Education			
Initial Education Skills Verification			
On-Going			
QA Program Sign Off			
Monthly Meetings			
Delivers Continuing Education			
Chart Review			

APPENDIX LIST

Appendix 4.1 - Sample Medical Director Talking Points

REFERENCES

Community Paramedic® Toolkit (2016). Retrieved from <https://www.health.state.mn.us/facilities/ruralhealth/emerging/cp/docs/2016cptoolkit.pdf> Page 49.

PLAN & IMPLEMENT EDUCATION

STEP 5

OVERVIEW

The traditional role for EMS is to treat a patient in an emergent status, stabilize and transport to a facility. The basis of community paramedicine is to take care of patients through direct medical care and equally through health promotion and disease prevention activities. The national education curriculum originated in Minnesota in 2007, but has evolved to become the international standard. Several national inputs were used to develop the initial curriculum including parts of the models developed for Community Health Workers (CHW) and Alaska Community Health Aides (CHA) model, and then expanded into public health and primary care. CPs are not CHWs or CHAs, though. In order to be credentialed as a CHW or CHA a CP would need to complete the entire educational program and credentialing process for either.

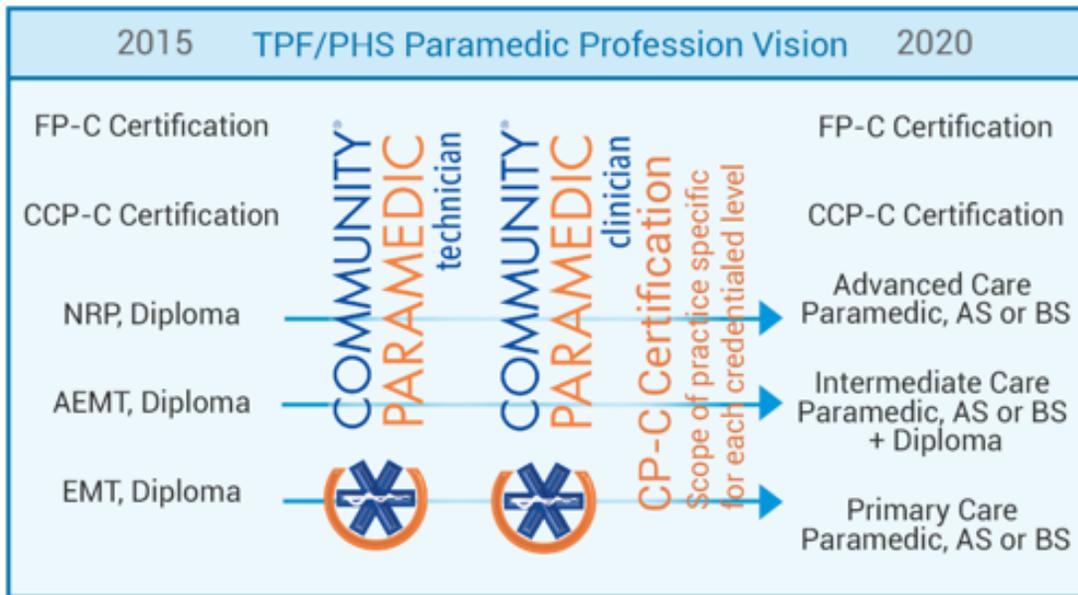
DIFFERENT LEVELS OF PARAMEDIC LICENSURE & CERTIFICATION

According to The National Registry of Emergency Medical Technicians, “although the general public continues to use the terms interchangeably, there are important functional distinctions between certification and licensure.”(Community Paramedic® Toolkit, Pg. 22-23).

Certification	Licensure
<i>A process, often voluntary, by which individuals who have demonstrated the level of knowledge and skill required in the profession, occupation, role, or skill are identified to the public and other stakeholders.</i>	<i>The state’s grant of legal authority, pursuant to the state’s police powers, to practice a profession within a designated scope of practice.</i>

Community Paramedic® certification offers career paramedics another level of education and a new way to use their skills. The concept grew from the traditional career ladder of paramedic providers. Most paramedic providers begin with a basic curriculum in emergency medicine and over the course of

a career, gain additional knowledge, skills and certifications through training (Community Paramedic® Toolkit, Pg. 9-12). The illustration below outlines the different levels of licensure and certification, related to education, for paramedic providers across the nation.



STEPS TO ESTABLISHING AN EDUCATION PROGRAM

- ✓ Establish a relationship with a college / university
- ✓ Determine Site Coordinator
- ✓ Establish Medical Director's role
- ✓ Obtain commitments for clinical sites
- ✓ Evaluate competency via National Exam
- ✓ Develop continuing education plan

ESTABLISH A RELATIONSHIP WITH A COLLEGE OR UNIVERSITY

You should gain commitment from an academic institution early in the process, to make sure that training is available for the program. The director of the EMS division at the institution will be the best contact and should also be the person to request the curriculum from The Paramedic Foundation.

The college or university will need to employ and pay for the faculty member that will be teaching the course. Ideally, the course instructor will have an understanding of the EMS system, the roles of the various levels of providers (EMT, paramedic, public health nurse, social worker, etc.) plus, experience working within the health care system, and familiarity with community resources, public health, social work, and nursing. Because the course is often set up to have online sessions, the institution should also have a learning management system that can accommodate many different delivery models.

SPECIFIC COMMUNITY PARAMEDIC ROLES AND EDUCATIONAL FRAMEWORK

The CP receives standardized education that is consistent internationally yet can be modified and customized for each community, province, state and nation. The education is provided by either a college or university that is accredited by the *U.S. Department of Education Database of Accreditation*. The curriculum used internationally is designed to adapt to the needs of local communities through a standardized multi-module delivery model that is applicable throughout America. The education Community Paramedics® receive nationally, provides a basic foundation with an established pathway which articulates into higher levels of paramedic training and titles. The educational framework describes the level of responsibility that CPs will be expected to know in order to perform as a CP. The framework below establishes the core competencies to be met by all CPs during the educational course.

- ✓ CPs are supervised by a Medical Director, Nurse Practitioner or a Physician Assistant;
- ✓ CPs deliver care that is patient focused;
- ✓ CPs work in collaboration with local public health agencies to ensure the ten essential public health services are established and implemented as the core foundation of the program;
- ✓ CPs work with current and future organizations and professionals, understanding their professional boundaries as they establish a treat and refer system;
- ✓ CPs deliver the most appropriate care in the most appropriate place and ensure that the patient is referred to the most appropriate health and social services professional. CPs do not provide unnecessary transport;
- ✓ When working within an EMS setting, CPs will prioritize their work load to ensure emergency response availability;
- ✓ CPs provide appropriate health care advice and preventative services to both their patients and other relevant groups and individuals.
- ✓ CPs encourage patients to take responsibility for managing their own care and treatment where safe and appropriate to do so;
- ✓ CPs treat minor illness and injury in pre-hospital, primary care, acute, and in-patient settings;
- ✓ Under physician direction CPs will refer for radiological procedures;

Plan & Implement Education

- ✓ CPs ensure fewer hands-offs between health care professionals and enhance inter-professional communication throughout the patient pathway;
- ✓ CPs assess and map the community health care services to identify services available and gaps in service. CPs work with the local public health agency, where possible, to develop the community's health assessment as it applies to the population's needs;
- ✓ CPs develop a method to better serve the community's health care needs;
- ✓ CPs increase community awareness of health prevention and promotion;
- ✓ CPs design and provide a collaborative health approach to the community;
- ✓ CPs utilize programs by the community to promote health and wellness to improve the overall health of the residents of the community;
- ✓ CPs develop safe treat and refer programs through policies and protocols;
- ✓ CPs provide follow-up services according to established care plan developed by independent health care practitioners and consult and recommend appropriate modifications as needed;
- ✓ CPs serve on community multi-disciplinary teams and assist in pandemic preparation for the community; and,
- ✓ CPs are aware of the limits of their competence and determined to act within those limits (Community Paramedic Curriculum version 3).

The modules were written to expand the student's knowledge about the health care system, primary care and public health, along with understanding the social determinants of health, cultural competency, and mental health. There is a heavy emphasis on community, including navigation, conducting health assessments, and creating a community specific web of resources. It also includes a section on personal safety and wellness. Finally, a clinical and lab section was added which includes information about expanded history taking and assessments, documentation, and chronic disease management throughout the life span. The framework of the curriculum describes the level of responsibility that CP's will be expected to know in order to perform as a CP and establishes the core competencies to be met by all students. Upon completion, the education program aims to produce CPs who have the competencies, knowledge, and professional skills to function as a Community Paramedic.

COURSE STRUCTURE

There are four parts of the education program to prepare a paramedic to provide primary care and public health through a medical provider's order or agency protocols.

1. Approximately 12-week or 75 hours of didactic instruction in a college course, presented by subject matter experts
2. Approximately 25 hours of hands-on lab and group activities lead by the Site Coordinator
3. Approximately 200 hours of clinical rotations coordinated by the college, Site Coordinator, EMS Agency, and Medical Director

THE NATIONAL 3.0 VERSION OF THE CP CURRICULUM IS FREE TO ANY ACCREDITED COLLEGE OR UNIVERSITY AND IS AVAILABLE THROUGH THE PARAMEDIC FOUNDATION AND CAN BE FOUND AT: [HTTP://COMMUNITYPARAMEDIC.ORG/COLLEGES.ASPX](http://communityparamedic.org/colleges.aspx)

Before the clinical rotations can be arranged, the scope of Community Paramedic® services will need to be determined, including the skills and procedures to be taught by the providers. Services need to be within the legal scope of practice and should be approved by the ambulance service's medical director. Training and lab time should focus exclusively on the procedures that are going to be offered by the program. The Curriculum highlights primary care services already being performed by Community Paramedics®. Local programs will need to make sure these fall within their state regulatory guidelines before including them in the scope of services.

COMMUNITY PARAMEDIC EDUCATIONAL COMPETENCIES AND NATIONAL CERTIFICATION EXAM

Education of a CP should promote the development of skills in interdisciplinary collaboration, clinical problem solving and decision-making. Upon completion of the college or university course, it is recommended that detailed explanation of training, education levels, entry-to-practice standards and skill maintenance of CPs should be done at the agency level to ensure competence in performing specific services and expanded practice roles. Such services and roles include, but are not limited to, knowledge of wellness, prevention, principles of health teaching, chronic disease management and roles and scope of other health care team members. It is recommended that successful completion of a nationally accredited Paramedic program be required (NHTSA, 2005). These are the competencies the CP must be knowledgeable in and be signed off by the agency Medical Director as competent in prior to working independently:

- ✓ The CP must be competent in the knowledge and skill required in defining the boundary of the CP position;
- ✓ The CP must be competent in the knowledge and skill required in defining the term “health” and the ability to recognize and teach the social determinants of health in their own community;
- ✓ The CP must be competent in the knowledge and skill required to identify services and inform the community on those services through various teaching methods and through partnerships;
- ✓ The CP must be competent in the knowledge and skill required to understand and perform community mapping and health assessments;
- ✓ The CP must be competent in the knowledge and skill required to develop strategies to identify community health needs and develop strategies to meet those needs and build community capacity;
- ✓ The CP must be competent in the knowledge and skills required to perform a variety of clinical interventions;

- ✓ The CP must be competent in the knowledge and skills to share public information that relates to EMS and Public Health specific prevention programs (Community Paramedic Curriculum version 3)

NATIONAL CERTIFICATION EXAM

In 2015, the International Board of Specialty Certification (IBSC) developed the Certified Community Paramedic® (CP-C) exam. It was developed under contract and in cooperation with the North Central EMS Institute and The Paramedic Foundation. Community Paramedicine is an emerging healthcare delivery model that increases access to basic services through the use of specially trained emergency medical service (EMS) providers in an expanded role.

The Certified Community Paramedic® (CP-C) examination candidate is an experienced paramedic professional associated with an emergency medical service or other healthcare provider. The candidate must possess a specialized level knowledge of the patient centric care, interdisciplinary collaboration, community based needs, and preventative care and education (IBSC, Pg. 9-12).

Many states are requiring Community Paramedics® to hold a current certification from the IBSC in order to be certified at the state level. With the new, evolving practice of Community Paramedicine, the CP-C exam requirements and content are also changing.

THE MOST CURRENT INFORMATION CAN BE OBTAINED FROM THE IBSC WEBSITE:

[HTTP://WWW.IBSCERTIFICATIONS.ORG/ROLES/COMMUNITY-PARAMEDIC](http://www.ibscertifications.org/roles/community-paramedic)

CONTINUING EDUCATION

Continuing education options include refreshing on knowledge obtained during initial education, learning about new procedures, staying current on trends in primary care around specific disease states, or learning about the social values of new immigrants entering the community, among other relevant topics.

Currently there isn't a standardized system or location for tracking continuing education opportunities for current Community Paramedics® nationally. Since 2015, several Community Paramedic® conferences have been offered nationally, allowing CPs to attend and obtain continuing education credits. Other conferences include the International Roundtable on Community Paramedicine, EMS World Expo, EMS Today, and several state specific EMS conferences. They continue to coordinate a specific CP educational track to keep up with the evolving profession. Course Topics include some of the examples below:

- ✓ Mental Health
- ✓ Developing Care Plans

Plan & Implement Education

- ✓ Compassion Fatigue
- ✓ Different Approaches to Community Health and Needs Assessments
- ✓ Working with Skilled Nursing Facilities
- ✓ Advanced Wound Care
- ✓ New Documentation Platforms with New Technology
- ✓ Telemedicine

APPENDIX LIST

No Appendix in this section

REFERENCES

Community Paramedic® Toolkit (2016). Retrieved from

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International Board of Specialty Certification, For Community Paramedics. Retrieved from

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International Roundtable on Community Paramedicine. Retrieved from <http://ircp.info>

National Highway Traffic Safety Administration (NHTSA) (2005) *National EMS Scope of Practice Model*, www.ems.gov/education/EMSScope.pdf

DETERMINE PROGRAM SCOPE

STEP 6

OVERVIEW

This phase is to determine the type of services to be offered, personnel needs, and program budget. The inputs for this phase will be the community needs assessment to help determine services provided, and finally the budget will help determine if outside funding is needed from grants or partners. Examples of Community Paramedic® (CP) Models of Care can be found in the Minnesota Department of Health Toolkit developed by the authors of this toolkit and others. This toolkit describes the types of models including public health, primary care, and value-based. These models include ideas and concepts for urban and rural programs.

<https://www.health.state.mn.us/facilities/ruralhealth/emerging/cp/docs/2016cptoolkit.pdf>

SERVICES

The first step is to determine whether Community Paramedics® will provide in-home patients visits and/or community-based services, as both require a different type of clinical training. Programs should inquire about legal aspects of providing the service and ensure it is in the scope of practice of paramedics. Information on this can be found in Step 1.

Common services are listed below but may not be all inclusive. Community Paramedic® programs generally choose the top 3 – 5 items that fit in with the Community Needs Assessment. Starting small shows early success and allows for growth through the program.

1	CHF
2	High Utilizer
3	Hospice and Home Care Partnership
4	Immunizations
5	Lab draws and Point of Care Testing

Determine Program Scope

6	Medication Inventory and Administration
7	Mental Health
8	Patient Assessment / Evaluation
9	Post-discharge Follow-up
10	Prevention programs (Fall, Helmet, Seatbelt, Immunizations, health fairs)
11	Referrals to resources
12	Wound Care

For a more detailed list, see Appendix 6.1

PERSONNEL NEEDS & PROGRAM STRUCTURE

The CP program should reside ideally under that operations section of the EMS Agency. The determination of the exact structure will depend on the type of agency. Most CP will be practicing independently and will need freedom from daily operations but will need to fit into the agency's overall operational framework.

Community Paramedics® will need job descriptions (Appendix 6.2) that relate to their function and role. Many organizations utilize the traditional Paramedic job description then add on new functions and roles for the new practice area.

Each program will need to determine the number of Community Paramedics® and their schedule, based on community needs, frequency of ambulance calls, and population size. Community Paramedics® can be scheduled based on a couple of different scenarios:

- ✓ If the agency has enough EMS personnel, the Community Paramedic® could be assigned discreet and prescheduled times to see clients when they are not designated as an emergency responder;
- ✓ If the Community Paramedic® has a dual role of emergency response, consider scheduling them on the second response team at pre-determined times to allow more prescheduled opportunities to see clients.

In terms of other types of personnel, the program will require programmatic and medical oversight, program coordination, scheduling, fundraising, and evaluating. Agency personnel or contractors may be used to fill these functions, and a single position may fill more than one function; for example, the program coordinator may also schedule patients. The following are examples of positions that could be in a CP Program:

- ✓ Medical Director Appendix 6.3: Sample Medical Director Agreement
- ✓ Program Director

Determine Program Scope

- ✓ Community Paramedic
- ✓ Program Coordinator
- ✓ Scheduler
- ✓ Evaluator
- ✓ Grant Writer
- ✓ Quality Assurance Coordinator

COMMUNITY PARAMEDIC® SELECTION

The time that it takes to get to this stage differs for each organization. Some will have a CP trained and ready to move into the role, others will need to search for the right fit. Effective hiring can and should take time. Skipping important steps or making a subjective selection could result in a poor hire that causes you to start the process all over, sooner rather than later. When evaluating the candidates for selection, use the information you gathered from the interview as well as the background/reference checks and ask yourself the following questions:

- ✓ What are the “right” evaluation metrics for your agency and the position?
- ✓ What attributes or characteristics are most influencing your hiring decisions?
- ✓ Were you able to determine which candidate demonstrated genuine integrity and character? If so, which one did it the best?
- ✓ Who demonstrated the values that best align with your agency?

CRITERIA RECOMMENDATIONS: APPENDIX 6.4:

- ✓ 4 – 5 years of experience as a paramedic or EMT
- ✓ Ample field/clinical experience.
- ✓ Expert communicators written and oral
- ✓ Knowledge of health care systems
- ✓ Multi-professional team work
- ✓ Motivated lifelong learners
- ✓ Knowledge of health maintenance and promotion
- ✓ Spends ample time with patients
- ✓ Future longevity with the current organization

BUDGET

The programmatic budget for the CP program is essential to understanding costs associated with the program. Initial thought should be given to the fact that this is a start-up and may not see a Return on Investment for months or years. Many states and health insurance providers are reimbursing for care given by the CP. Please see your state providers for more information. Below in Figure 1 is a sample of what should be included in the budget. Appendix 6.5 (Proforma Budget) is a simple tool to consider costs associated with the program. The tool will also calculate wages and totals based on the payroll tab included in the spreadsheet.

Figure 1: Sample Budget Items

PERSONNEL	Program Director
	Community Paramedic(s)®
	Quality Assurance Coordinator
CONSULTANT/CONTRACTUAL	Program Coordinator/Scheduler
	Medical Oversight (<i>Licensed physician</i>)
	Evaluation
EQUIPMENT	Grant Writing
	Otoscope (<i>with camera to send to physician</i>)
	Stethoscope (<i>digital to send read-out to physician</i>)
	Temporal thermometer
	Pulse oximeter
	Digital camera (<i>to send pictures to physician, e.g. wounds, cellulitis, home safety risks</i>)
	Portable adult and baby scales
LAB SUPPLIES	EKG/defibrillators
	Dressing changes
TRAVEL	Blood draw
	Non-emergency vehicle (<i>lettering, lights, radio if new</i>)
INSURANCE	Motor vehicle insurance/gas
	Additional malpractice insurance (<i>Check with insurance company</i>)
UNIFORMS	Community Paramedic uniforms
TRAINING	Tuition, text books and supplies

APPENDIX LIST

Appendix 6.1 – List of possible program services

Appendix 6.2 – CP Job Description

Appendix 6.3 – Sample Medical Director Agreement

Appendix 6.4 – The Right Community Paramedic Student

Appendix 6.5 - Proforma Budget

REFERENCES

Community Paramedic® Toolkit (2016). Retrieved from <https://www.health.state.mn.us/facilities/ruralhealth/emerging/cp/docs/2016cptoolkit.pdf> Section 5

Community Paramedic® Toolkit (2016). Retrieved from <https://www.health.state.mn.us/facilities/ruralhealth/emerging/cp/docs/2016cptoolkit.pdf> Page 44 and 45

ENGAGE THE COMMUNITY & STAKEHOLDERS

STEP 7

OVERVIEW

A community engagement process is a good way to assess the level of community support, build advocates for the program, identify community resources, and determine potential barriers. Strategically anticipate how you will use different entities and who needs to know about the program early, in order to support it. Begin the process by developing key messages for specific audiences and determining how to target them.

IDENTIFY AND ENGAGE STAKEHOLDERS

Community Paramedics®(CP) are members of a distinct community and by working in collaboration with the local public health agency where possible, they play an important role by assessing and evaluating community services and systems in order to identify gaps in services between the community and health care systems and services. The CP navigates and establishes systems to better serve the citizens of their communities. They help individuals and communities overcome barriers that prevent them from accessing and benefiting from health services. They serve as advocates, facilitators, liaisons, community brokers and resource coordinators. Community Paramedics® are also trained as direct service providers which will ensure basic and advanced levels of care appropriate to prevention, emergencies, evaluation, triage, disease management and basic oral and mental health. The CP will ensure the overall goal of mentoring and empowering citizens, communities and health care systems to achieve positive outcomes and to reach the optimal level of wellness for everyone.

Primary care involves the widest scope of health care, including all ages of patients, patients of all socioeconomic and geographic origins, patients seeking to maintain optimal health, and patients with all manner of acute and chronic physical, mental and social health issues, including multiple chronic

diseases. Successful primary health care results in better health outcomes, reduced health disparities and lower spending, including on avoidable emergency room visits and hospital care (Primary Care, 2016). CPs are integrated into the primary care model based on the needs of the community. Often, they are thought of as primary care extenders that act as the eyes and ears in the patient's home. CP's role in primary care includes health promotion, disease prevention, health maintenance, counseling, patient education, treatment of acute and chronic illnesses in a variety of health care settings, but primarily in the patient's home.

CPs are EMS professionals that receive specific education to fill roles in public health and primary care under the direction of a primary care provider. The scope of practice of CPs as described by skills is the same as their paramedic scope of practice, which can vary according to delegated practice. The specific roles CPs fill are dictated by local gaps in health care. Their education is modularized so that if the local gaps change, new roles can be assumed by completing modules related to the role.

KEY COMMUNITY PARTNERS / COMMUNITY MEETING

It is particularly important to build relationships with the public health department and social service agencies early in the process, as these types of organizations can assist with community needs assessment, client referrals, and are likely to become champions for the program. Whether your program provides community-based services or not, the local public health department can also play a supporting role by helping to conduct a community health assessment to determine the population's health status and gaps within the health care system. Since a Community Paramedic® program can be a good strategy to fill gaps and promote public health values such as the Medical Home Model and reducing barriers to care, partnering can benefit both entities. The health department also probably has strong partnerships with key medical providers and can help to get them on board. Additionally, the department likely has experts in the realm of program evaluation and can suggest different methodologies and assist with the CP Program's process.

Social service agencies offer programs that may benefit the Community Paramedic® client. Because the Community Paramedics® get a first-hand look at the client's home environment, they are in the perfect position to assess the types of referrals that may benefit the client such as Medicaid enrollment, mental health treatment, case management, and assistance with food and home utilities. Social service agencies will be integral in educating Community Paramedics® during the training phase, about the types of community resources available and how to make referrals.

Buy-in is also beneficial from other medical providers like home health agencies and physician practices that are not participating in the CP program, so that they understand the niche of a Community Paramedic® and so-called turf issues can be avoided. Other types of organizations that should be engaged include local governments, foundations, civic groups, the state's Office of Rural Health and other organizations that may provide funding, advocacy or other types of support.

STATEWIDE/COMMUNITY STAKEHOLDER ENGAGEMENT FORUM

A statewide or community stakeholder engagement forum is an opportunity to invite all interested parties as an opportunity to educate everyone about the concept of Community Paramedicine. The all-day event is an chance to invite anyone and everyone that could impact the new program in one way, shape , or form.

Recruit state or national subject matter experts to outline and educate the group about paramedicine and community paramedicine. The day should include some of the following topics for a statewide forum but can be adjusted to meet local community needs:

- ✓ Current status of paramedicine in the state
- ✓ Current state of the new CP program
- ✓ Explain the national and international history of Community Paramedicine and Mobile Integrated Healthcare Programs
- ✓ Explain how to integrate public and private partnerships to achieve positive health outcomes for the community's at-risk population.
- ✓ Discuss how to mobilize community partnerships and prioritize program objectives and using Public Health best practices
- ✓ Describe how to create an education program, evaluation process, and implement a quality program
- ✓ Participate in stakeholder panel discussions to start planning for the local/state program implementation
- ✓ Present, discuss, and plan to implement the *"12 Steps to Establish a Community Paramedic® Program"* based on this toolkit
- ✓ Next steps and outcomes could include:
 - Statewide scope of practice taskforce
 - Statewide educational taskforce
 - Statewide advisory group

FORM AN ADVISORY COUNCIL

Another way to engage stakeholders is to develop a community advisory committee that meets regularly. This group can be the eyes and ears of the community, providing insight, feedback and direction. The committee may have representation from medical providers, health and human service agencies, gatekeepers to underserved communities, consumers, elected officials and other community leaders.

WAYS TO ENGAGE AND COMMUNICATE

Prepare to make the argument that the Community Paramedic® program is not meant to replace a primary care provider, public health nurse or home health agency, but rather is intended to be complimentary to the health care system in breaking down silos and filling gaps.

- ✓ Ways to Engage and Communicate
 - *Talking Points*, including program vision and facts
 - List of people to engage
 - Reference local community health assessment

APPENDIX LIST

Appendix XX – Sample Community Meeting Agenda

Appendix XX – Sample Stakeholder Engagement Forum Agenda

Appendix XX – List of People to Engage

Appendix XX – Sample Talking Points

REFERENCES

Primary Care (2016). Retrieved from <http://www.wikipedia.org/> , on July 4, 2016.

DEVELOP POLICIES & PROCEDURES

STEP 8

OVERVIEW

Community Paramedicine is a new expanded role and with new community partners, it is important to develop policies and procedures that provide explicit boundaries around the program, clarifying what it is and what it is not. Community Paramedics®(CP) should always follow the policies and procedures of their larger organization; however, policies and procedures specific to the Community Paramedicine program will also need to be developed. In general, policies and procedures can:

- Outline the new role of the paramedic, stating that a paramedic is not to provide a service out of their scope of practice, and for which they have not been trained and evaluated.
- Define program services and operational policies such as response time.
- Outline the process for receiving requests to utilize Community Paramedics® (Providers should also be trained on the process.)
- Require the use of a Release of Information Form to protect patient confidentiality before a Community Paramedic® begins care (Appendix 8.2).
- Define the conditions under which the Community Paramedic® may practice (within a specific service area, serving only providers with an MOU agreement in place, and in which settings-- home or public health clinic).
- Provide the steps for when physician contact is needed during a visit and the ordering physician is not available in Policies.
- Define service-specific procedures and how to use such as (Refer to ECPS Policy and Procedure):
 - Home safety assessment (Appendix 8.3)

Develop Policies & Procedures

- Evaluation for social support
- Clinical services (wound care, medication compliance and reconciliation, etc.)
- PHQ2 and PHQ9 (Appendix 8.4 & 8.5)
- [OASIS Form](#)
- Discharge Summary (8.6)

TIP: Consider making an admission and discharge packet that includes all of the appendices in this section.

The Community Paramedic® Curriculum provides general guidelines to the paramedics about these types of policies during training. Individual organizations should develop their own policies, which can stand alone or be woven into procedures, job descriptions, legal agreements, etc.

ACTION ITEMS

- ✓ Determine Scope of Practice – Review your state scope of practice
- ✓ Identify needed policies, procedures, and protocols – ECPS Policy and Procedure Appendix 8.7
- ✓ Develop Medical Policies and Procedures – ECPS CP Protocols (Appendix 8.8)
- ✓ Develop CQI Plan and procedure – CQI Form (Appendix 8.9)

APPENDIX LIST

Appendix 8.1 – Referral Form

Appendix 8.2 – CP Consent Form

Appendix 8.3 – Home Safety Assessment

Appendix 8.4 – PHQ2

Appendix 8.5 – PHQ9

Appendix 8.6 – Discharge Summary

Appendix 8.7 – ECPS Policy and Procedure

Appendix 8.8 – ECPS Community Paramedic Protocols Winter 2018

Appendix 8.9 – Community Paramedic® CQI Form

DEVELOP A DATA COLLECTION PROCESS

STEP 9

OVERVIEW

Developing an evaluation plan during the planning process will provide many benefits to the program. First, it will assure that client databases are in place and collecting the right data, beginning with the first patient. Also, program evaluation at its basic level, will be required in any grant application for future funding, and an evaluation plan will make grant writing easier. Please see Step 11 for application of this idea.

DEVELOP DATA COLLECTION PROCESS

The first part of the evaluation plan should include a method for tracking patients in a query ready database. If the organization already has a client database, such as an electronic medical record, this could be used; otherwise a spreadsheet program such as Excel or Access would also work if client information were entered after each visit. The database should track variables such as client demographics (age, gender, ethnicity, language, insurance status), services requested on an order, patient diagnosis, referring physician, time and date of call, chief complaint, referrals to other services by a Community Paramedic® (CP), and outcomes (e.g., ambulance transport, physician follow-up, re-admission, no follow-up necessary). Collecting and analyzing this type of information will meet most types of grant requirements. This information can also inform programming in terms of staffing patterns, budget, training needs, gaps in service, and types of patients served. Descriptive statistics can then be used to illustrate the program such as:

- ✓ Percentage of uninsured, Medicaid and Medicare patients
- ✓ Percentage of non-English speaking patients
- ✓ Age range of patients
- ✓ Number of visits (total and average per patient)

Develop a Data Collection Process

- ✓ Leading types of chief complaints (tracked by number of events)
- ✓ Leading outcomes of visits (tracked by number of events)

Patient databases at the hospital or within the ambulance service can also illustrate program outcomes such as a change in the level of non-emergency transports and hospital readmission rates. The reduction in non-emergency transports can be targeted as a program goal by using the ambulance patient database to determine frequent callers to 9-1-1 for non-emergency transports, then coordinating with their physician to provide an intervention, which may include linking to social service agencies. Non-emergency transports can also be a baseline measure for the program, to determine CP program impact over time.

The hospital may have data that shows the most prevalent conditions likely to cause a readmission. The CP program, in cooperation with the discharging physician, can then target patients with these conditions. This can also be a baseline measure for the program to determine impact over time. If the program serves enough patients to impact county-level health outcomes, such as a reduction in injury or death rates, these indicators could be tracked and measured with the help of public health data sites.

Also, qualitative information can supplement the quantitative data by documenting case studies to illustrate outcomes and the value of the Community Paramedic® program. In its most basic form, this is a narrative, which tells the story of particular CP cases. Case studies should meet certain criteria such as those where a negative outcome for the patient was either clearly or possibly avoided, due to the intervention of the Community Paramedic®. Information can be elicited through an interview with the Community Paramedic® and/or ordering physician, to document the case. Case studies can include patient demographics, presenting problem, the CP intervention and resulting outcomes. Names should not be used to protect patient confidentiality.

ACTION ITEMS

- ✓ Develop a list of data points
- ✓ Establish documentation system
 - ePCR options Evaluate your options for electronic medical records. The 9-1-1 documentation is rarely a good fit for CP documentation but can be used to collect meaningful data. As shown in Step 11, providers may need a different type of note for patient progress
- ✓ Patient Based tracking and documentation

APPENDIX LIST

No Appendix in this section

BEGIN OPERATIONS

STEP 10

OVERVIEW

Once legal agreements are in place with providers, and paramedics have been educated and evaluated, the scheduler can begin accepting orders from the physician or requests for service. An example of a Physician's Order Form is provided as Appendix 10.1.

Patients can be served in several ways and they include:

- ✓ Home visit
- ✓ Community or clinic setting through a partnerships
- ✓ Health Fairs
- ✓ Health bus or van
- ✓ Events in the community
- ✓ Responding to calls for service that may not meet criteria for ambulance response

PHYSICIAN/PROVIDER REFERRALS

Physicians or providers order home visits through the agency scheduler or other system, who then arranges the appointment with the patient. The visit is set up as a medical provider consultation. The ordering provider will send the scheduler a packet to include medication list, medical history, supporting documents, and other pertinent medical information. If the agency is involved with the Health Information Exchange, this can yield all of this information. Agencies may consider access to the medical record through agreements with the provider especially in smaller communities.

The Community Paramedic®(CP) will respond to the order based on urgency and appointment requests. During the home visit, the Community Paramedic® takes a patient history, assesses the chief complaint, and then confers with the treating provider on next steps. If the treating provider is unavailable for consultation, a call-down list triggered to assist the CP in getting the medical

Begin Operations

recommendations from either another physician within the practice or alternative physician according to policy.

Once the visit has occurred, the Community Paramedic® communicates to the physician through the patient care report (Appendix 10.2), which then becomes a permanent part of the permanent medical record.

TIP: Regular electronic patient care reports designed for 9-1-1 use can be used to document care; however, these are often full of too much information. Consider creating a smaller SOAP note-type document that helps providers to see the quick narrative of patient care.

Providers may only order services, which are in within the program’s scope of services (services within the paramedic’s scope of practice, for which they have been trained and evaluated as able to perform satisfactorily). Visits are scheduled during regular business hours and initial visits are scheduled for at least one hour.

LOCAL PUBLIC HEALTH DEPARTMENT

Community Paramedics® may assist a local public health department with such services as immunizations, fluoride varnish application, blood draws for screenings, blood pressure checks and communicable disease investigations. The CP works with a registered nurse and the health department has oversight from the department’s medical director, who should be a licensed physician. Community Paramedics® may be of particular use for surge capacity during a disease outbreak when mass vaccination/prophylaxis and investigation is needed or when a clinic is short staffed. The Community Paramedic® agency and public health department should agree on a process for requesting the services of a Community Paramedic®, to be coordinated through the scheduler.

ACTION ITEMS

- ✓ MOUs in place with local medical providers such as hospitals, home health, public health, primary care, and ancillary services
- ✓ Establish system to schedule services and referrals
- ✓ Begin accepting patients

APPENDIX

Appendix 10.1 – Referral Form

Appendix 10.2– Sample Patient Care Chart/Report

Appendix 10.3 – MOU Sample and IGA Sample

Appendix 10.4 – Patient Chronology Sample

DEVELOP A PLAN TO EVALUATE & USE PROGRAM DATA

STEP 11

OVERVIEW

The use of data is important in telling the story of your program. It is also important to measure quality and improve patient care and outcomes. Efforts should be made to collect data from the first patient.

There are efforts at the National and State level to standardize the practice of capturing and reporting metrics. These methods include to capture the type of service performed and analyze the data for outcomes. Efforts at the local agency level to understand quality and patient needs.

Using data and national efforts have been highlighted here:

<https://www.jems.com/articles/print/volume-42/issue-5/features/using-data-and-outcome-measures-to-show-economic-sustainability-of-mobile-integrated-healthcare-programs.html>

This data set looks at everything from utilization to types of services. Sample Forms are included in the Appendix Section.

Data can be gathered from many sources including: Electronic Patient Care record, simple spreadsheet, patient surveys and medical director review. Each has its challenges but the totality of the records can create a meaningful picture of the type of care being provided.

ACTION ITEMS

- ✓ Establish Outcomes and how to measure – These measures can include simple items like number of patients served to complex ideas that include economic benefit.
- ✓ Case study procedures and documentation – Case studies and patient stories can paint a picture for the community when detailing how the program is utilized. Real numbers with documentation will be needed to show benefit to governing boards and external stakeholders.
- ✓ Develop a system to conduct chart reviews
- ✓ Develop a monthly program report
- ✓ Develop a Billing process and calculate a return on investment (Appendix 11.1)
- ✓ Develop meaningful data reports that show patient outcome v. cost analysis for payers

APPENDIX LIST

Appendix 11.1 – ROI Workbook

Appendix 11.2 – Community Paramedic® CQI Form

Appendix 11.3 – Sample Patient Survey

Appendix 11.4 – MIH Metrics

REFERENCES

<https://www.health.state.mn.us/facilities/ruralhealth/emerging/cp/docs/2016cptoolkit.pdf> Pages 63 - 72

EVALUATE THE PROGRAM

STEP 12

OVERVIEW

The program should plan to have a 1-2 month pilot phase to test how all of the systems are working. At the end of the pilot phase, the systems should be evaluated and mid-course corrections made. An evaluation of the pilot period can assess the following:

- ✓ How the referral process is working for medical providers (interviews)
- ✓ Response time of the Community Paramedics® (tracking forms or EMR)
- ✓ Patient satisfaction (surveys or interviews) (Appendix 12.1)
- ✓ Quality assurance (case/chart reviews)
- ✓ Program evaluation: Does patient database capture all the variables? (Database query)

Different aspects of this evaluation can be woven into an ongoing quality assurance plan and conducted on a regular basis.

EVALUATION MATRIX TO USE

- ✓ Referral process
- ✓ Response time
- ✓ Patient satisfaction
- ✓ Quality assurance procedures
- ✓ Patient database / chart documentation
- ✓ Make correction to the system
- ✓ Establish new processes

APPENDIX LIST

Appendix 12.1 – Sample of Patient Satisfaction Survey