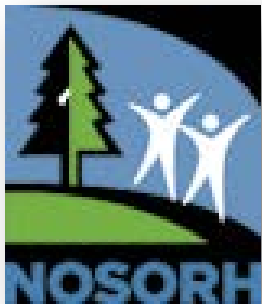


Community Paramedic Program



Wilmington, North Carolina

David Glendenning, EMT-P
Education Coordinator
Emergency Medical Services

Emergency Medical Transportation Services



2012- the reality:

- 9-1-1 has become the safety net for non-emergent healthcare
- 29% of 9-1-1 requests are “non-emergency”
- Top 10 users of our 9-1-1 system accounted for 702 EMS responses
- ED turn-around-times increasing

The questions:

- Are we providing the right level of services?
- Are we delivering these patients to the most appropriate facilities?

Polling Question

True or false? Due to higher advances in healthcare in the United States, people are living longer vs. social medicine type areas around the world.

True

False

Polling Question

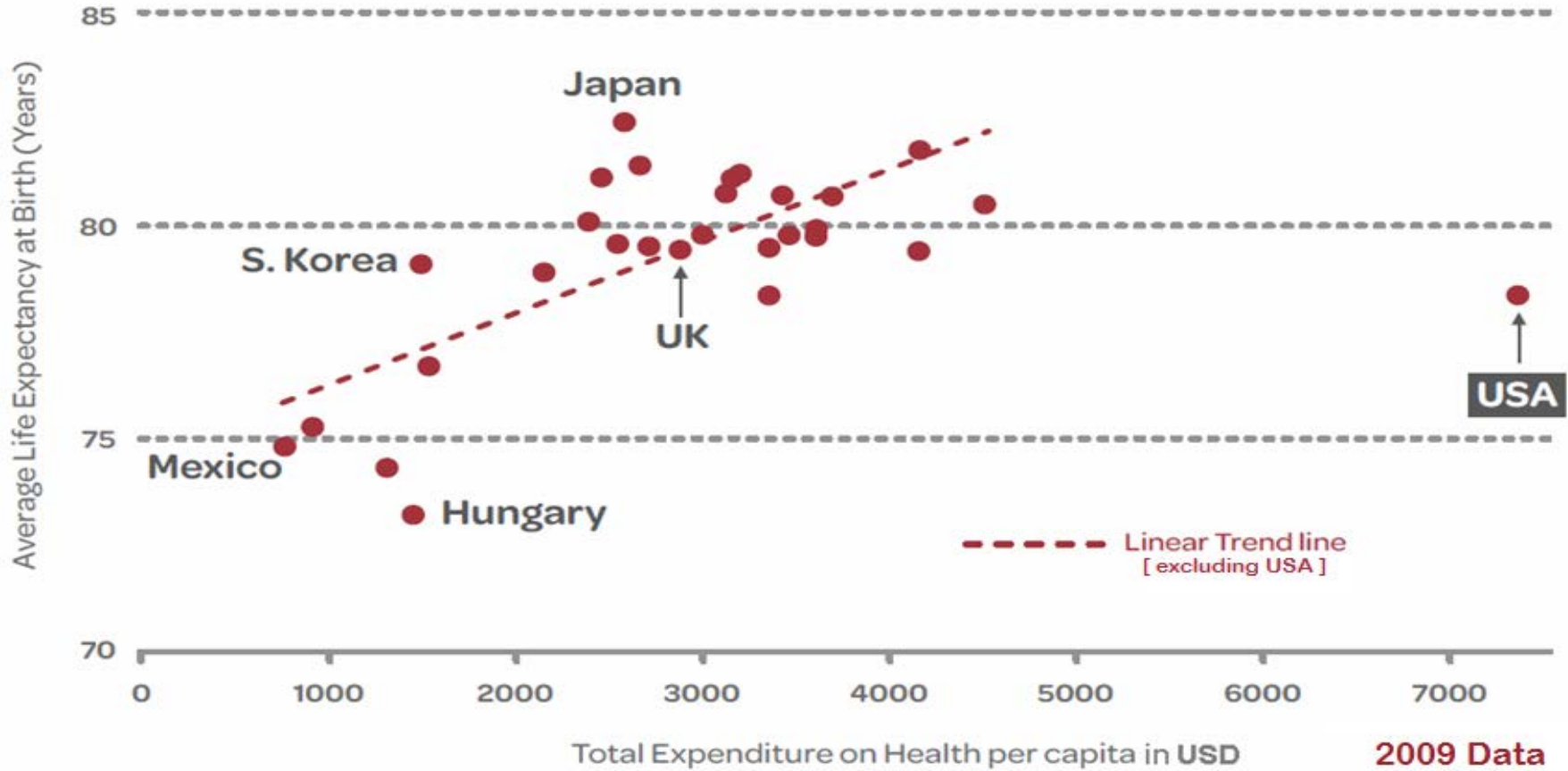
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True

False

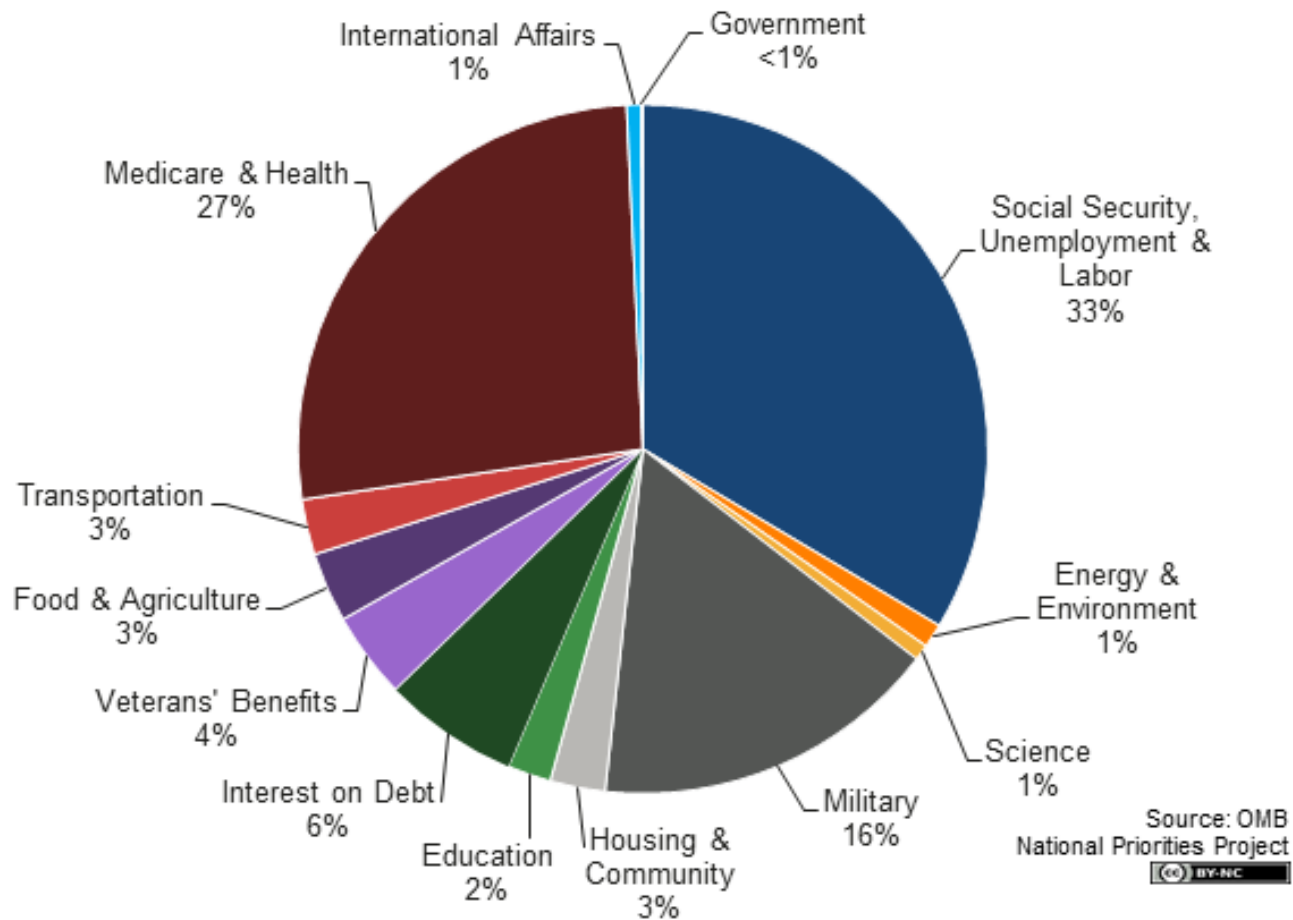
Healthcare Reform

Healthcare Spending per capita vs. Average Life Expectancy Among OECD Countries



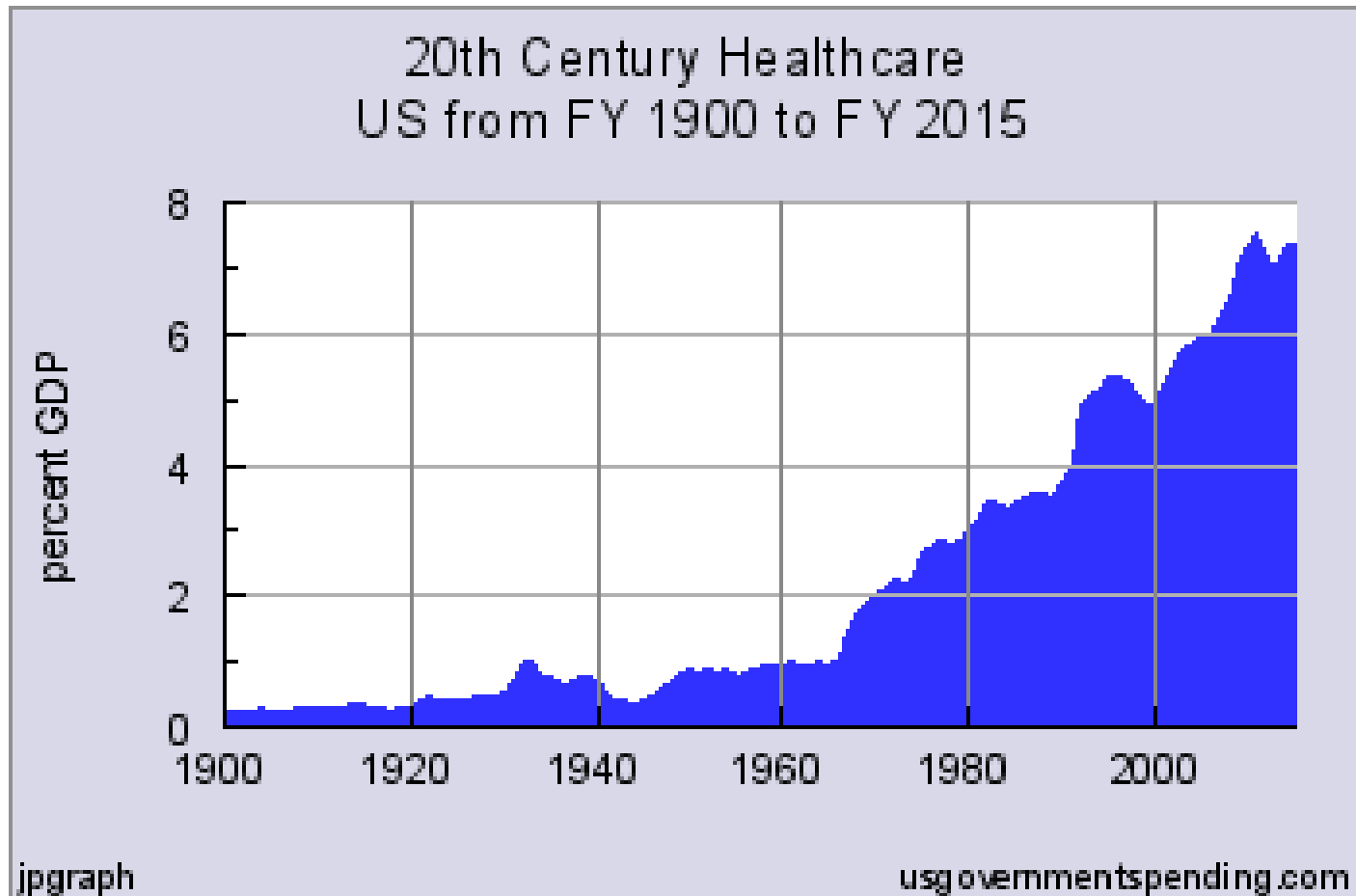
FY15 Budget for the Federal Government

President's Proposed Total Spending (Fiscal Year 2015)



Economics

Medicare cost as a % of GDP; all Healthcare = 18.2%



THIS

SOCIAL SECURITY MEASURE

gives at least some protection to

THIRTY MILLION OF OUR CITIZENS

who will reap direct benefits through

UNEMPLOYMENT COMPENSATION,

THROUGH AGE-OLD PENSIONS,

and through increased services for the

PROTECTION OF CHILDREN AND

THE PREVENTION OF ILL HEALTH.

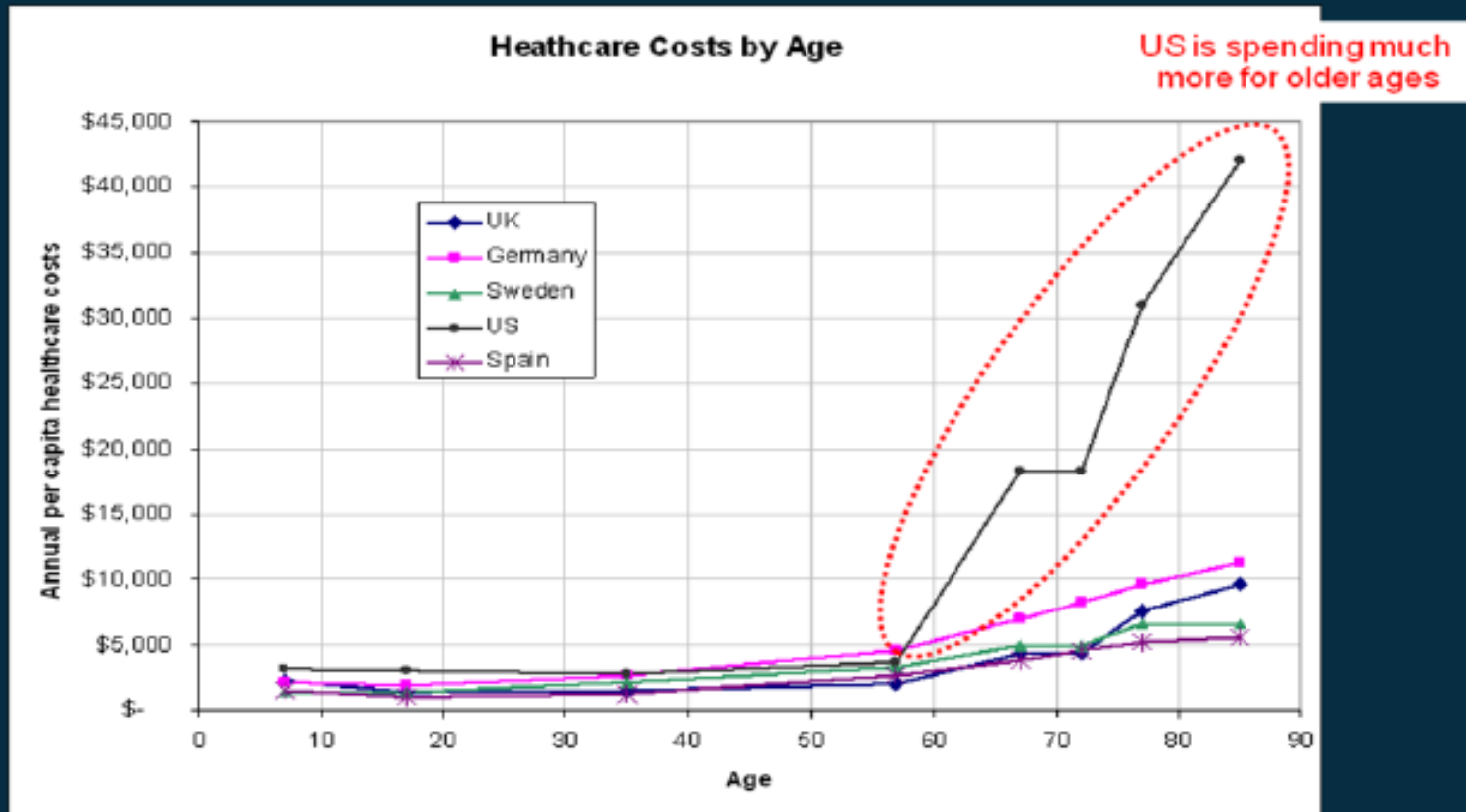
-President Franklin Delano Roosevelt

**THINK
PROGRESS**

THE
SOCIAL SECURITY
ACT

Signed AUGUST 14, 1935

Annual Healthcare Costs By Age



Source: Fischbeck, Paul. "US-Europe Comparisons of Health Risk for Specific Gender-Age Groups."
Carnegie Mellon University; September, 2009.



- Improving the patient experience (including quality and satisfaction)
- Improving the health of populations
- Reducing the per capita cost of health care

Unique Opportunity For Paramedics

So as pre-hospital providers, what role can we play?

Fill unmet needs with untapped resources:

- **Use our existing scope of practice and expand role.**
- **Assess and identify gaps between community needs and services.**
- **Improve the quality of life/health.**

Begin Beta Patient Study- 1 High risk CHF Patient

Our Community Needs

- **Reduce unnecessary 9-1-1 utilization and ED visits for our familiar faces/familiar places.**
 - Proactively manage care and serve as a trained navigator of community resources (Code Outreach).
- **Improve NHRMC's readmission rates.**
 - Care for high risk patients
- **Partner in healthcare system integration & care coordination.**
 - Work in cooperation with other stakeholders/medical providers

Year One Grant Funding For CP Program

J.R. Duke

THE DUKE ENDOWMENT



Provider Selection

- **Research best interview practices based on multi-discipline needs**
- **Three-part interview process (multidisciplinary evaluators)**
 - Panel interview
 - Presentation
 - Written clinical exam/inbox exercise
- **Three providers selected: Matt, Sarah & Michael**
 - Avg. 21 yrs. EMS experience (Avg.15 yrs. as paramedics)
 - 2 were FTO's & the other was an SOP
 - Great personalities & big hearts

Polling Question

Paramedics on average receive about _____ hours of curriculum training before obtaining their initial certification.

- a) 500 didactic and clinical
- b) 1100 didactic and clinical
- c) 700 didactic and clinical
- d) 300 didactic and clinical

Polling Question

Paramedics on average receive about _____ hours of curriculum training before obtaining their initial certification.

- a) 500 didactic and clinical
- b) 1100 didactic and clinical**
- c) 700 didactic and clinical
- d) 300 didactic and clinical

New Provider Role Education



First program in the U.S. to offer certification

- Curriculum based off best practice recommendations
- 12 hours of college credit
- Dedicated primary care physician oversight
- Completion of YOUR community assessment

Total: 308 hours of didactic and clinical training

- 64 hours classroom (via web classroom with other state programs)
- 48 hours online modules
- 196+ hours clinical training
 - Hospice rotation (inpatient, home visits, social work, clergy, etc...)
 - Cardiovascular rotation (inpatient, office, procedures, etc.....)
 - Behavioral rotation (CIT training, inpatient, home visits, etc...)
 - Internal rotation (inpatient, team focus, detailed H&P, etc...)
 - Pharmacy rotation (medication reconciliation)
 - IV access lab (specialized access including central lines, ports, etc...)
 - Nutrition
 - Free clinic (serving internal needs for indigent population)
 - Case management, social service, etc.....

Go Live Year One FY2013



Year One Goals

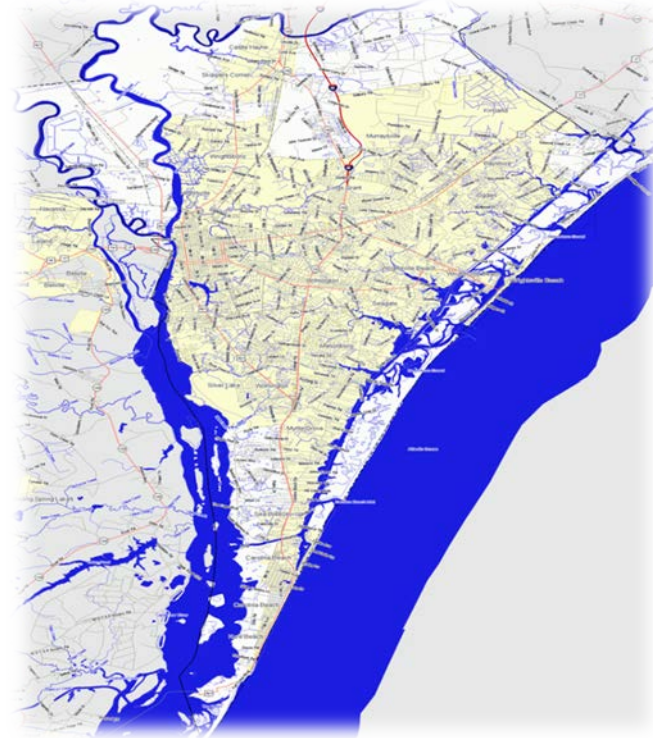
- **Patient referral process and selection**
 - 8th floor CHF pilot project
 - Case managers from ED (familiar faces)
 - EMS
- **Build a CP documentation module within Epic.**
 - Electronic Medical Record
- **Hold weekly quality assurance meetings.**
 - Ensure we are delivering quality/cost effective care

Service Area 50 Miles From Discharge

Eastern North Carolina



New Hanover County



NHRMC CHF Re-Admission Reduction Strategies



- Re-Admission risk assessment
- Roadmap to discharge
- IP Case management visit
- Pharmacy bundle
- Schedule follow-up appointment
- Transition calls
- Community Paramedic visits

Community Paramedic Year One CHF Readmission Data

Community Paramedic CHF Readmission Reduction Pilot

High Risk CHF 30 Day Readmission Rates (Mar - Aug 2014)

	Readmit Rate	Discharges	Readmits
NHRMC Rate	22.15%	474	105
CP Rate	9.20%	76	7

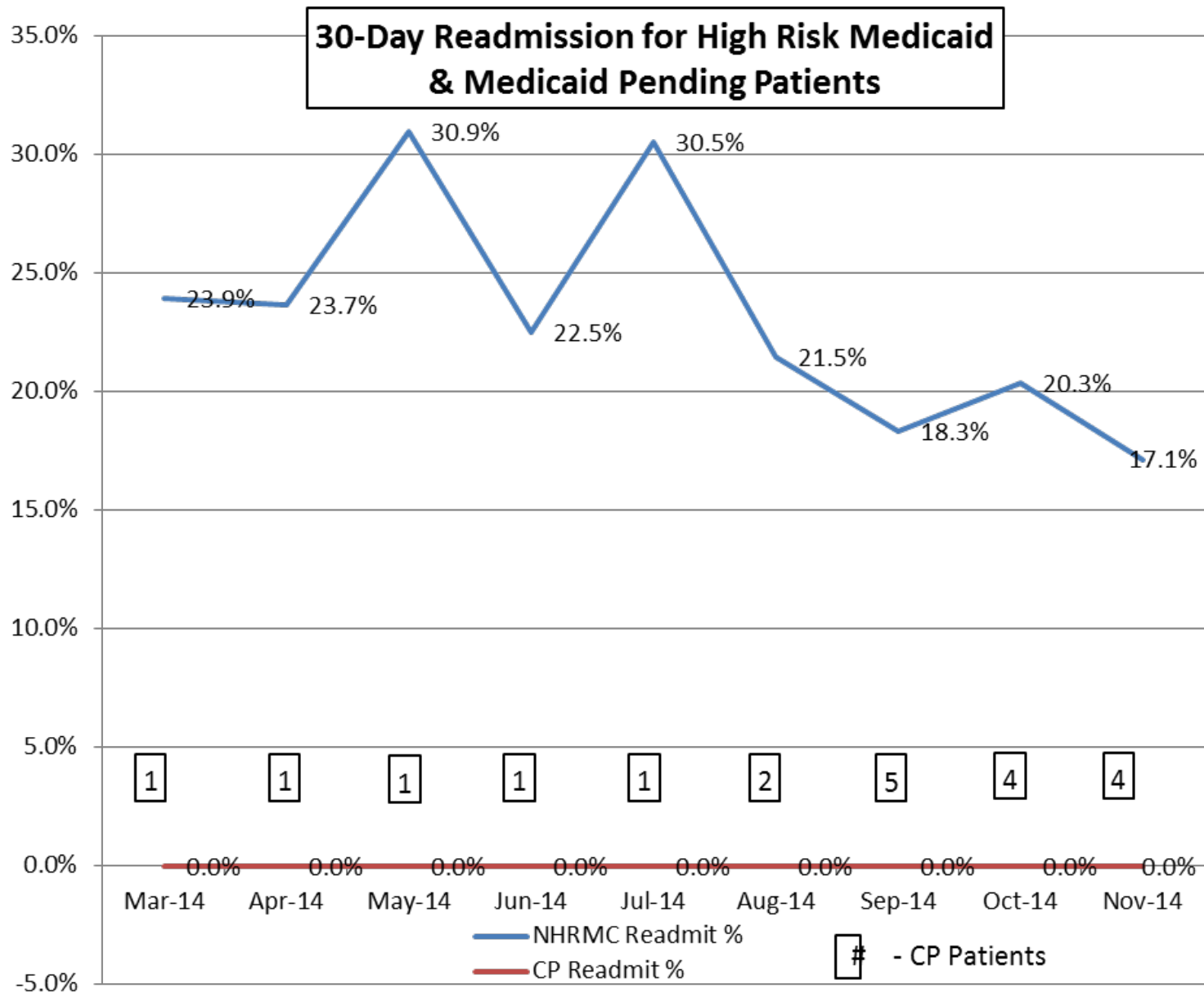
*** 0 readmitted for CHF**

What Did Our CP's Discover With Our CHF Patient After Discharge?

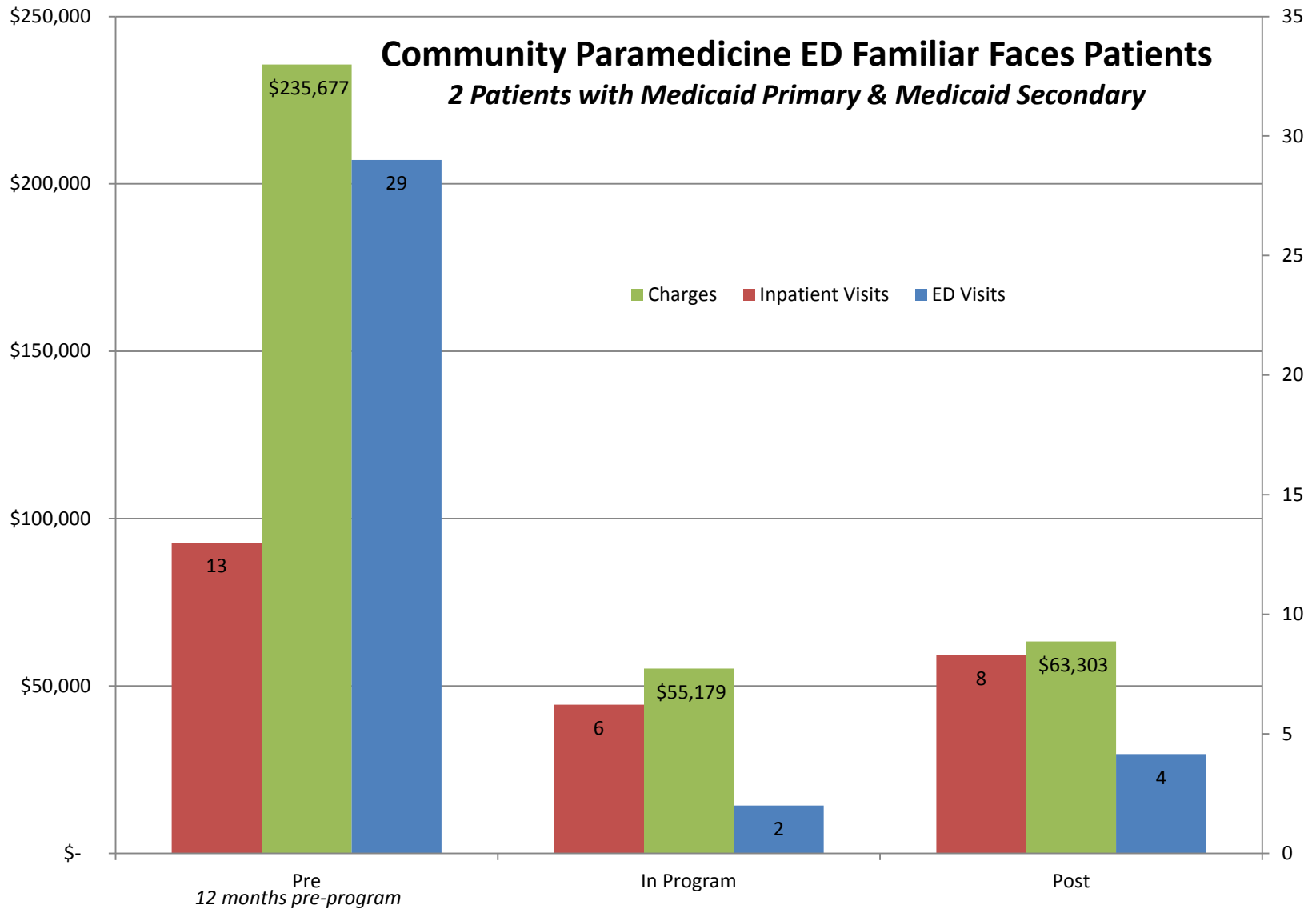


- Do our patients truly understand discharge instructions? **No**
- Do they have the support at home? **Sometimes**
- Will prescriptions be filled? **Not always**
- Will they make it to scheduled appointments? **Not always**

Nine Months NHRMC Medicaid Overall Readmission



CP Results: First Medicaid Patients



Polling Question

As of June 2015, there are _____ known true Community Paramedic /Mobile Integrated Healthcare Programs in the United States.

- a) 118
- b) 400
- c) 1,213
- d) 200

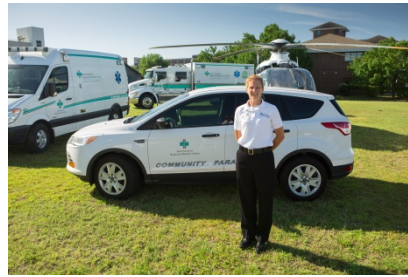
Polling Question

As of June 2015, there are _____ known True Community Paramedic /Mobile Integrated Healthcare Programs in the United States.

- a) 118
- b) 400
- c) 1,213
- d) 200

Expansion Of Our Program Grant # 2

J.R. Duke
THE DUKE ENDOWMENT



2 Additional CP's



2 Case Managers



Dedicated Pharmacist

EMS & Hospital Partnership

- Nurse Triage (24Hr nurse line)
- Case managers
- Social workers
- Home care
- Transitionist/Telehealth
- Leadership from all levels



- Readmission reduction strategies
- Decreasing ED bed hours for “Familiar Faces”
- Population health management

Collaboration and Partnerships Built By Program

- Proactive services/Preventative care that help patients achieve wellness
- Provide the tools, materials and outreach that help patients better manage their chronic diseases
- Help patients navigate care at the right level, at the right time, in the right setting
- Safer, more effective care as a result of shared knowledge and best practices among health care providers
- Improve the quality and costs of care

ACO



Collaboration and Partnerships Built By Program

- CMS VA patients are included on 30 day penalties
- Direct communication with care team
- Case managers
- Diabetics
- CHF patients
- Behavioral health (telehealth partners)
- VA patient population currently 10,000 in our region

Veterans Administration



Wilmington Outpatient Clinic

Collaboration and Partnerships Built By Program

Behavioral Services Community

- Dire need for support in North Carolina
- CP sits on Crisis Consortium Group
- Medical screenings and alternate transportation destinations (CIT TRAINING)
- Monthly injections replacing daily medications
- CP can make referrals to these services



STRATEGIC
BEHAVIORAL CENTER
— WILMINGTON —



Collaboration and Partnerships Built By Program

Primary Care/ Specialty Physicians

- Skills and procedures within our paramedic scope helping to keep patients out of the ED
- Medical screenings/Lab services
- Medication reconciliation
- Procedure discharge follow ups



Community Paramedic Patient Success Cases



Community Paramedic Patient Success Cases #1

- 37 y/o female enrolled in program via case management for unique respiratory conditions
- Unique autoimmune disease that exacerbates her disease
- Helped to renew family support
- Avoided an admission/ED visit post IV solu-medrol and PCP visit



Community Paramedic Patient Success Cases #2

Same patient from #1.....

- 37 y/o female enrolled in program via case management for unique respiratory conditions
- During routine CP visit, she was found to be manic stating that she wanted to kill herself
- Mobile Crisis contacted from scene and arrived within 20 minutes
- Signed a “No Harm Contract” and scheduled for mental health counseling

Community Paramedic Patient Success Cases #3

- 81 y/o female discharged home with CHF exacerbation
- Case management strongly suggested SNF at discharge
- 3 weeks later, patient's daughter now overwhelmed
- CP worked with daughter to follow up with PCP rather than ED for admission to hospital (while working with CM to arrange placement to SNF)
- Patient moved to observation status in hospital and then placed into SNF without admission to hospital

Community Paramedic Patient Success Cases #4

- 88 y/o male recent discharge from hospital for CHF
- Underwent aggressive fluid diuresis in hospital
- PCP evaluated follow up labs showed elevated creatinine and requested 911 transport for rehydration
- CP discussed with PCP and suggested IV fluid therapy in home. PCP and online medical control agreed
- Patient remained at home



Community Paramedic Patient Success Cases #5

- 85 y/o male recently enrolled into hospice
- Family found patient unresponsive and called hospice RN
- RN could not travel and recommended 911



Community Paramedic Patient Success Cases #5

Captain Robert Troy Venters, 85, retired U.S. Naval Reserve captain who had 3 holes-in-one
February 1, 2014 By [Amanda Thames](#)
[PortCityDaily.com](#) is your source for free news and information in the Wilmington area.



Robert Troy Venters

Captain Robert Troy Venters was raised in the Winter Park community where he was a paperboy and graduated from New Hanover High School.

Mr. Venters, of Wilmington, died Thursday, Jan. 30, 2014, at his residence. He was 85.

He earned a scholarship to play football at The University of North Carolina at Chapel Hill where he was a two-year letterman. After earning a BA degree from Chapel Hill, he served as a Reserve Officer in the U.S. Navy, then earned his BCEC from North Carolina State University. Mr. Venters was a veteran of the Korean War and retired from the U.S. Corp of Engineers and as a captain from the U.S. Naval Reserve.

He was a member of the American Legion and an avid golfer, having recorded three holes-in-one.

Mr. Venters was born in Wilmington on Dec. 13, 1928, and was preceded in death by his parents, Mark Delamar Venters, Sr. and Mary Belle Brinkley Venters; his first wife of 36 years, Lou Kaupinen Venters; and three siblings, Betty Davis and Lewis and Mark Venters.

He is survived by his wife, Juanita Ralston Venters; children, Robert Venters, Jr., Kathryn Venters, Sharon DeGraw and husband, Jim and Shelley Kirk and husband, Dan; nine grandchildren, Ashley Skinner, Amy Lou Taylor, Rachel Kirk, Michael DeGraw, Laura Venters, Daniel Kirk, Aaron DeGraw, Mary Kate DeGraw and Rebekah Young; five great-grandchildren, Keiley and Mikko Skinner, Airlie and Abram Taylor and Violet Young; four siblings, John Venters, Virginia Lundquist, Billy Venters and Sarah Schoonmaker; and many nieces and nephews.

A graveside service will be held at 11 am Saturday, Feb. 8, 2014, at Oleander Memorial Gardens.

Memorials may be made to [Lower Cape Fear Hospice](#) and/or New Hanover Regional Community Paramedics. Please leave online condolences for the family at [Andrews Mortuary](#).



Moving Forward- Continue to Help

- Lynch EMS *Anaheim, California*
- Magnolia Regional Health Center
Corinth, Mississippi
- *U.S. Department of Health and
Human Services*
- Philips Healthcare *Andover,
Massachusetts*
- HIMSS Media *Chicago, Illinois*
- Peoria Area EMS *Peoria, Illinois*
- Healthcare Financial Management
Association *Charlotte, North
Carolina*
- Albuquerque Ambulance Service
Albuquerque, New Mexico
- Care Improvement Specialist,
Centers for Medicare & Medicaid
Services *Raleigh, North Carolina*
- Ministry Medical Transport,
Marshfield, Wisconsin
- **Over 30 site visits**



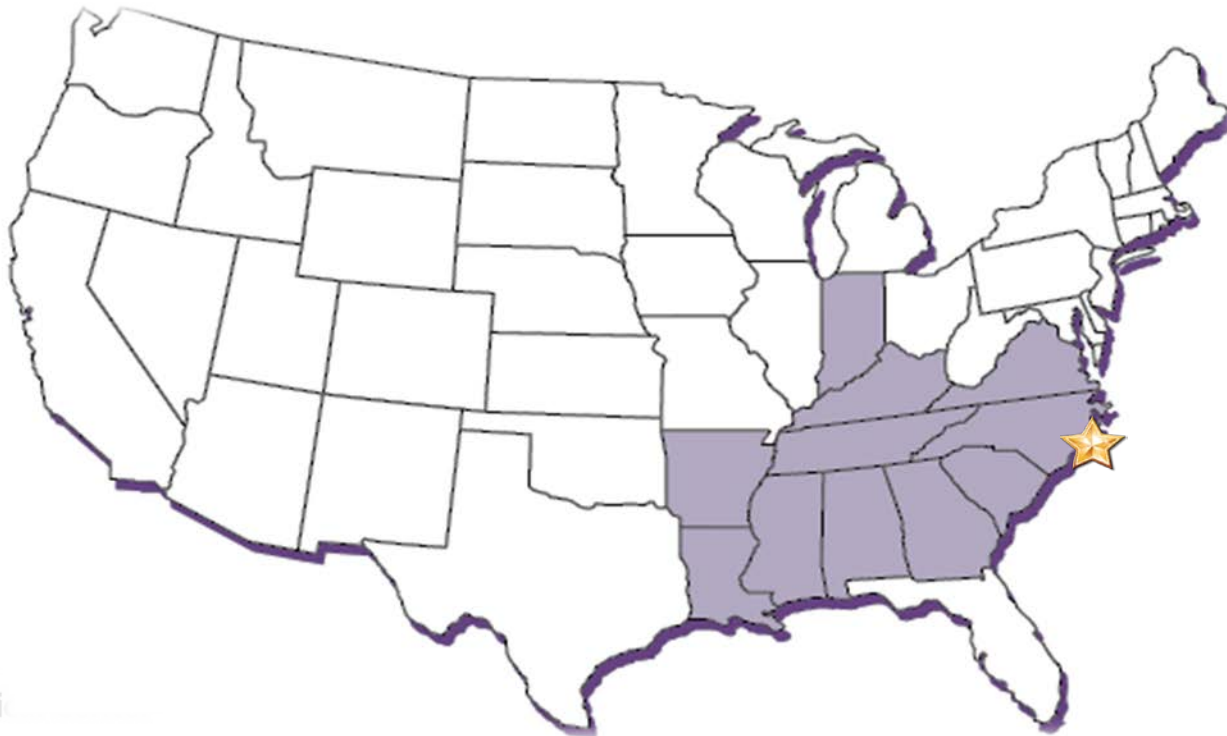
Coaching EMS -Approaching Hospitals for Partnerships



- Speak the Affordable Care Act language
- Familiar Faces / Self-pay ED patients
- Cost avoidance (30 day readmission)

Stroke Soon To Be Added To 30-day Readmission

- **North Carolina has one of the highest stroke death rates in the nation**
- **The Carolina's are part of the Stroke Belt, an 11 state region with substantially higher stroke deaths**
- **The eastern counties of N.C. are part of the 'buckle' of the stroke belt=very highest stroke death rates in the nation for the past 30 years**



Mental Health Patients Impact On An Emergency Medical System

Questions?



Terry McDowell, Administrator
terry.mcdowell@nhrmc.org

Rick O'Donnell, Director/Chief
rick.odonnell@nhrmc.org

Timothy Corbett, Administrative
Manager
Timothy.corbett@nhrmc.org



David Glendenning, Education
Coordinator
david.glendenning@nhrmc.org

1. Call, C., Hartwig, M., Pope, S., Hedrick, M., Bacher, S., & Jennison, S. (2010). Opportunity For Improvement: Heart Failure Readmissions 30 Days. *Heart & Lung: The Journal of Acute and Critical Care*, 39(4), 368-368.

Journal describes the CHF patient and readmission prevention practices.

2. Emergency Medical Services. (n.d.). *Degrees Programs Courses*. Retrieved November 13, 2013, from <http://hennepintech.edu/program/awards/394>

This website is a direct link to Hennepin Technical College's web based Community Paramedic course. It details the breakdown of clinical didactic, and web based hours to receive certification.

3. Home. (n.d.). *international roundtable on community paramedicine > Home*. Retrieved November 13, 2013, from <http://www.ircp.info/>

For 10 years, an international consortium has been meeting on the topic of community paramedic. This site represents their work and is a resource for many international community paramedic needs.