South Carolina Community Paramedic (CP) Guidelines

The Community Paramedic curriculum will prepare Paramedics with the skills to: Identify community health needs and address gaps in care; promote advocacy; provide community outreach; apply public health concepts and approaches; coordinate care; make home visits; facilitate continuity along the care continuum; develop strategies for care and prevention; reduce unnecessary ED visits/promote better navigation of the health care system; achieve the triple aim.

The South Carolina Community Paramedic Advisory Committee will revisit the CP Guidelines within six months of the completion of the first CP class in the state to assess what changes or additions to future training programs need to be made. It's an evolving process that needs good oversight and continuous review as well as an established look back period.

Recommendations:
*For Current NREMT-P and State-only EMT-P in South Carolina who is sponsored by a SC Licensed EMS agency.

*A pre-requisite to being chosen for CP training; local medical control will determine the criteria for an eligible Paramedic and will make recommendations for personnel to be trained as Community Paramedics. However at minimum, the Paramedic must have two years Paramedic experience.

*Reciprocity; students completing the Hennepin program will be awarded reciprocity for a majority[1] of the didactic portions. Reciprocity in-state will be directed by local Medical Control.

*Field time; recommended but not mandatory to have one ride along with an established program. Reciprocity between established programs should be awarded here based on Medical Control.

*Medical Control oversight for training and for competencies. Additionally, Medical Control has the ability to address skills of the paramedic and can "sign off" on competencies; however, appropriate level of documentation supporting the "sign off" of competencies will be necessary.

*The majority of the curriculum can be taught online except the sections that should be taught locally which includes the pathophysiology education, US and state healthcare system, and local social supports. However, would like an option to get the three topics areas, mentioned above, taught online if the competency of the methods were approved by DHEC for each institute/entity that is interested in an online format.

* Training programs should develop a list of faculty recommendations for clinicals that reflect the providers in the local community where the CP will be stationed. At minimum a certified EMT paramedic instructor, as defined in the 61-7 Regulations, is recommended for teaching the didactic portion of the CP curriculum.

* The recommended training organizations, as long as CoAEMSP accreditation or other approved accreditation has been obtained:

i) Regional EMS Offices
ii) Vocational/Tech schools
iii) Medical schools

[1] To be determined by DHEC

South Carolina Community Paramedic (CP) Guidelines

I. Didactic Modules (100 hours minimum)

1) Health Care Environment (16 hours)

A. Healthcare System
- 1. Overview of the U.S. Health Care System
  - aa. History of governmental programs and legislation actions
  - ab. Current Environment
    - i. Affordable Care Act
    - ii. Risk-based Contracts
  - ac. Reimbursement Models
    - i. Value-Based Purchasing and Pay for Performance
  - ad. Healthcare Entities
- 2. South Carolina Healthcare System
  - aa. History
  - ab. Current Environment/Initiatives[2]
    - i. Healthy Outcomes Plan (HOP)
  - ac. Healthcare Entities
    - ii. SC Department of Health and Human Services
    - iii. SC Area Health Education Consortium
    - iv. SC Department of Mental Health
    - v. SC Department of Alcohol and Other Drug Abuse Services
    - vi. SC Department Health and Environmental Control
  - ad. Social Service Entities
    - i. SC Department of Social Services
    - ii. SC Department of Disabilities and Special Needs
    - iii. SC Council of Aging

B. South Carolina EMS Regulatory Body (DHEC)
- 1. Overview
  - aa. History
  - ab. Current Activities
- 2. 61-7 Regulations
  - aa. Scope of Practice vs Expanded Role
  - ab. Medical Control Physician

C. CP role within the Health Care System
- 1. Community Paramedic
  - aa. National Models
  - ab. International Models
- 2. Mobile Integrated Healthcare
  - aa. National Models
  - ab. International Models
- 3. CPs and Public Health
  - aa. Overview of Population Health
- 4. CPs and Primary Care
  - aa. Overview of Primary Care
  - ab. Primary Care Practices
  - ac. Free Clinics
  - ad. Federally Qualified Health Centers
  - ae. Rural Health Clinics
- 5. Medical and Legal Concerns
  - aa. EMTALA
  - ab. HIPPA
  - ac. Ethical Concerns

[2] State initiatives will change from year to year.

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2) Role within the Community (32 hours)

(Customization for particular topic areas can be addressed in the community needs section/hours.)

A. Social Determinates of Health
- i. Health Disparities
- ii. Social Variability

B. Culturally and Ethically Competent Care
- i) Care Coordination
- ii) Health Literacy
- iii) Self-Management
- iv. Cultural Competency
- v. End of life

C. Community Gap Analysis and Needs Assessment
- i. Safety Net Providers
- ii. Barriers
  - aa) Transportation
  - ab) Technology
- iii. Demographics
- iv. Health of Local Population

D. Access and Right to Refuse
- i. Insurance Eligibility/Enrollment
- ii. Waivers

E. Partner Development
- i. Hospital(s)
- ii. Fire/EMS
- iii. Primary Care Practice(s)
- iv. Home Health
- v. Coalition(s)
  - aa. Community
  - ab. Statewide
  - ac. National
- vi. Pharmacy
- vii. Urgent Care
- viii. Community Level Groups/ Organizations
  - aa. Faith-Based Organizations
  - ab. Free Clinics

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3) Role with the Primary Referring/Control Physician (24 hours)

A. Patient Assessment
B. Preventative Medicine
C. Care Plan
- i. Role of the Registered Nurse vs Community Paramedic

D. Care Management
E. Communication with Physician
- i. Point of care testing
  - aa. Lab values
  - ab. Portable Machines

F. Documentation
- i. Reporting and Sharing of Information with Physician
  - aa. Quality Reporting

4) Role with the Patient (24 hours)

(Customizable to individual communities/programs to reflect the needs of community)

A. Home Visits
- i. Customer Service
- ii. Follow-up and Patient call-back
- iii. High Risk Patients
- iv. Mentoring/Coaching
  - aa. Communication Techniques

B. Assessments
- i. Patient Assessments
- ii. Home Safety Assessments
- iii. Fall/Injury Prevention
- iv. Home Health Assessment

C. Medication Reconciliation[3]
D. Chronic Disease Education
- i. Pathophysiology of DM
- ii. Pathophysiology of CHF and Cardiovascular
- iii. Pathophysiology of COPD and Asthma
- iv. Pathophysiology of HTN
- v. Other

E. Behavioral Health
F. Transitions of Care
- i. Patient Referrals
- ii. Support Systems

G. Health Promotion
- i. Nutrition
- ii. Physical activity
- iii. Healthy Behaviors

H. Patient Advocacy
I. Special Needs (Special Population)
- i. Adult
- ii. Pediatric
- iii. LVAD
- iv. Renal
- v. In-home Dialysis
- vi. Special Cardiac
- vii. Ventilator Patients

J. Advanced Pharmacology
- i. DM Medication
- ii. Cardiovascular Medication
- iii. COPD Medication
- iv. Behavioral Health Medication
- v. Geriatric Disease Medication Management
- v. Pediatric Disease Medication Management
- vii. Other

K. Rehabilitative Education
- i. Stroke
- ii. Trauma
- iii. Surgical

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[3] to gain a comprehensive understanding of patient medication.

5) Continual Development of the CP Role (4 Hours)

A. Quality Improvement and Quality Assurance
- i. Quality Improvement/Quality Assurance
  - aa. History of Quality Improvement
  - ab. Closing the Loop of QI/QA
- ii. Documentation
- iii. Data Collection
  - aa. Root Analysis: what a CP needs to know and what CP needs to do with the numbers
- iv. Coordinating Improvement with Partners
  - aa. CQI: documentation for variables that can be linked all the way through to outcomes
- v. Just Culture

B. Personal Safety and Wellness
- i. Violence Protection from Patient(s)
- ii. Mental Health of the Community Paramedic
  - aa. Coping Mechanisms

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<u>2. Clinical Module (125 hours minimum)</u>[4]

(Customizable to individual communities/programs to reflect the needs of community)

<u>Clinical Topics</u>

- A. Common Chronic Conditions
  - i. CHF
  - ii. Respiratory
    - aa. COPD
    - ab. Asthma
  - iii. Hypertension
  - iv. Oral Health
  - v. Mental Health
  - vi. Behavioral Health
  - vii. Infections/Wound Care
  - viii. Diabetes
  - ix. Other
- B. Education
  - i. Chronic Disease Education
    - aa. CHF
    - ab. Respiratory
      - i. COPD
      - ii. Asthma
    - ac. Hypertension
    - ad. Oral Health
    - ae. Mental Health
    - af. Behavioral Health
    - ag. Diabetes
    - ah. Other
  - ii. DME
  - iii. Community Resources
  - iv. Home Safety Assessment
  - v. Medication Compliance
  - vi. Nutrition and Exercise Education
  - vii. Patient Interviewing
  - viii. Motivational Interviewing
  - x. Crisis Intervention
  - xi. Other

<u>Clinical Sites</u> (a minimum of 4 hours per clinical site required)

- A. Home Health
- B. Senior Programs
- C. Primary Care/Family Medicine
- D. Emergency Department
- E. Mental Health
- F. Behavioral Health
- G. Free Clinic
- H. FQHC / RHC
- I. Hospital
  - i. Discharge Planning
  - ii. Pharmacy
  - iii. Labs
- J. Pharmacy
- K. Community Based Organizations
- L. Emergency Management
- M. Hospice and Palliative Care
- N. Respiratory Therapy
- O. Alternative Site

<u>Field Training</u>

Recommended but not mandatory, to have one ride along with an established program. Reciprocity between established programs should be awarded here based on Medical Control.

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[4] Supervised/Approved training by a Medical Director

3) Continuing Education (24 minimum hours annually)

(Clinical portion supervised and approved by Medical Control)

Practical (12 Hours)
Clinical (12 Hours)

A. Based on initial Community Paramedic Guidelines and subject to medical director recommendations. The Community Paramedic continuing education credits can be incorporated into the NREMT-P annual requirements.

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