#### **DISCOVER COMMUNITY PARAMEDICINE...**

#### a healthcare system with no boundaries

Community Paramedicine is evolving not just in the United States but the world! This global phenomenon proves to be successful because it promotes public health and reduces healthcare costs using a resource already located in every community!

It is time for Pennsylvania to learn the benefits of Community Paramedicine!

#### What is **Community Paramedicine?**

Community Paramedicine can be broken into three, easy to understand components:

- Patient Focused: providing high quality primary and preventative care at the right time
- Provider Role Focused: uses certified prehospital personnel to provide the patient focused care in a nontraditional healthcare setting (the patient's home)
- ♦ Reduces Emergencies: initiates appropriate care at a reasonable cost in a timely manner

It adapts to the SPECIFIC needs

#### The Culture of Prevention!

**Emergency Medical Services** are changing from a response posture to a prevention posture. Various health conditions and injuries can be prevented.

It is time to transition from waiting for the emergency dispatch responding and providing care to proactively educate the community of health risks and monitoring conditions of patients with high risk or chronic medical diagnoses within the community.



### It's about filling the gaps!



The Emergency Medical Services System in Pennsylvania is capable to provide Community Paramedicine. Pennsylvania's history through assisting with H1N1 immunizations, deployments, and public education of Hands-Only CPR provided a foundation to succeed within the scope of practice with nontraditional roles, audiences, and environments. Community Paramedicine is about filling the gaps in patient care. It is not about positioning Emergency Medical Services into already defined roles of home healthcare agencies, such as the Visiting Nurses Association or Hospice. Community Paramedicine allows a partnership between home healthcare agencies to provide care and resources when patients are not eligible for tradition home healthcare or home healthcare has a need for additional help with select patients.

#### PONDER POSSIBILITIES ...

#### **Community Paramedicine**

Community Paramedicine can be implemented in three basic categories:

#### **Preventative Education ★ Preventative Care ★ Primary Care**

Each tier focuses on different patient populations and needs.

Emergency Medical Services can promote public health and reduce healthcare costs!

#### **Preventative Education**

Preventative Education involves prehospital personnel engaging the community to provide education about various health and injury

prevention topics. The possibilities are endless:

- **♦ Diabetes Prevention Education**
- Mental Health Connections
- ♦ New Parent Education
  - **♦ Safe Sleep**
  - **♦ Button Batteries**
  - ♦ Infant CPR
  - **♦ Foreign Body Airway Obstruction**
- ♦ Chronic Disease Education
- ♦ Elderly Trip Hazards Awareness

# ED2U, C3ATE

#### **Preventative Care**

Preventative Care involves prehospital personnel engaging the community to provide treatment and services to prevent and manage

injury and illness. The possibilities are endless:

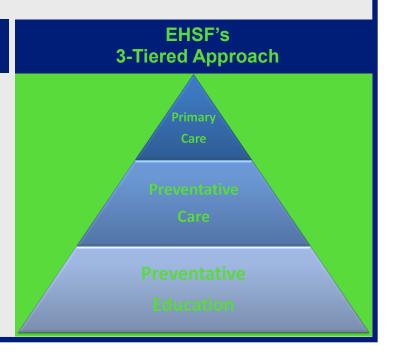
- ♦ Vital Sign Screenings
- ♦ Post Discharge Compliance
- **♦ Medication Reconciliation**
- **♦ Monitoring Chronic Illnesses**
- ♦ Hospice Revocation
- ♦ Wound Care
- Skin Cancer Screening
- Fluoride Varnishing

#### **Primary Care**

Primary Care involves prehospital personnel working closing with other healthcare providers to provide care and resources according to the respective patients care plan. The possibilities are endless:

- ♦ Post Discharge Care
- Wound Care
- ♦ Palliative Care
- ♦ Suture Removal





#### **VISUALIZE VALUE...**

#### **Community Paramedicine**

Community Paramedicine benefits the community. Patients of all ages will benefit from education and care to prevent and manage illness and injury. The healthcare system will benefit through reduced emergency department visits and better control of system super-users increasing costs associated with penalties from patient satisfaction and readmissions from the Accountable Care Act.

# An Example: Congestive Heart Failure

According to the Pennsylvania Health Care Cost Containment Council (PHC4), in 2010, heart failure had the highest number of readmissions with a readmission rate of 24.3 percent. The average length of stay for readmissions was 5.8 days. The average of Medicare

fee-for-service payment for index hospital stay is \$7,565. In 2009, the number of index hospital stays for heart failure patients totaled 17,398 readmissions. There is certainly a need to enhance CHF patient's care plan to prevent readmission.



# A Solution: CHF Readmissions

The Emergency Medical Services of South Central Pennsylvania proved Community Paramedicine can reduce readmission rates for CHF patients. Two EMS agencies are currently partnering with a healthcare system. Following a CHF patient discharge, the

Community Paramedince provider is alerted and conducts an in-home visits within 48-hours of discharge. This visit assesses the patient, verifies medication compliance and reconciliation, educates decreasing sodium intake, and monitors the patient's weight. Regular in-home follow-up visits continues to ensure this patient is compliant with the care plan and

reduces the risk of returning to the emergency department. The Community Paramedicine provider quickly notices changes in the patients health and becomes a liaison with the healthcare provider team to delivery necessary intervention before an emergency department visit is required.

# Current Community Paramedicine Programs International Pennsylvania

- ♦ Nova Scotia
- ♦ Queensland, Australia
- ♦ Guanajuato, Mexico
- ♦ Minnesota
- Eagle, Colorado
- ♦ Red River Project, New Mexico
- ♦ Fort Worth, Texas
- ♦ San Diego, California
- ♦ Ada County, Idaho

- ♦ Pittsburgh, Pennsylvania
- Harrisburg, Pennsylvania
- **♦ Lancaster, Pennsylvania**

Cover the Commonwealth with Community Paramedicine!

#### PROMOTE PARTNERSHIPS ...

#### **Community Paramedicine**

Community Paramedicine is the future of Emergency Medical Services and healthcare in its totality. To implement a Community Paramedicine program, Emergency Medical Services and other healthcare organizations must first create partnerships and identify targeted patient populations!

## Who are SOME Potential Partners?

- **♦ Emergency Medical Services**
- **EMS Agency Medical Directors**
- Home Health
- **♦** Hospital
- Social Workers
- Primary Care Physicians
- Public Health Offices
- Center for Aging
- Extended Care Facilities
- **♦ Non-Health Care Providers**
- National Prevention Programs
  - **♦**Safe Kids
  - **♦**Cribs for Kids
  - ♦ American Cancer Society
  - **♦** American Heart Association
- Organized Groups with Special Needs
  - **♦ Wounded Warriors**



#### It's about collaboration and innovation!

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