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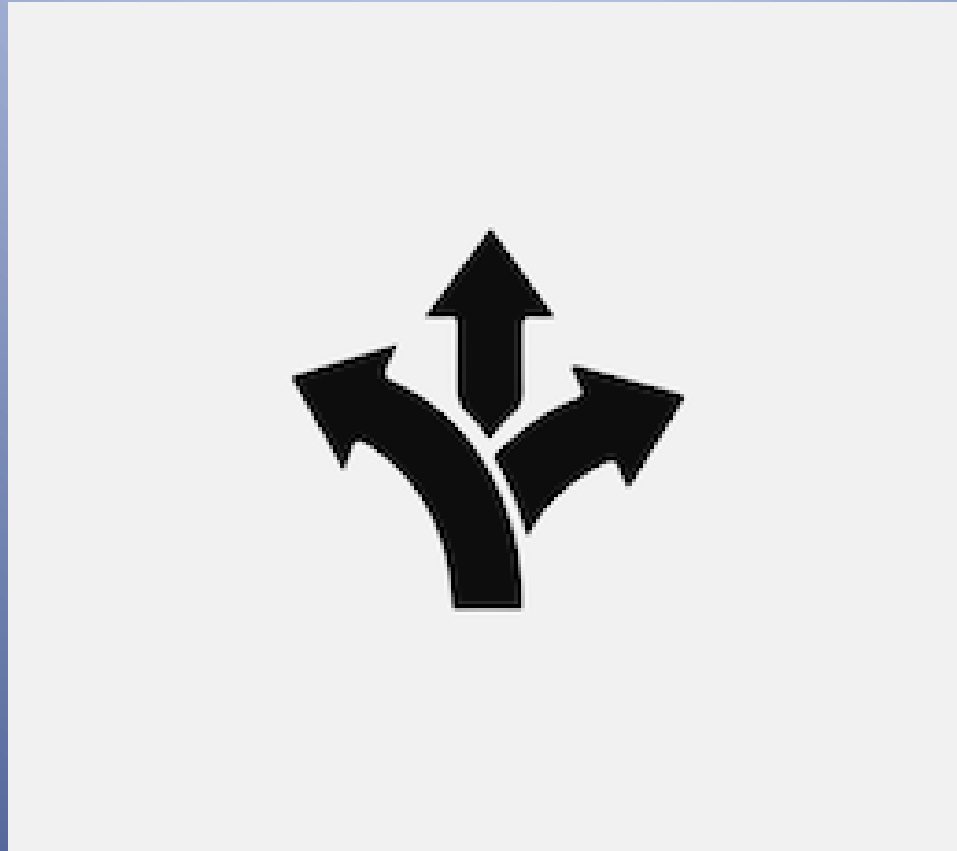
**EMS - Serving Beyond The Call**



# How is EMS Serving *Beyond The Call*?

- What is the potential for Community Paramedicine Services in the Commonwealth?
- What models of delivery and care are appropriate?
- How EMS can be a part the solution?
- What challenges face EMS to deliver a CP program?
- How can we mitigate those challenges?
  - Develop relationship and partnerships
  - What are others doing?

**Together we can do more. And together we can *serve beyond the call.***



**THE OPPORTUNITES AND POTENTIAL  
FOR SUCCESSFUL SOLUTIONS ARE  
ENDLESS!**



**EMS has traditionally been innovative**



THEN



and NOW







1940's to today...

# WHAT HAS CHANGED?

**LONGER LIFE  
EXPECTANCIES  
EXPECTATIONS  
AND  
DEMANDS  
COST**



**LIMITED SUPPORT  
SYSTEM FROM FAMILIES**

**GREATER EMPHASIS  
ON CARE AT HOME  
OVER UTILIZATION**



**FUNDING  
SUPPORT  
REIMBURSEMENT**

**SKILLS  
TECHNOLOGY  
PROTOCOLS**





# WHATEVER THE DEMAND HAS BEEN...



**YOUR COMMUNITY EMS SERVICE HAS EVOLVED  
TO MEET THAT NEED**



**EMS HAS:**  Adapted  
 Evolved  
 Changed

**TO MEET THE NEEDS AND DEMANDS OF THE COMMUNITY**

**We've evolved from a system offering little, if any, medical or clinical services to being highly skilled clinicians**

- Basic (EMT, A-EMT)
- Advanced (Paramedic, Pre-Hospital RN, Air Medical)
- Ambulance and MICU's
- Single Resource *ALS Chase* trucks
- QRS (Quick Response Service)

**Today - virtually an emergency department on wheels**





**But the truth is, in spite of our best efforts,  
patients are still in need of a supportive level  
of care that is not already in place**



**Your patient may tell you they are managing...**



**But the reality may be very different**



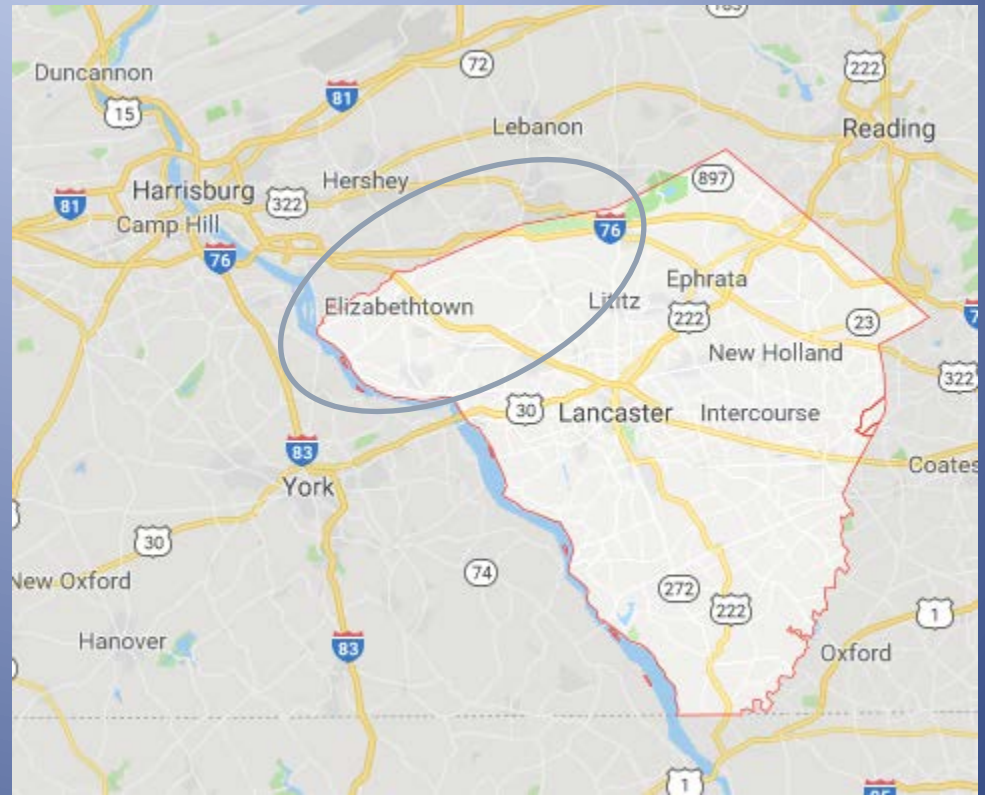
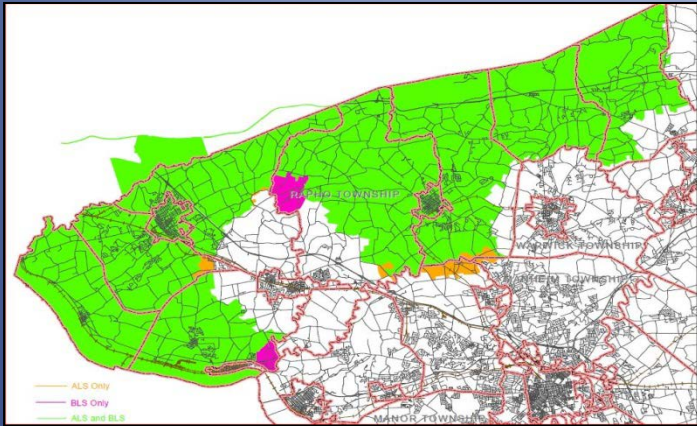
**How is Northwest EMS serving  
*'beyond the call'* to fill the gap?**



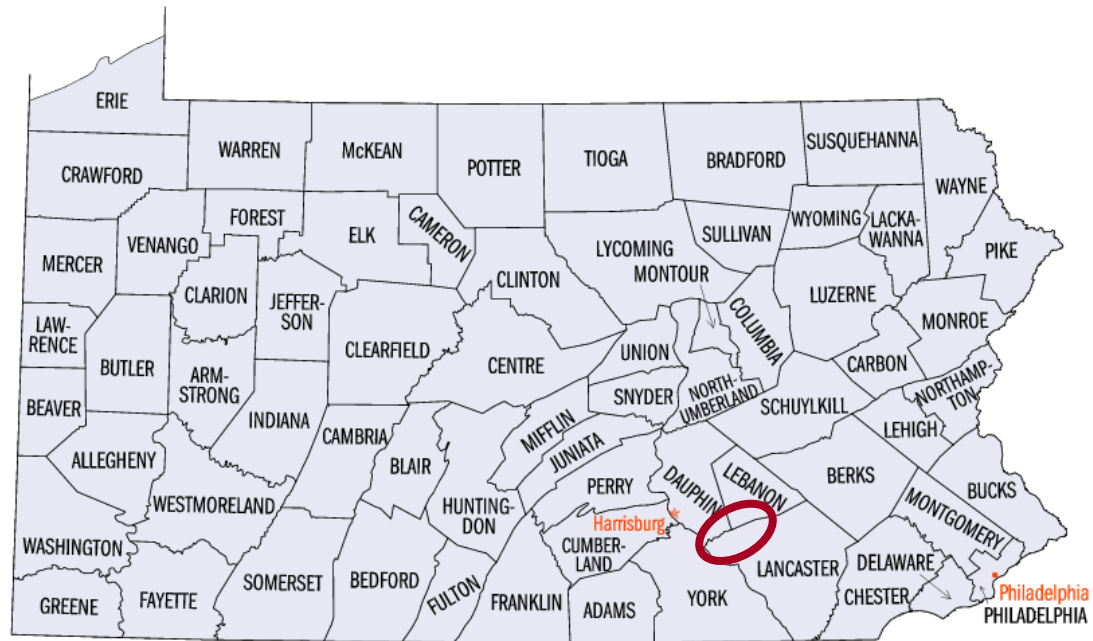
We operate from  
4 stations

- Cover more than 200 square miles in Lancaster, Dauphin and Lebanon Counties
- Serve more than 65,000 households
- Respond to over 30 miles of the PA Turnpike





- We handle more than 8,000 / year
- Transport our patients to **more than a dozen hospitals** in 5 counties (Lancaster, Lebanon, York, Dauphin and occasionally Berks County)



We serve a VERY diverse demographic and geographic area

- Urban
- Rural (including some *very* rural locations with access challenges)
- Industrial
- Residential
- Commercial



# Northwest EMS is typical of the EMS services offered in most communities across the Commonwealth

**We are not-for-profit**

**We use volunteer and paid EMS staffing**

**We are not hospital owned, operated or supported**

**We are not government-owned/operated**



*If it were only that easy*

How can an EMS company whose primary mission is emergency response/rescue-type services play a role in keeping a patient healthy?

How can EMS play a role in keeping a community healthy?





# JUST A FEW OF THE WAYS NORTHWEST EMS IS MAKING A DIFFERENCE



- Trauma Prevention Education
- Farm, Home and Workplace Safety Education
- Medication Safety and Storage
- Look A-Like Chemical Dangers
- Cribs For Kids® Safe Sleep
- Concussion/TBI Awareness, Education and Prevention
- Fall Prevention Education
- Safe Driving Initiatives/Education

Resource for Opioid, Addiction and Fetal Alcohol Syndrome Referrals

A Diagnosis Specific Resource Referral\**Newest Outreach Initiative*





# A Diagnosis Specific Nutrition Initiative

## 2019 Statistics for Lancaster County:

*(data from the Central PA Food Bank and Feeding America)*

- 52,160 individuals in Lancaster County are 'food insecure'
- 1 in 10 persons
- 19,570 are children (1 in 6 children)
- 26% are families who have someone who has served in the military
- 62% choose between paying for food and paying for medicine or healthcare
- 45% choose between paying for food and paying for rent/mortgage
- 76% cope by purchasing unhealthy food options**



- ❑ **Our outreach services has opened the doors to conversations with residents, business leaders, healthcare providers and civic and service group leaders about what needs exist in our communities, what services are needed to meet those needs and what challenges are present to prevent delivering those services**
- ❑ **Our EMS crews are reporting situations and circumstances where they are identifying gaps in care/services**



# IDENTIFYING A NEED

**44 patients referred to the Community Outreach Manager (by staff) for concerns where our EMS providers believe their 911 patient has a condition that is being missed or dismissed when that patient sees his/her PCP.**





## 89 Year Old Male

**Medical History:**            **Cardiovascular HX**

Northwest EMS crew reported concern for frequent 911 calls for falls. Patient's PCP is aware that he falls, but patient and his wife admitted they do not report the actual number of falls due to being afraid he will be placed in a nursing home.

Outreach/CP-type service provided by a home visit, during which time the patient was assisted with completing a fall risk document to self-assess the safety within the home. The patient and his wife were able to identify several risk factors that were contributing to the falls, as well as review his most recent discharge summary and medications. A 'ask your doctor' document was created for the patient to take to his next PCP visit.

Call for EMS due to falls nearly eliminated following this intervention.



### **75 Year Old Male End-Stage COPD**

More than 30 calls for EMS in 4 months, including some where EMS was called twice in one day. In each case, the patient was in respiratory distress, requiring hundreds of dollars in emergency care. The ED's continued to discharge the patient to home.

Outreach/CP services provided exhaustive home education to the patient on medication compliance and home environment risk factors. Attempts by EMS to communicate with other caregivers that the home environment was not appropriate for him to reside were not initially understood as he continued to be sent home. The patient's non-compliance was found to be a direct result of his inability to pick up prescribed medications or even food and basic essentials. This patient is now appropriately placed where he is managing his COPD without frequent episodes of distress and failure.



### **67 Year Old Female**

**Medical History: Morbid Obesity**

Patient is dependent on a mechanical scooter for mobility. Due to transportation issues, she does not see her PCP on a regular basis. Without regular visits to her caregivers she relies on the internet to tell her how a medication should be taken or used.

Outreach/CP services provided the patient the guidance on following her PCP's instructions and assisted her in the dialog she has with her physician when care is often provided over the phone as well as provided her with assistance in finding appropriate transportation services so she can get to her PCP regularly.



## 95 Year Old Male

**Medical History:**        **Dementia**

Patient found semi-responsive by his 93 year old wife. His wife called 911 but was unable to tell the dispatcher the address or the town name. After a delay, EMS was dispatched. The EMS crew\* requested the outreach manager to come to the scene for immediate assistance with the situation. *\*Patient appropriately cared for by EMS.*

Outreach services to the patient, his wife and extended family included assessment of the situation and appropriate care options. Outreach/CP services were the link that initiated long-term care and services that had not been available because none of the other caregivers realized the extent to which this couple were had been in the home setting to see the challenges this couple faced.





### 93 Year Old Male

#### Medical History:            Insulin Dependent DM

EMS called for an unconscious person. Arrived to find patient with a BGL of 20.

Patient has managed his DM for all of his adult life, however, his wife (2<sup>ND</sup> wife – newly re-married) had no education on DM care and treatment. When she recognized a change in his mental status she convinced her husband to check his sugar, which she reported to have been 40.

She reported to EMS she gave him his “diabetic medicine” (insulin). Several hours later she realized he was unresponsive she called 911.

Outreach/CP services provided the next day with education to the patient (and particularly to his wife) on diabetes and response to high and low levels. Patient agreed to seek education services from a local hospital to prevent this type of incident from reoccurring.



### **71 Year Old Female**

**Medical History: Anxiety**

Patient calls to 911 occur during early morning hours (between midnight and 4 AM). Each time she reports she doesn't like her current living situation, has no real medical complaint, is noncompliant with medications and with suggestions for care/transport. (She has recently been moved to a basement apartment in her daughter's home).

She believes she was (unnecessarily) removed from her own home (in a nearby town) and believes she can live independently; however, it appears that her anxiety prevents that from being possible.

Outreach services to the patient are ongoing with Office Of Aging.

We are challenged by her non-compliance and anxiety.



**If the need were already being filled by another provider type, we would not be doing it**



# *It's time to see EMS as your partner...*



It's time to recognize the value of outreach services, education and prevention services as part of Community Paramedicine/Mobile Integrated Health

***EMS is a part of the solution***

It's time to recognize the full potential of an EMS provider

It's time to recognize the full potential of your local EMS agency

It's time to remove the obstacles that prevent EMS from providing mobile/integrated/community paramedicine services

EMS wants to do more than be the transport service that brings you that patient that has more than over utilized your services.





# Success is dependent on reimbursement and funding



- For EMS to be able to be sustainable as the 911 emergency response model
- For EMS to evolve to a CP/Integrated model of service
- For EMS to be able to build upon what has been proven to be needed (as shown in the case previous studies)



Let's look ***Beyond The Call*** and work together to bring all residents of the Commonwealth the services that are making a difference

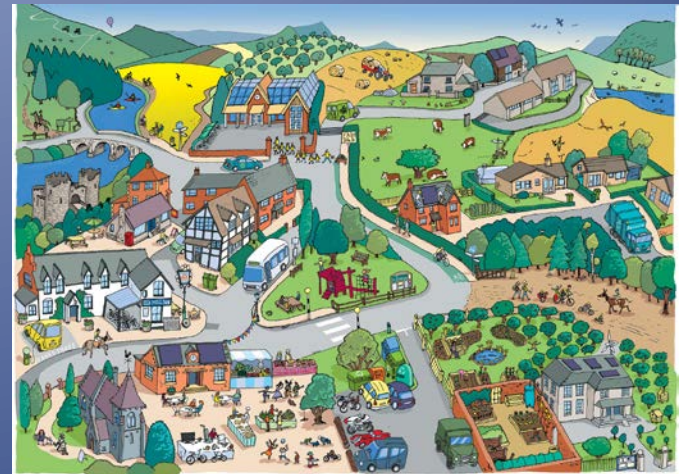
Let's seek ways to fund EMS for providing the supportive services that make a difference



**NOT JUST FOR SOME PATIENTS**



**NOT JUST FOR SOME  
COMMUNITITES**



**AND NOT JUST  
FOR SOME EMS  
COMPANIES**



QUESTIONS?

CONVERSATION?

THOUGHTS?

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