

THE ROLE OF COMMUNITY PARAMEDICS IN COMMUNITY PEDIATRICS

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WellSpan Health Community
Paramedicine Program

INTRODUCTIONS

- **Stephanie Goddard, B.S, CP-C, NRP**

- Has been with Wellspan since 2008. She has been involved with the Community Paramedicine program from its inception in 2015; she was involved in developing the program, building the paramedicine team, initiating patient contacts, and developing relationships and collaborations throughout the health system and community.
- Has been involved with EMS since 2003, has been a paramedic since 2007. She holds an AAS in Emergency Medical Studies from Blue Ridge Community Technical College and a BS in Human Development and Family Studies from Pennsylvania State University. She is a Pennsylvania certified Paramedic, Nationally Registered Paramedic, Certified Community Paramedic, PALS Instructor, and a Child Passenger Safety Technician.

- **Tillie Oatman, NRP, MA**

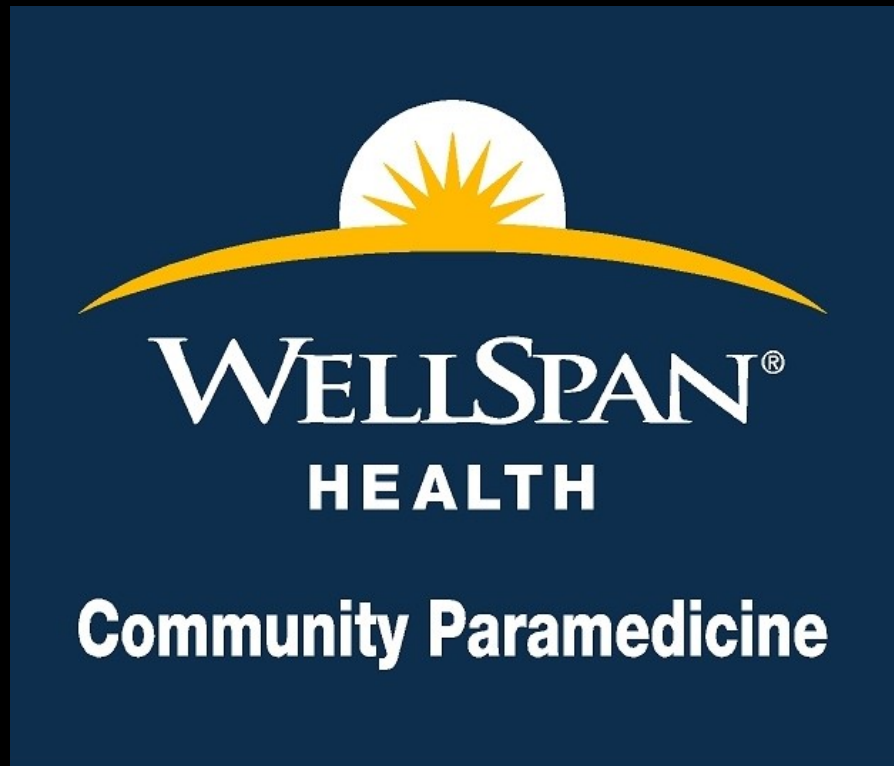
- Has been with Wellspan since 2015, became involved with the CPP just months after its inception and is continuously helping to shape and build the program, improve team dynamics, initiating patient contacts, and developing relationships and collaborations throughout the health system and community.
- Has been in EMS since 1997, has been a paramedic since 2003. In addition to her urban EMS employment in the USA, she has worked as a contract Paramedic in Iraq, West Africa, and Afghanistan. She has served as a deputy coroner in Lancaster County and has been a CPR/First Aid educator for many years. She is currently pursuing a Bachelor's of Science degree. She is a Pennsylvania certified paramedic, Nationally Registered Paramedic, and has current certifications in BLS, ACLS, ITLS, and PALS.

COMMUNITY PARAMEDIC DEFINITION

- Community Paramedicine (CP) is a new and evolving model of community-based health care, in which paramedics function outside their normal emergency response and transport roles in ways that will facilitate a more appropriate use of emergency care resources and enhance access to primary care and tertiary resources. One of the main goals of Community Paramedicine is to reduce barriers to care by filling the gaps and needs not being met by existing health care resources.



WELLSPAN COMMUNITY PARAMEDICINE



- Began in 2015
 - Began with 1 provider in June, soon a 2nd in November
 - ED volumes increasing annually
 - ED construction, bed capacity down by 16%
 - ED utilized for conditions that would be better treated in a primary care setting
 - Affordable Care Act
 - Triple Aim
 - Improve patient experience of care (including quality and satisfaction)
 - Improving the health of population (better outcomes)
 - Reducing the per capita cost of health care
 - Began with “cold calls” to super utilizers, now referral based

OVERVIEW OF WELLSPAN COMMUNITY PARAMEDICINE PROGRAM

- The WellSpan Community Paramedicine program:
 - Provides in-home visits to assess the patient's health, physical, social, and economic needs.
 - Reviews, explains, and answers questions about medications, health history, current health concerns, and any doctors' orders or instructions a patient may have
 - Helps patients find and navigate local community programs and services from which the patient may benefit.
 - Works together with patient and healthcare team to set up a healthcare plan that is centered on patient specific goals.



OVERVIEW OF WELLSPAN COMMUNITY PARAMEDICINE PROGRAM CONTINUED

Other goals for this program include:

- Improve communication between all aspects of the health system and the patient
- Improve coordination between the patient and any resource the patient may benefit, WellSpan and Non-WellSpan.
- Improve access to appropriate care and services from which the patient will benefit. Including periodic follow-up visits at home on a scheduled and as-needed basis.
- Educate patients on their conditions, medications, and the resources available to them to adequately take control of their healthcare needs.

COMMUNITY PEDIATRICS OVERVIEW

“Community pediatrics is the practice of promoting and integrating the positive social, cultural, and environmental influences on children’s health as well as addressing potential negative effects that deter optimal child health and development within a community and may include:

- A perspective that expands the focus from one child to the well-being of all children in the community;
- A recognition that family, educational, social, cultural, spiritual, economic, environmental, and political forces affect the health and functioning of children;
- A synthesis of clinical practice and public health principles to promote the health of all children within the context of the family, school, and community; and
- A commitment to collaborate with community partners to advocate for and provide quality services equitably for all children.” (Council on Community Pediatrics, 2013)

COMMUNITY PEDIATRICS OVERVIEW (CONTINUED)

- Major threats to a healthy childhood development that can not be adequately addressed by pediatrician office visits alone:
 - infant mortality
 - preventable infectious diseases
 - dental caries/cavities
 - sedentary lifestyles
 - chronic health care needs
 - obesity
 - other historically adult-onset chronic diseases
 - high levels of intentional and unintentional injuries
 - exposure to violence in all forms
 - poverty
- risks of neurodevelopmental disabilities and illnesses from exposure to environmental tobacco smoke, lead, and other environmental hazards
- substance abuse
- mental health conditions
- poor school readiness
- family dysfunction
- sexual health, unwanted pregnancies, and sexually transmitted diseases
- relatively low rates of breastfeeding
- social, medical, behavioral, economic, and environmental effects of disasters
- Lack of access to medical homes and basic material resources.

(Council on Community Pediatrics, 2013)

SOCIAL DETERMINANTS OF HEALTH

- “Social determinants are the economic and social conditions that shape the health of individuals and communities.” (Council on Community Pediatrics, 2013)



PEDIATRICS AND SOCIAL DETERMINANTS OF HEALTH

"The effects of poor social and economic factors in childhood on the quality of adult health have become increasingly clear. [...]

Studies have examined the link between childhood obesity and cardiovascular disease in adulthood, lack of adequate calcium and vitamin D intake in childhood on adult osteoporosis, and childhood maltreatment and family dysfunction on adult mental and physical health problems."

(Council on Community Pediatrics, 2013)

"Children in low-income families are more likely to be exposed to structural hazards in the home and are more likely to have diseases such as lead poisoning and asthma. Although environmental risks are more prevalent in low-income families, children from any income level may be exposed."

(Council on Community Pediatrics, 2013)

HOW CAN COMMUNITY PARAMEDICS BE UTILIZED IN COMMUNITY PEDIATRICS?

- **Injury prevention practices**

- Car seat safety
- Sleeping safety
- Fire safety
- Hot water safety
- Fall prevention

- **Wellness visits**

- Weight/height check
- Immunizations
- Development progression
- Medication management
- Disease management/education
- Resource management
 - Assess SDOH
 - Help access resources

- *"SIDS and unintentional injuries are two leading causes of infant mortality [...] In children aged <1, leading causes of unintentional injuries includes falls, MVC, and fire-related injuries. These causes of infant death are largely preventable, but caregiver safety practices often do not match well established injury prevention recommendations."*

(Heerman, et al., 2016)

WHAT ARE WE DOING?

Wellness Checks

- Weight/height/head measurements
- Childhood development progression
- Home safety assessments
- Immunizations
- Safety education
- Chronic disease management/education
- Help find and access community resources:
 - Safe Kids
 - Children and Youth
 - Lehman Center
 - Early Intervention
 - Day Care

Asthma Education Program

- Providing education on asthma
- Identifying and reducing exposure to triggers
- Medication review-
 - Have prescribed medications
 - Using them as prescribed
 - Using them correctly (inhalers, chambers)
- Reviewing and/or implementing Asthma Action Plans
- Toolkit
- Follow-up visit

REFERENCES

- Council on Community Pediatrics. (2013). Community Pediatrics: Navigating the Intersection of Medicine, Public Health, and Social Determinants of Childrens Health. *Pediatrics*, 131(3), 623-628. doi:10.1542/peds.2012-3933
- Heerman, W. J., Perrin, E. M., Sanders, L., Yin, H. S., Coyne-Beasley, T., Bronaugh, A., . . . Rothman, R. (2016). Racial and Ethnic Differences in Injury Prevention Behaviors Among Caregivers of Infants. *American Journal of Preventive Medicine*, 51(4), 411-418. doi:10.1016/j.amepre.2016.04.020



QUESTIONS?

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