



Community Paramedicine

SIOUXLAND PARAMEDICS INC.

Siouxland Community Paramedicine Timeline



Initial Meeting
Start with ER
Research
Fort Dodge
Legal Aspects
Continuity of Care
Data Tracking

Pilot Launch

Bi-Weekly Care Team Review

July '18

August '18

September '18

October '18

November '18

December '18

January '19

February '19



The Initial Meeting

- ▶ Health Inc. - Joint Venture
 - ▶ MercyOne, Siouxland, Unity Point, Hospice
 - ▶ Both facilities experience re-admissions and frequent visits through the Emergency Department
 - ▶ Think radically different
- ▶ Let's Start with Emergency Department



Why Community Paramedicine?

- ▶ Patients Need More Support
 - ▶ Understanding Discharge Instructions
 - ▶ Medication Changes
 - ▶ Social Support Systems
- ▶ Complexity of Care is Increasing
- ▶ Need to Try Something Different
- ▶ It's the Right Thing to Do



What is Community Paramedicine?

- ▶ Community paramedicine is a relatively new and evolving healthcare model. It allows paramedics and emergency medical technicians (EMTs) to operate in expanded roles by assisting with public health and primary healthcare and preventive services to underserved populations in the community. The goal is to improve access to care and avoid duplicating existing services.

Our Goal

- ▶ Aid in the efforts to decrease unnecessary visits to the emergency room
- ▶ Aid in the efforts to decrease hospital readmission rates
- ▶ Identify gaps in care
- ▶ Connect patients with appropriate resources
- ▶ Ensure patients have support systems in place other than the ED

Pilot Launch

- ▶ The Team
 - ▶ MercyOne Siouxland, Unity Point, Hospice, PACE, Siouxland Mental Health, Health Inc., Siouxland Community Health, Home Health
 - ▶ Social Workers, Nurses, Case Managers, Paramedics, Physicians
- ▶ Top 20 “super users” from MercyOne Siouxland and Unity Point
 - ▶ Many of the same names
 - ▶ Pick 6
 - ▶ Survey the needs/wants of the identified patients
- ▶ Start SLOW
 - ▶ What can we learn from the 6 pilot patients



Services Provided

Home Visits, Phone Calls, Facility Visits...

- ▶ Health Assessments
 - ▶ Vital signs
 - ▶ EKGs
 - ▶ Blood glucose levels
 - ▶ General triage
- ▶ Chronic Disease Management
 - ▶ Frequently seen diagnoses: CHF, diabetes, COPD, pneumonia, mental health (anxiety)
 - ▶ Education reinforcement
- ▶ Medication Compliance
 - ▶ Set up medications
 - ▶ Help with medication list
 - ▶ Help to coordinate and ensure on the correct medications
- ▶ Hospital Discharge Follow Up
 - ▶ Discharge instruction questions/follow up
 - ▶ Check up
 - ▶ Update medications records
 - ▶ General questions/triage

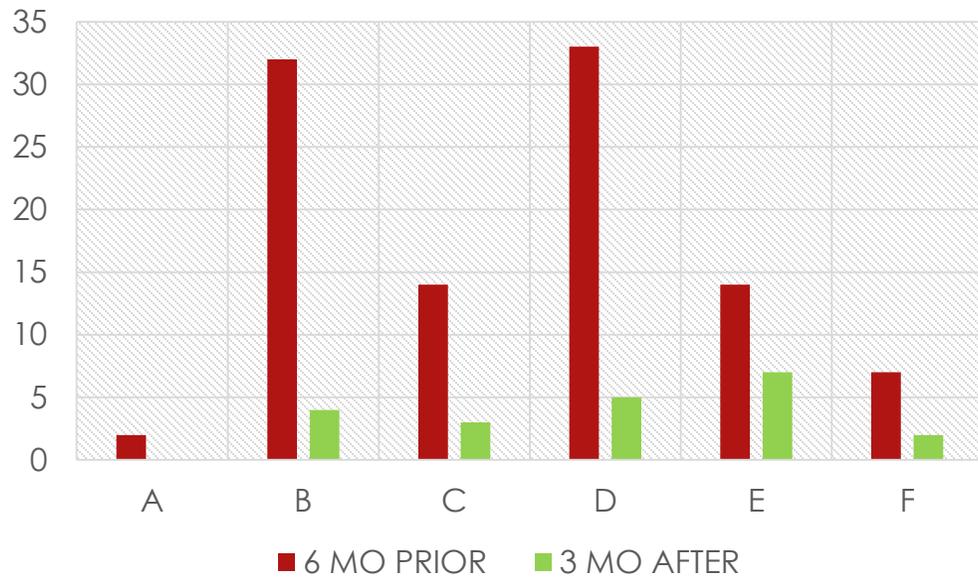


Pilot Patients

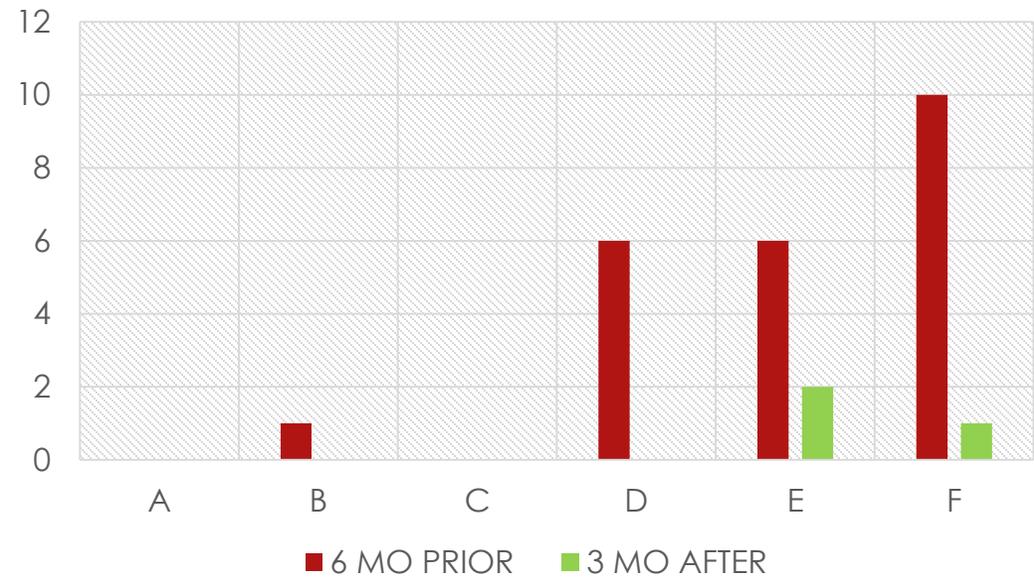
LESSONS LEARNED

Pilot Data

EMERGENCY ROOM VISITS

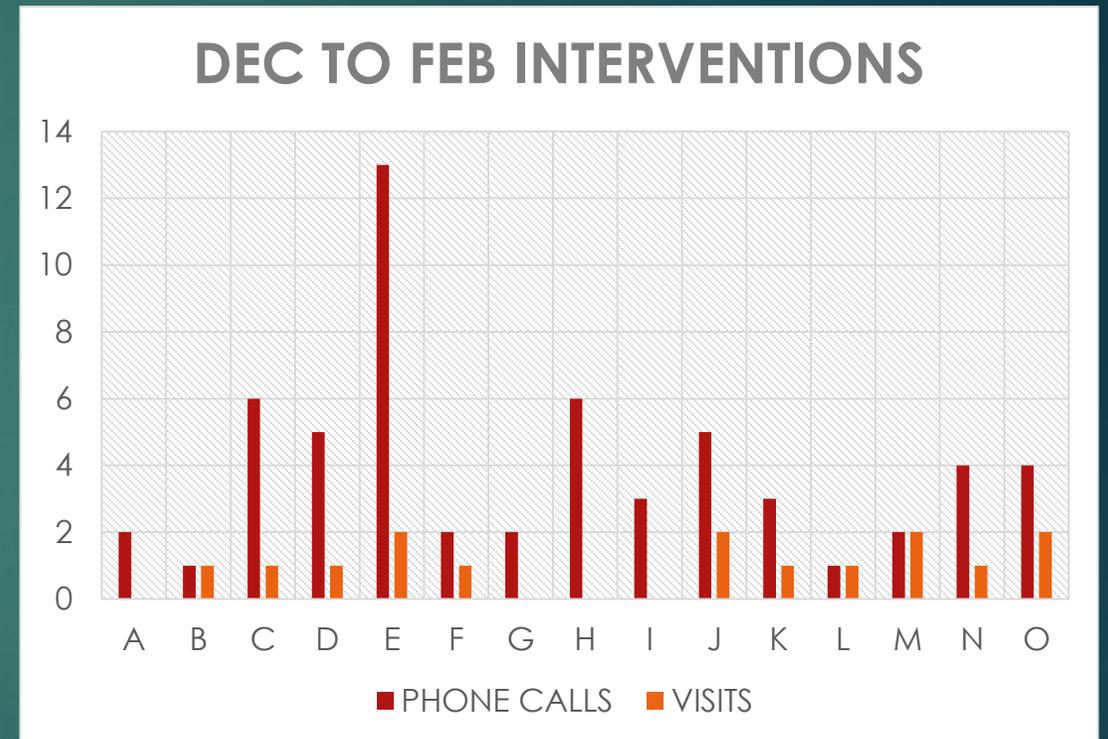


INPATIENT VISITS



Current State

- ▶ Team meets every other week
- ▶ Manage incoming referrals
- ▶ Review patients and status
- ▶ Discussions for improvement
 - ▶ Transportation
 - ▶ Involving PCP
 - ▶ ESO-EMR
 - ▶ Communication with healthcare team

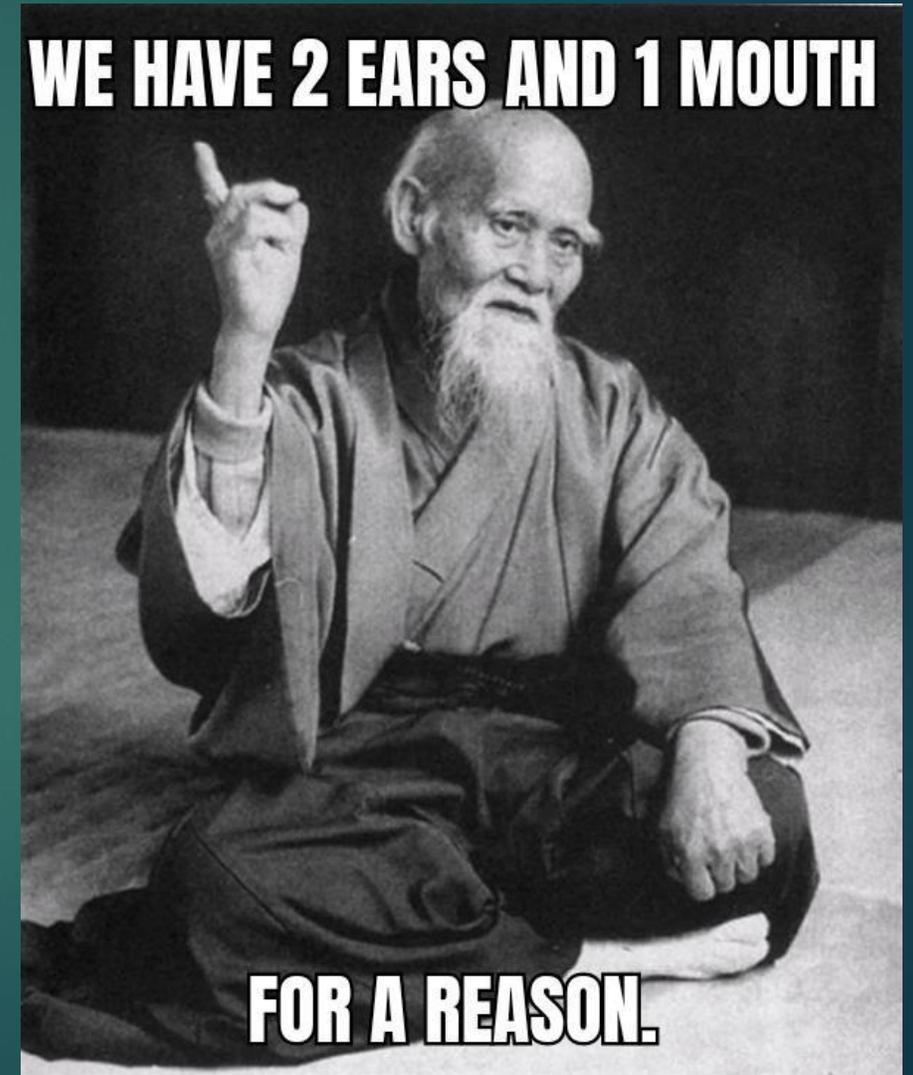


59 PHONE CALLS
15 VISITS

Lessons Learned

- ▶ It truly is a community effort!
- ▶ Most patients just need social support
- ▶ It isn't one size fits all
- ▶ Be ready to listen
- ▶ So many resources out there

- ▶ Community Needs
 - ▶ Transportation
 - ▶ Mental Health
 - ▶ Alcohol & Addiction



Programs In Iowa

- ▶ IDPH toolkit
- ▶ State Level Sub-committee
- ▶ Mercy Des Moines
- ▶ Fort Dodge
- ▶ Google is your friend
- ▶ Come to one of our meetings to learn more!

What Can You Do?