Community Paramedic: Essentia Health, Fargo

Commenced: October 1, 2014

*A collaborative health care approach (Care Coordination, Case Management, Community Paramedic, Home Health, Physicians) to make a healthy difference in people's lives…

Highlights

- Essentia Health is an Accountable Care Organization (ACO)
- Comprehensive & Collaborative approach in order to:
  - Reduce readmissions, Reduce health care costs, Improve patient health
- Community Paramedicine is a vital component to the success of our ACO model
  - Practicing within existing scope
  - Services provided must be part of care plan developed by patient's Primary Care Provider (PCP)
  - Able to visit patients in residences
  - Collaboration and communication with allied health care professionals (including PCP)

Scope of Practice

- Paramedics practice under the license of a physician
- Community Paramedics practice under the license of a physician
- Protocols reviewed and approved by 1 Medical Director
  - Essentia Health, Fargo= Dr. Brian Sauter, MD
  - Dual reporting would be redundant & logistically impossible
- Scope for a CP is no different than a Paramedic
  - North Dakota Department of Health
  - Division of Emergency Medical Services: Accepted Skill Guidelines

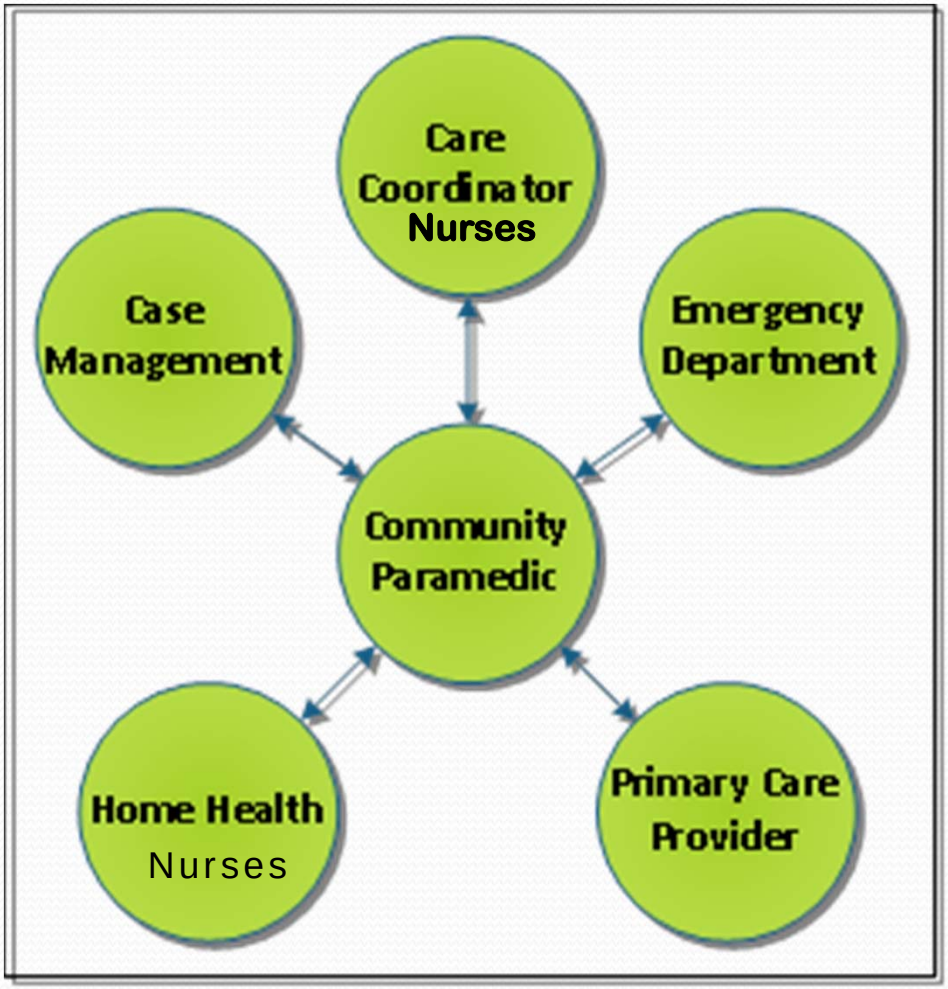
Scope of Practice: Analogy

Much like nursing, the scope of practice for a paramedic does not change dependent on the role he/she is fulfilling.

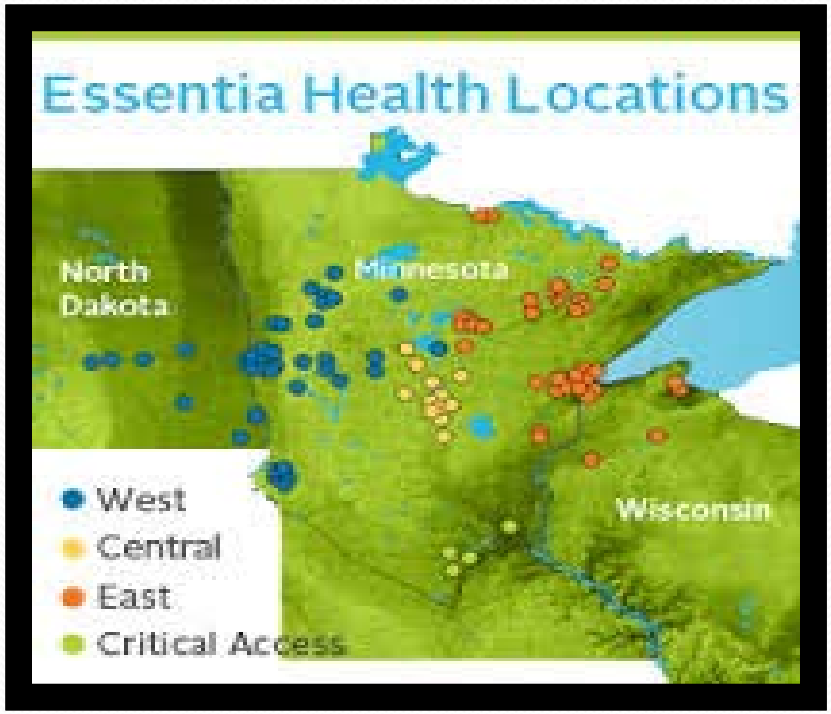
Nursing

- OB Nurse vs. Emergency Room Nurse
- ICU Nurse vs. Skilled Nursing Facility
- Public Health vs. Flight Nurse
- All require a nursing license and same scope of practice. Different roles demand different focuses based on the environment and the patients they serve.

Essentia Health Referral Sources



Essentia System Support



- The CP model has been extensively vetted throughout the various disciplines, throughout the Essentia system.
- It has "unanimous support and is long overdue!"

Hennepin Technical College℠

Education

- CP's in the state of ND have received formal education through Hennepin Technical College (HTC)
  - Didactic
    - Included comprehensive Community Needs Assessment
  - Clinical
    - 196 hours
- All education has been uniform through HTC
- Experts are developing a National Curriculum
- North Dakota will adopt National Curriculum as a minimum standard

Essentia Success Story #1

- "George": CHF Clinic & Care Coordinator referral
- History: Comorbidities, including:
  - Kidney Disease (stage 3)
  - CHF; CAD w/CABG; PAD; Atrial Fibrillation; Hypertension
  - Diabetes (type II)
- Community Paramedic assessment reveals:
  - Exhausted, dizzy= Orthostatic vitals (10 point drop)
  - Comprehensive Assessment= unremarkable, except pallor

Essentia Success Story #1

- Treatment:
  - Contacted CHF provider from patient's residence:
    - Reduced evening Lasix to 20 mg
    - Reduced Coreg to 3.125 mg BID
  - Stressed importance of fluid intake (64 oz)
  - Encouraged weight monitoring
  - Venous blood obtained for ordered labs
  - Out-patient blood transfusion scheduled for next day

Prevented readmission!

  - Received 2 units of blood and reported positive response
  - Follow-up= no complaints & has not returned

Essentia Success Story #2

- "Ethel": Care Coordinator referral after **12** ED visits in **2** months
- PMH:
  - CHF (stage 2); Hypertension
  - COPD
  - Chronic Back & Abdominal Pain (Hydrocodone Rx)
  - Depression
- Community Paramedic assessment reveals:
  - Abdominal pain
  - Recent ED visit due to abdominal pain
    - Medication confusion

Essentia Success Story #2

- Treatment:
  - Comprehensive patient assessment
  - Medication reconciliation
  - Patient education
    - Assisted living
    - Schedule of medications
    - Role of the ED (emergent vs non-emergent)
  - Goal setting (smoking cessation)
  - Home safety assessment
    - Fire alarms on floor without batteries
    - Collection of trash

Proactive phone calls by Care Coordinator & Monitoring ED patient list to track "Ethel"

Summary

- Changing the paramedic scope of practice is **not** necessary. It is defined by the environment of practice and defined by a physician medical director.
- Education is defined through a base national curricula and further defined by DEMST.
- Referral processes will vary based on the needs of the community.
- Requesting to have CP supervision done by an advanced practice RN is a control mechanism that is not necessary and will not work.
- Meeting the needs of patients in-home: education, assessment, proactive care, treatment, medication reconciliation & adjustments, etc.

THANK YOU!

Contact Information:

Ken Krupich, BS, NRP

Essentia Health

3000 32nd Ave S

Fargo, ND 58103

701-364-8082

ken.krupich@essentiahealth.org