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**NORTH DAKOTA
 CENTER FOR NURSING**
 A unified voice in nursing excellence.

Policy Brief**Community Paramedic Pilot Study Recommendations****September 3, 2014****Executive Summary**

The North Dakota Center for Nursing is a non-profit, 501c3 organization that was developed to represent over 17,000 nurses and 40+ nursing organizations across North Dakota. The mission of the North Dakota Center for Nursing is to guide the ongoing development of a well-prepared and diverse nursing workforce to meet the needs of the citizens of North Dakota through research, education, recruitment and retention, advocacy and public policy. This policy brief has been approved by our Board of Directors and is an official policy of the ND Center for Nursing.

There are gaps in North Dakota's health care delivery system, especially in rural areas that new roles such as community paramedics could help fill.⁵ However, careful consideration needs to be made in order to ensure quality and safe patient care within an interprofessional team of health care providers is provided. The North Dakota Center for Nursing embraces innovative patient/family/community/population care models that ensure safe and quality care. These policy recommendations are designed to ensure that implementation of the Community Paramedicine Program will result in every patient receiving safe, quality care through the coordinated effort of all health care providers.

Policy Recommendations

1. Through legislation during the 2015 session, develop a scope of practice to better define the community paramedic role and skill set and to include a provision for Advanced Practice Registered Nurses to also supervise community paramedics.
2. Require uniform education and training program including core components.
3. Define the referral process for each community paramedic program.
4. Require community paramedics to utilize a community needs assessment to identify key focus areas for their work.
5. Establish greater statewide linkages and referrals for mental health and substance abuse services.
6. Develop a realistic, sustainable funding model.
7. Provide limited short term services **only** if those services are not available in their geographic location or a patient doesn't qualify for home health, public health, hospice, school health or other resources.

8. Establish **limited and short term/ emergent** interventions paired with appropriate community paramedic training.
9. Through legislation during the 2015 session, include provider-neutral language in order to ensure that Advanced Practice Registered Nurses are able to supervise/delegate to community paramedics.
10. Through legislation during the 2015 session, provide clear definition and reporting lines for accountability and mechanism for documentation of care including provider orders.
11. Establish a standardized approach across jurisdictions that facilitates statewide program evaluation using national guidelines for evaluation.
12. Require additional ongoing training reflecting the changing needs of the community or evolving health issues.

Introduction

The North Dakota Center for Nursing is a non-profit, 501c3 organization that was developed to represent over 17,000 nurses and 40+ nursing organizations across North Dakota. The mission of the North Dakota Center for Nursing is to guide the ongoing development of a well-prepared and diverse nursing workforce to meet the needs of the citizens of North Dakota through research, education, recruitment and retention, advocacy and public policy. This policy brief has been approved by our Board of Directors and is an official policy of the ND Center for Nursing.

The North Dakota Center for Nursing embraces innovative models to ensure safe and quality care. Every patient deserves access to safe, quality care from all healthcare providers. Health care delivery is ever-changing and is currently undergoing a significant transformation due to changes in the population and implementation of the Affordable Care Act. The North Dakota Center for Nursing supports initiatives which allow all members of the healthcare team to fully function consistent with their education and scope of practice as interprofessional partners.

Patient centered care coordination is a foundational element of nursing practice and is at the heart of nursing practice which makes nursing an integral partner of the health care team. The Institute of Medicine in 2003¹ emphasized the impact of coordination of care on improving the quality of care. In the Institute of Medicine 2011 report, this care coordination was cited as one of the traditional strengths of the nursing profession whether in the community or in the acute care setting².

The Community Paramedicine Program has the potential to operationalize the Institute for Healthcare Improvement Triple Aim³ of decreasing healthcare costs, improving health outcomes and improving patient experiences. These outcomes should serve as the basis for program evaluation and provide the definition of success.

Certainly there are gaps in North Dakota's health care delivery system, especially in rural areas that new roles such as community paramedics could help fill.⁵ However, careful consideration needs to be made in order to ensure quality and safe patient care within an interprofessional team of health care providers is provided. The National Consensus Conference on Community Paramedicine funded by the Agency for Healthcare Research and Quality (2012) explored the incorporation of community paramedics within the interdisciplinary health workforce environment. The study indicated that as standards of care and protocols evolve with increasingly interdependent roles between community paramedic providers and others in the healthcare system, it is necessary to determine the specific aspects of care for which community paramedic providers will be held accountable. The study recommended that successful integration of community paramedics will involve fulfilling six Cs⁴:

- *Community: addressing a current unfulfilled need;*
- *Complementary: enhancement without duplication;*
- *Collaborative: interdisciplinary practice;*
- *Competence: qualified practitioners ;*
- *Compassion: respect for individuals;*
- *Credentialed: legal authorization to function.*

Our policy recommendations are designed to help fulfill these and to help ensure that quality care is provided with no duplication of services to the citizens of North Dakota.

Policy Recommendations

1. **Through legislation during the 2015 session, develop a scope of practice to better define the community paramedic role and skill set and to include a provision for Advanced Practice Registered Nurses to also supervise community paramedics.** The current scope of practice (Century Code 33-36-04-02)⁶ for a paramedic is focused on the provision of acute care and an interface with the hospital rather than the community setting. The Western Eagle County Health Services District in Colorado⁷ indicated that it will be important to develop policies and procedures that provide explicit boundaries around the program.
2. **Require uniform education and training program including core components.** Uniform education and clinical training from an accredited program in the higher education setting consistent with the functions of the community paramedic role, should be required by state statute.⁸ The American Nurses Association recommends that accredited educational programs should include core components from social and behavioral sciences and social determinants such as:
 1. *Cultural competency;*
 2. *Community roles and resources;*
 3. *Health Assessment;*
 4. *Personal Safety;*
 5. *Professional Boundaries*
 6. *Clinical components that include sub-acute and semi-chronic patient needs*

The educational program should also include components on interprofessional role development such as role clarification, patient/client/family/ community centered care, team functioning, collaborative leadership, interprofessional communication and dealing with interprofessional conflict.⁹ Currently, the pilot program has been utilizing the Hennepin Technical College Community Paramedic Program. It is not known whether this program includes all of the core components listed above.

3. **Define the referral process for each community paramedic program.** This includes how orders are transmitted between providers, the procedure for connecting patients with community paramedics, referring patients to other services and refusing care. Effective referral is important in maintaining continuity of care and are especially important for coordinating care between settings such as a hospital and a community.^{8,10}
4. **Require community paramedics to utilize a community needs assessment to identify key focus areas for their work.** Community paramedics should utilize existing resources. The Western Eagle County Health Services District in Colorado⁷ indicated that the community needs assessment can determine:
 - *The leading causes of preventable morbidity and mortality;*
 - *Gaps in health care services;*
 - *Demographics of the populations most impacted by the gaps;*
 - *Characteristics of those who most frequently use the ambulance service;*
 - *Most frequent conditions requiring hospital admission;*
 - *The greatest health care needs as seen by local medical providers;*

Local public health units are experienced in conducting these assessments. All hospitals including Critical Access Hospitals have also conducted community needs assessments. The assessment would be used to customize the scope of the program to the needs of that community. Prior to implementation community paramedics should meet with key community partners including health care agencies, home health, public health, hospice and school health in each community in order to ensure coordination and no duplication of services. A written resource guide which includes available resources should be available for the community paramedic.

5. **Establish greater linkage and referral statewide for mental health and substance abuse services.** According to testimony by F-M Ambulance Service,¹⁵ the primary reasons an ambulance is called for the top ten frequent users in the Fargo/Moorhead area are mental health issues (50%), diabetes complications (20%), seizures (20%) and substance abuse (10%). Greater linkage and referral is needed statewide for mental health and substance abuse services. An electronic, online, statewide directory of referrals for all health care providers to use within a team including but not limited to home health, faith/community nurses, public health, mental health, dentists, AA, substance abuse and recovery services should be developed to facilitate greater integration of services. The ND Behavioral Health Planning Final Report¹⁶ also indicated the need to develop a one-stop-shop for behavioral health services in order to better track and improve access to services.
6. **Develop a realistic, sustainable funding model.** According to the Community Paramedic Study Background Memorandum prepared by Legislative Council¹¹, appropriately trained community paramedics could provide billable services, including:
 1. *Community mid-level clinical evaluation and treatment;*
 2. *Community level call-a-nurse service and advice;*
 3. *Chronic disease management support;*
 4. *Case management of complex cases;*
 5. *Worksite wellness facilitation and onsite clinical support;*
 6. *School wellness and mid-level clinical services.*

These potential services are very broad and in some cases require training beyond paramedic and community paramedic training and scope of practice (such as chronic disease management). The use of the term mid-level is inappropriate and outdated. The “call-a-nurse” service references a particular professional group and the title “nurse” is a protected title with a defined scope of practice and educational requirements. It is also unclear as to how these potential services, if linked with appropriate training and scope of practice changes, would become billable services and provide reimbursement for this program. Implementing this program is costly and is not fundable through a one-time payment.

7. **Provide limited short term services only if those services are not available in their geographic location or a patient doesn’t qualify for home health, public health, hospice, school health or other resources.** Community paramedic services should not replace a patient’s qualification for an existing services such as home health, public health, hospice and school health. Services by a community paramedic such as patient health assessments should only be offered if services are not available because the patient doesn’t qualify for home health or the resources are not available in their geographical location. Services should be provided on a limited, short-term basis. Long term chronic disease management should be referred to other services. The Western Eagle County Health Services District in Colorado⁷ indicated that in-home care that is delivered by a Community Paramedic is not of an ongoing nature (such as that provide by a home care agency), but rather each visit requires a discreet order from the patient’s referring and/or primary care provider.
8. **Establish limited and short term/ emergent interventions paired with appropriate community paramedic training.** Community Paramedics can be relevant to both rural and urban areas, but these communities have different capabilities and different needs.⁴ For example, the goal of the urban program is to reduce repeat ambulance/911 calls. The rural program revolves around filling gaps in health care delivery. The Western Eagle County Health Services District in Colorado⁷ indicated that a different type of clinical training is needed depending on whether the Community Paramedics will provide in-home patient visits or community based services and that the services are within the legal scope of practice for paramedics. Possible community paramedic interventions include: ⁴
 - *Home assessments (e.g. safety) ;*
 - *Patient resource needs assessments (e.g. food);*
 - *Assisting patients to manage their own healthcare (diabetes, CHF);*

- *Acute care response to reduce hospitalization;*
- *Supportive care for assisted living populations;*
- *Support for family caregivers;*
- *Post-discharge follow-up to prevent readmissions;*
- *Medication reconciliation and compliance;*
- *Behavioral health follow-up to increase attendance at appointments;*
- *Assessment with triage and referral.*

Specific protocols for Community Paramedics for each possible type of intervention should be developed using evidence based practice methods. Eagle County Paramedic Services has developed specific protocols for their Community Paramedics for each possible type of intervention within their system.¹²

9. **Through legislation during the 2015 session, include provider-neutral language in order to ensure that Advanced Practice Registered Nurses are able to supervise/delegate to community paramedics.** The American Association of Nurse Practitioners and the North Dakota Nurse Practitioner Association support the use of provider neutral language.¹³ The Western Eagle County Health Services District in Colorado⁷ also indicated the supervision and delegation to Community Paramedics may occur via physicians or advanced practice nurses.
10. **Through legislation during the 2015 session, provide clear definition and reporting lines for accountability and mechanism for documentation of care including provider orders.** Identify appropriate models for providing medical direction within varied Community Paramedic settings and services.⁴ The Eagle County Community Program protocols manual included a medical direction and chain of command policy.¹² The chain of command should reflect provider-neutral language.
11. **Establish a standardized approach across jurisdictions to provide statewide program evaluation.** This approach should be developed by consensus of key stakeholders. This would allow for comparisons across the state. In addition to tracking decreased ER visits and hospital readmissions, evaluation should extend to include monitoring for outcomes, patient satisfaction and a decrease in adverse outcomes,⁸ cost savings, compliance with medication regimens, attendance at appointments and information on patients that fall through gaps. The Western Eagle County Health Services District in Colorado⁷ also indicated that the evaluation should include a method for tracking patients including the response times, percentage of uninsured, Medicaid and Medicare patients, age range, number of visits, leading types of chief complaints and leading outcomes of visits. The U.S. Department of Health and Human Services, Health Resources and Services Administration has developed an evaluation tool for Community Paramedicine programs.¹⁴ The evaluation tool is designed to provide a common framework by which data can be collected from multiple Community Paramedicine programs and aggregated to provide a snapshot of common successes and challenges. The Agency for Healthcare Research and Quality National Consensus Conference on Community Paramedicine,⁴ also indicated the need to for careful strategic evaluation. The North Dakota program should include these recommendations in designing its statewide program evaluation.
12. **Require additional ongoing training reflecting the changing needs of the community or evolving health issues.** With the prevalence of mental health and substance abuse calls cited in #5, community paramedics should also receive additional training such as Mental Health First Aid. This was also cited in the ND Behavioral Health Planning Final Report.¹⁶ As additional issues are identified appropriate training should be developed.

In summary, the North Dakota Center for Nursing supports innovative models to ensure safe and quality care. Our policy recommendations are designed to ensure that successful implementation of the Community Paramedic program will result in every patient receiving safe, quality care through the coordinated effort of all health care providers.

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