

HGH EMS implementing community paramedicine



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WINNEMUCCA -- While there are many advantages to living in a rural area, there are also disadvantages -- especially where health care is concerned.

The problems are pretty standard: no public transportation, long distances between the patient and medical care, fewer primary care clinics, fewer doctors, and fewer resources for the elderly and disabled.

HGH EMS Director Pat Songer explained these issues have long impacted EMS. With few resources, people began to rely on EMS and ER services as a function of their primary care, which is the most expensive treatment route and frequently not the most appropriate use of emergency medicine. Further, emergency medicine was not designed for long-term treatment.

Some in the medical community began looking for better options and what they found was community paramedicine. Paramedics and EMTs are on the front lines, and the ones most likely to interact with people in their homes and see an area of need, so it only made sense they should be trained to respond to that need.

Community paramedicine expands the role of paramedics and EMTs, who receive extended training (primary care, mental health care, disease management, etc) to help close the gaps in medical services in rural area, in connection with existing services.

One level of the community paramedicine program involves providing information. People frequently do not realize the resources available to them including assistance provided by social services.

A toothache, for example, can be miserable for the person suffering with it. However, dispatching an ambulance for a ride to the ER for that toothache represents the most expensive treatment option, and it does happen. There may be any number of issues at play, such as a lack of transportation to the dentist.

In this case, one of the avenues available with the community paramedicine program is to make information available to the patient about available transportation and dentists in the area. Some dentists might even have programs for the elderly or poor, information that can be provided by the paramedics.

Another level of community paramedicine is preventing disease and injury in the first place, such as slip, trip and fall issues for the elderly and disabled. If paramedics are in someone's home and observes issues with carpeting or stuff piled up on the floor that represents a hazard, they may take appropriate action for dealing with that issue as opposed to taking no action as was the case before. More importantly, they'll receive training to help them recognize such a problem before it becomes an emergency.

Another of the primary issues the community paramedicine program seeks to address is hospital/ER re-admissions. Studies show without the appropriate follow-up care after surgeries, procedures or illnesses, patients have an increased chance of winding up back in the hospital via ER.

Utilizing home visitations, paramedics can check blood pressure, check wounds, and perform EKG's and labs with portable equipment, check to ensure medication is being taken appropriately, etc.

The program is in-line with HGH's primary goal of community wellness. While working with patients paramedics can act as a health coach to deal with issues that could influence outcomes for patients, such as smoking, weight management, diabetes education and nutrition.

One of the factors that makes community paramedicine possible is modern technology. In addition to portable/mobile equipment, paramedics can use ipads to communicate with the patient's doctor should questions arise.

In order to gauge the effectiveness of the program, Songer and the paramedicine team are developing key performance indicators to measure impacts. Currently, the ambulance service is tracking the re-admission rates for those who are frequently transported to the hospital to determine if re-admission rates decrease.

While there's much the paramedics will do under the community paramedicine program, there's also several things they're not going to do, such as 1) replace current health care systems or positions, 2) remove patients from their health care providers or replace health care providers, 3) or decrease the level of care. Instead community paramedics will have the ability to interact with the patient in a manner that prevents illness, injury and readmission all together.

Community paramedics are needed to extend the services currently offered by physicians and existing health care systems. If a

community paramedic recognizes a patient meets the guidelines for admission into a home health or other existing program, the paramedic can work with the patient's primary care provider to refer the patient quickly to a local home health program, if the community paramedicine identifies that a patient's home environment is unsafe, the community paramedicine can work with the patient and the family to build a safer environment that does not leave the patient prone to falls.

Simply put, community paramedicine is about linking often underutilized services (EMS) with underserved populations- in hopes of making a genuine difference in the health of those living in rural communities, Songer added

He emphasized the program was designed to support existing health care systems by increasing referrals to such programs, not replace any. Additionally, the program was not designed to replace long-term, in-home health care.

