Advanced Community Paramedicine (ACP)

Washington County: 1115 Waiver Project

Mission

"To provide the best possible comprehensive EMS Department, by: responding to it's communities needs, preserving life, improving health and respecting its stakeholders."

Advanced Community based Paramedicine (P3)

- Reduce Emergency Room visits with high frequency patients through
  - Education
  - Home Assesments
  - Home evaluation and medicine
- Assist in triage of 911 calls that may need “held” during peak call volumes to ensure no delay in time sensitive emergencies. Reduce the need for additionally staffed EMS Units
- Assist in critical (low frequency/high risk) patients with higher level of experience & training. Increase in patient care and expectations from modern medical science.
- Promote and perform alternate destination protocols and field termination protocols.
- Perform medical community education in super rural areas of our community.

- ACP = is the program
  P3 = is the person
  (paramedic allowed to practice within the ACP program with three years of experience and higher level of training)

What defines a P3

- P3 (Paramedic) has met the departments credentialing process and authorized P2 status (see P2 status)
- Has completed FPC or CC School or internal WCEMS equivalent
- Has gone through administrative and regional EMS internship (as defined next slide)
- Extensive clinical internship with Medical Director, Simulation Labs, etc…to be able to better understand the identified disease processes better (CHF, diabetes, asthma, MHMR)

Training Process Roster

Date Attended	Participation Activities	Observation / Participation Hours	Project	Notes
	CIR (clinical improvement & research) Committee	8	Start to Finish 1 Protocol Enhancement	Must have rosters and signed letter from CIR Lt of participation
	Must attend Local Trauma Review	1 meeting		Must attend as guest to local trauma review meeting at SW Brenham
	Wed CQI Meeting Participation	8		Must have rosters and signed letter from CQI Captain of participation
	Commissioners Court	4		Must attend regular court meetings and a minimum of 1 when monthly report is presented
	Salary & Benefits 101	2		This is information from the director that explains what exactly an employee is compensated for
	Brazos Valley RAC (TSA-N) (Regional Advisory Council)	8		Must attend both an executive board meeting and full general session (include 2 sessions of CQI)
	EPRC (Emergency Preparedness & Response Committee)	1 meeting		Must attend the Emergency Preparedness and Response Committee Meeting
	(Homeland Security Advisory Committee)	1 meeting		Must attend a minimum of one Meeting as guest
	GETAC Committee	1 meeting		Must bring back meeting notes and agenda
	GETAC General Assembly	1 meeting		Must bring back meeting notes and agenda
	GETAC Acute Care & STEMI	1 meeting		Must bring back meeting notes and agenda
	TETAF Committee Meeting	1 meeting		Must bring back meeting notes and agenda
	DSHS Rules and Regulations			Must bring back meeting notes and agenda
	Project Policy Change	1 SOC	Start to Finish 1 policy enhancement	must study, create proposal, and make entire changes of a system policy
	Squad 1 Coverage	5 shifts		Must ride with current Dept. Officer but function as Lt.
	EPR – St. Davids Lab	1 Lab		
	Critical Care Certification	FPC / CCP		Or 40hr internal specific physician led course
	Specialty Intensivist Rotations	High Risk OB, Cardiology, etc..		
	Family Practice Medicine	5 clinic days (4hrs/day)		With Medical Director when possible.
	Outside Dept. Agency Clinicals	24hrs (1 shift)		
	Alternate Lab – Simulation Lab	12 hrs (4hr shifts)		Cadaver Lab / Pig Lab / A&P Lab
	Advanced Community Paramedicine	20 hrs		Includes ACP Concept overview and FTO lectures…

What is the program (ACP)?

Designed to reduce High Frequency Patients and reduce unnecessary ER patients

- Provide follow up and loop closure to patients that frequently utilize the system within the community. Reduce the occurrence of, or minimize, medical crises for persons with specific medical conditions known to benefit from close medical monitoring and simple education. Increasing the overall well being and knowledge of medical condition of the patient can prevent the need for EMS response and decrease the time and money spent by patients and other taxpayers for emergency room visits and hospital stays.

Repeat Users 379 patients with 3 or more times / yr
Roughly 25% of our Call Volume!

High Frequency Patients

- Studies show that diabetics, high blood pressure patients with congestive heart failure, those with increased risk of falls (such as people over 65 years of age), some substance abusers, and children with asthma may all significantly benefit by home visits from medical care providers like our Advanced Community based Paramedics.

Alternate Destination

- Facilitate care for people with mental health or substance abuse crises at facilities other than the emergency room when no other medical emergency exists. ACPs may evaluate a patient along with paramedics from a responding ambulance to help determine if the patient would benefit by treatment at another facility. For appropriate patients, the ACP will determine the best alternative treatment location and arrange for the patient's transportation and admission. Ambulance transport to the emergency room is always an option if our patients request other medical evaluation or treatment.

Collaboration

- The ACP (P3) Paramedic will have extensive knowledge of the MHMR staff resources, processes, and contacts. The relationship between the ACP program and alternate care resources will be extensive
- We plan to utilize our Medical Director who is currently employed by the College Station Medical Center / Brenham Clinic. The extension of the Office of Medical Direction for Washington County EMS who is well connected within the medical community will serve as a primary physician oversight. Dr. Loesch is an Internal Medicine Physician with extensive highest level of knowledge of these (mostly adult focused) disease processes.
- The ACP will have extensive knowledge and resource contacts for alternate forms of transportation and will be well versed with the DSHS / CMS EMS transportation guidelines. This will enable a triage of appropriate destination and arrangements. Allowing patients that need to see a physician or mid-level care provider at a clinic or within the local medical community to be arranged. Further preventing ER visits and hospital stays.

Expand EMS Efficiency by allowing Treat and Release Reimbursement.

- ACP Providers will have a higher level of care certification with acute and critical care knowledge better equipping them for all level of emergencies.
- Currently patients found with incomprehensible signs. Resuscitation is began and is transported to the local ER where thousands of dollars and resources are poured into them. The new program would allow through prove science technology a way to determine known poor outcome patients and perform field termination. Currently there is no incentive for EMS Departments to perform this because Medicare only pay if the patient is transported to the ED (even in statistically impossible survivability). This alone could prevent thousands of healthcare dollar expenditures.
- With collaborating with the medical community through the OMD (office of medical direction) for the department. Proper field termination guidelines can be adhered to.

Reduction of Transport Times

- The role of the P3 within the ACP program will certainly be diverse. We believe because of the higher level of care and critical care medicine training that these paramedics being on staff could reduce the amount of time spent on transferring patients to appropriate care facilities.
  - Better triage of patients from the point of injury (home, residential institution, clinic, etc…). Instead of simply making sure these patients get to the right hospital the first time will reduce transfers.
  - Having these paramedics on staff to triage transfers of priority and quickly staff a transfer unit will reduce wait time during multiple transfer times.

Increase Community Health Education within extremely rural populations of our service area

- The Advanced Community Paramedicine program is just that, a way to place a high level of care provider with extensive resources to perform rural community education.
- The placement of these paramedics will in part be to reduce response times to rural areas of a community that will not fiscally support a full Paramedic Crew Ambulance. While in these areas of the our community specific disease and health education with targeted reduction goals will be accomplished.

Project Timeline

TIMELINES PHOTOS

Project Concept Formation

The project was in concept originated in the 2010 year. With many ideas still in the planning process. Due to unknown funding sources.

Project Benchmark Goal Achievement

1. Conduction Training of ACP Candidates with goal of 3 ACP Paramedics

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2011 | 2012 | 2012-2013 | 2010 | 2011 | 2012

Project Design and Planning

In cooperation with the CIRC (Clinical Improvement and Research Committee) and input from Strategic Planning Commttee

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Project Year 2012

January
Planning Educational and Didactic Components with Blinn College HiFi Lab

February
Planning with CIRC to ensure proper education to perform multi-task position.

March
Meeting(s) with Medical Director(s) ensuring proper attention to high/low Acquity patients.

April
Update 2011-2015 Strategic Planning Period and ensure appropriateness of project viability. Assure goals align with Dept

May
Follow 1115 Waiver Meetings and ensure project goals meet DSRIP Priorities.

June
Attend Local and Region 17 RHP Planning Meetings and discuss pull down money to Govt. EMS – Formally Submit Project 6-29-2012 (deadline)

July
Attend national workshop on community "take home" paramedic programs in Colorado Springs, Colo. ,

Present ACP Program during Budget for funding

August
Initiate Phase 1 of curriculum training of existing ACP – P3 Candidates. If budget workshops approves project

September
Phase 2 Curriculum training with Clinic Setting, Medical Directors , and MHMR.

October
Meeting(s) with stakeholders. (MHMR, Hospital, Clinics, Law Enforcement, DA, County Attorney)

November
Recruitment for Staffing Addition and NEOP Training for end of year.

December
Continue Internship Training and ACP Education to Community and stakeholders.

1 2 3 4 5 6 7 8 9 10 11 12

Washington County Advanced Community Paramedicine (ACP)
Regional Health Partnership 17 – DSRIP Project

Project Year 2013

January
Training of ACP Paramedics and Replacement Staff of Paramedics

March
Work with facilities in Washington County to further identify patients who might benefit from ACP Program

May

July

September

November

1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12

February
Initial Benchmark Completion.
1. Goal of 3 ACP Staff in place & Operational
2. 75% of training completed
3. Collaborative stakeholder meetings with ACP's Completed

April
Ensure data collection staff is trained and prepared to track data.

June

August
Second Benchmark Completion.
1. Goal of 5 ACP Staff in place & Operational
2. 90% of training completed
3. Preliminary Case Data to discuss and Review with ITG Authority

October

December

Washington County Advanced Community Paramedicine (ACP)
Regional Health Partnership 17 – DSRIP Project

Value of the ACP Project

DSRIP Category Effectors

- Category 3 Project Area 1: A & B
- Category 3 Project Area 4: A & B