

Community Paramedicine Final Report

Project Title: COMMUNITY PARAMEDICINE RURAL PILOT PROGRAM

Organization Name: FISHER-TITUS AFFILIATED SERVICES, dba NORTH CENTRAL EMS

Primary Contact: Ashley Ballah, Director North Central EMS

Contact Information: PH: 419-921-9466, E-MAIL: aballah@northcentralems.com

Grant Number: 02260021CR0322

Executive Summary

Fisher-Titus Medical Center and North Central EMS are committed to working together to improve overall health outcomes for the residents of Huron County, Ohio. To this end, the organizations are working together to implement a Community Paramedicine Program to reduce the suffering of patients with chronic diseases as well as help to reduce the societal burden resulting from non-management of these disease states. Patient engagement in their personal health outcomes can be improved through education and support; this program provides both. The program utilizes trained paramedics in an expanded role designed to improve the self-management capabilities of patients with chronic conditions, with an aim of improving long-term health outcomes. Those populations at high risk for hospital readmissions and those that are high utilizers of the 911 System and Emergency Department are identified. The goal of this program is to address gaps in primary care services by scheduling paramedics to perform in-home health assessments for the medically vulnerable populations. Community Paramedics provide scheduled in-home care within their scope of practice to improve health outcomes of the medically underserved.

Agency Overview

Fisher-Titus Affiliated Services, dba North Central EMS is a private, 501 (c) 3 not-for-profit corporation that is owned and operated by Fisher-Titus Health. Since 1986, North Central EMS has provided emergent and non-emergent ambulance transportation as well as wheelchair van transportation and mental health transportation for a large portion of Huron County as well as parts of Erie, Sandusky and Ottawa Counties in North Central Ohio. North Central EMS first responders serve roughly 60,000 people across a 911 service area of over 500 square miles. North Central has an on-site dispatching center as well as in-house billing services. North Central EMS employs roughly 60 personnel, including support staff.

Strategic Partnerships

Fisher-Titus Health is an independent community health system located in North Central Ohio since 1916. The health system is operated by a Board of Directors. The medical center is located in the City of Norwalk and provides a complete continuum of care from birthing services to acute care, assisted living and skilled nursing care. Fisher-Titus Medical Center is a 99-bed acute care hospital. Fisher-Titus Health System also includes Norwalk Memorial Home, a 69-bed skilled nursing facility; Carriage House, a 48-unit assisted living facility, a Home Health Center; and outpatient services, including lab services, imaging and physical rehabilitation. In the past few years, Fisher-Titus has purchased several local medical staff offices. The mission at Fisher-Titus is, “To provide safe, quality health care in a cost effective manner while respecting the dignity and uniqueness of each individual we serve.” This model will help Fisher-Titus to provide quality care at a lower cost to the residents of Huron County. Accredited through the Healthcare Facilities Accreditation Program (HFAP), Fisher-Titus Medical Center is a Level 3 Trauma Center, a Primary Stroke Center and a Level 2 Adult Cardiac Catheterization Lab. It has been named within the top 100 Rural and Community Hospitals in the United States by the Chartis Center for Rural Health and recently attained a Leapfrog Grade A safety rating.

Huron County Public Health is the local health department for Huron County, Ohio and is overseen by a Board of Directors. “Working in collaboration with our partnering organizations and communities, Huron County will become leaders and innovators in achieving an optimal health status for its citizens” is the vision of Huron County Public Health. The Community Paramedicine Program is in line with this vision. Fisher-Titus Health has been a partnering organization and financial supporter of Huron County Public Health for many years. The health department provides a comprehensive snapshot of the health and well-being of Huron County residents through their three year Community Health Assessment (CHA). The last health assessment was published in 2017 and the 2020 survey data has been distributed to Huron County Residents. The timeline of the CHA surveys is conveniently congruent with the grant opportunity period. The 2023 CHA data will be compared to the 2020 CHA results to help understand if the Community Paramedicine program had an impact on the overall health of Huron County residents.

Patient Population

Huron County is located in rural north central Ohio with a population of 59,626 (according to the 2010 Census). Economically, the area is largely agricultural, but also includes

construction, manufacturing and service organizations. According to the 2008-2012 Census information, 13.5% of the population lives below the Federal Poverty Level (U.S. Census, American Community Survey 5 year estimate 2011-2015). The unemployment rate in September of 2019 was 4.8%. 94.8% of the population is white, followed by 6.0% Hispanic/Latino, 1.9% two or more races, 1.9% other, 1.1% African American, 0.3% Asian, and 0.1% American Indian and Alaskan Native. The county is mostly encompassed of family households (69.9%) with an average family size of 3.06. Civilian veterans make up 9.0% of the population. It is also estimated that 13.5% of the civilian noninstitutionalized population are living with a disability.

Huron County Health Partners (comprised of healthcare providers, hospitals, public health, schools, non-profit and social service organizations and community partners) conduct a countywide health needs assessment every three years. The Community Health Assessment (CHA) is cross-sectional in nature and includes a written survey of adults, adolescents, and parents. The response rate in 2017 was 49% indicating the health assessment should be representative of the health status of the entire county. According to the 2017 Health Assessment, 7% of adults in Huron County were uninsured. Those most likely to be uninsured were adults with an income level of less than \$25,000, sixteen percent (16%) of which were uninsured. Thirteen percent (13%) of all Huron County Residents were living in poverty. These statistics all have a significant negative impact on the ability of residents obtaining or seeking care, particularly follow-up care and ongoing medical care that is required for chronic care management. The uninsured rate also has an impact on the high utilization for the emergency department for primary care and ongoing care. In addition, Huron County has continued to experience a steady increase of residents not obtaining prescription medication, from 22% in 2007, 27% in 2014 and to 34% in 2017, more than one-third of the population.

Access to healthcare services in rural areas is exacerbated by fragmented and uncoordinated delivery systems, poorly resourced primary care services and geographically isolated providers causing rural populations that tend to be sicker than those populations in urban areas. Huron County has been designated as a Health Professional Shortage Area (HPSA) by the Health Resources and Services Administration. Rural adults residing in these areas are less likely to have a regular primary care provider (HRSA Data Warehouse; 2013). Huron County residents have a similar challenge with access to primary care, transportation to office visits, and

other health care services, especially those living outside the City of Norwalk. In fact, Access to Care in Huron County was identified as one of the priorities by the Huron County Health Partners after the 2014 Community Health Assessment.

The 2017 Community Health Assessment identified the prevalence of chronic disease among the population in Huron County. The leading cause of death in Huron County is cancer which comprises 23% of all deaths. This is followed closely by heart disease which is the cause of 22% of all deaths. Greater than one-third of Huron County residents (36%) reported being diagnosed with high blood pressure. This is higher than the prevalence in both Ohio (34%) and the United States (31%) according to the 2015 BRFSS reports. In addition, 13% of residents reported being diagnosed with asthma. Chronic lower respiratory disease is the 3rd leading cause of death in Huron County. Eight percent of the population reported being diagnosed with diabetes in 2017. Greater than one-fourth (28%) of those with diabetes rated their overall health as fair or poor. Many of the residents reported having more than one chronic health condition.

Transportation resources are an additional barrier to health care in Huron County. According to the 2017 CHA, 4% of residents reported not having a car, 3% could not afford gas, 3% have a suspended or no driver's license, 2% reported that public transportation is limited and 1% report that public transportation is not available.

Program Design

The Community Paramedicine Program is aimed to reduce the gaps in primary care services. These gaps are thought to be the culprit for high hospital readmission rates as well as overutilization of the Emergency Department and 911 System. By identifying these gaps in healthcare services, the goal of the Community Paramedicine Program is to save healthcare dollars by providing care in the appropriate setting at the appropriate time.

Prior to program implementation, Community Paramedicine policies were established. All patient care is performed utilizing the current medical protocols. Under MetroHealth Medical Direction, North Central EMS operates under the North East Ohio Regional EMS Protocols, a product of collaboration between The Cleveland Clinic, MetroHealth, Southwest General and University Hospitals. Standard Work Instructions (SWIs) for high risk patient criteria, patient referral process, home safety inspection and physician contact were developed jointly between Fisher-Titus and North Central EMS. All SWIs were approved by the EMS Medical Director and Chief Medical Officer at Fisher-Titus. SWIs can be referenced in the

Appendix. Patient care reports (PCRs) are currently being documented utilizing NCEMS's patient care reporting system, EMS Charts. North Central EMS has created a custom patient care report in EMSCharts for Community Paramedicine visit documentation. Prior to program launch, a patient feedback process was designed. A survey and cover letter (*Appendix J & K*) with a pre-paid postage envelope is mailed to all patients after a Community Paramedicine visit. All patient feedback is returned to North Central EMS so that the feedback process is consistent with the established process at the system level. The Director filters the feedback and follows up as necessary to improve the program.

A Readmissions Workgroup has been formed and meets bi-monthly to evaluate the success of the program and to improve upon identified program weaknesses as well as areas of opportunity. The committee includes the Chief Operations Officer, the Chief Medical Officer, VP Quality, VP Ambulatory Services, Chief Operations Officer, Director NCEMS, Director Norwalk Memorial Home and the Director of Home Health. The committee evaluation focuses on 5, 7 and 30 day readmissions. They identify barriers and gaps in care that may have prevented the readmission. Compliance of follow-up appointments and discharge instructions are also reviewed. A root cause analysis of each readmission within 30 days of discharge will be completed. In addition, this committee will evaluate all aspects of the Community Paramedicine program. The paramedicine program is likely to evolve as the committee better understands how paramedicine can bridge the gap in primary care services.

To identify the target patient population, Fisher-Titus and North Central EMS identified the top emergency department utilizers and those that requested 911 services seven (7) or more times in one year. These lists were cross-referenced to identify the initial patients to benefit from Community Paramedicine visits. Additional patients are identified by EMS personnel, Case Managers in the Quality Department, ED Navigators, social workers, Chronic Care Navigators in outpatient offices and physicians. High risk patient criteria was developed to identify those patients appropriate for Community Paramedicine Services (*Appendix B*). Additional patients are identified upon in-patient discharge by the Care Management Team. The referring department fills out a Patient Referral Form (*Appendix C*) and submits the form via the Patient Referral Process (*Appendix A*).

Once a patient is identified, the Community Paramedicine Program is explained to the patient and consent for participation in the program is obtained (*Appendix D*). If that patient

agrees to participate, an individualized wellness plan will be created for care that includes disease specific information and action/interventions for the patient to follow. All patients meeting Community Paramedicine criteria are referred to North Central EMS. Upon referral, an in-home visit by a Community Paramedic is scheduled within 72 hours. The Community Paramedic reviews the referral form to ensure the requested care is within the paramedic scope of practice and calls the patient to coordinate the in-home visit. The patient is given a four (4) hour window in which the paramedic will visit their home. The paramedic calls the patient when they are in route to their residence.

Care given during a Community Paramedicine visit greatly varies depending on the needs of the patient. During all visits, a health assessment with basic vitals is documented and medication is reconciled. If necessary, following the health assessment, the paramedic utilizes the North East Ohio Regional Protocols to provide interventions. An SWI for physician contact during a visit was developed for those instances when the paramedic deems a higher level of care to be necessary, including calling 911 for transport to the emergency department, utilizing telemedicine and calling the patient's primary care provider (*Attachment E*). The Community Paramedic also references the patient's discharge instructions and/or physician's instructions to ensure these directives are being followed. Medications are also reviewed to ensure the patient has their medications filled and are taking them appropriately. The paramedic ensures the patient's follow-up visits are scheduled and that they have transportation to those appointments. If transportation is a barrier to care for a patient, North Central EMS works with Fisher-Titus Medical Center to coordinate and provide those services. All interventions and patient status updates are thoroughly documented and available immediately for review by the patient's care team. All patient care reports are faxed to the patient's primary care physician (PCP) within 24 hours of the visit. A flat fee per visit of \$150/visit was established. All visits are invoiced monthly to the referring agency.

Staffing Model

In the initial stages of the Community Paramedicine program, North Central EMS is using the three (3) Shift Supervisors and the Supervisor of Operations, all licensed paramedics, to perform the scheduled in-home paramedicine related visits. No additional staffing was required for the initial anticipated volume. All Community Paramedics are enrolled in the Columbia Southern University Certified Community Paramedic Review Course. This is a 10-

week, self-paced course that is administered by the International Board of Specialty Certification (IBSC) and is designed to ensure competency of paramedics beyond traditional emergency care. This course will also prepare the Community Paramedics to pass the NCAA-accredited Community Paramedic Certification (CP-C) Exam that will be a requirement for all Community Paramedics at North Central EMS in the future. The job description for paramedics was expanded to include duties required of Community Paramedicine (*Attachment I*).

As the program grows, additional staffing will be required. As it becomes necessary, experienced paramedics at North Central EMS will be trained as Community Paramedics. A business case has been completed to determine that a full-time Community Paramedic will be needed when 20 referrals per week are consistently being received. Marketing to other local hospitals in North Central Ohio has begun but so far no referrals have been received outside Fisher-Titus Health. Fisher-Titus Health, Firelands Regional Medical Center, The Bellevue Hospital and Magruder Hospital are all members of the North Coast Healthcare Collaborative (NCHC) and work jointly to improve access to healthcare and the overall well-being of North Central Ohio. With their support, North Central EMS would expand to provide Community Paramedicine support for their organizations as well.

The Rural Community Paramedicine Program is managed by North Central EMS Director, Ashley Ballah who works collaboratively with the Care Navigation Team and physicians at Fisher-Titus Medical Center. The program is overseen by the North Central EMS Medical Director, Dr. Matthew Roehrs, Emergency Department Physician at MetroHealth System based out of Cleveland, Ohio and Dr. Gary Moorman, Chief Medical Officer at Fisher Titus Health. Karen Dickenson, Vice President of Quality for Fisher-Titus Health will help with the Care Navigation and quality metrics of the program. A complete program organizational chart can be found in *Appendix L*.

Program Overhead

North Central EMS had many of the resources that were necessary to implement a Community Paramedicine Program. The program was designed to utilize single unit personnel. Initially, the program utilizes Paramedic Shift Supervisors that operate in a Command Unit, a Ford Explorer responder unit. North Central EMS currently has two (2) responder units available for this purpose. The Command Units are equipped with much of the equipment stocked in an ambulance. The only supply purchased to implement the program was scales to

allow for the paramedic to check a patient's weight. As the program expands, additional staffing will be necessary and additional Command Units with equipment will be purchased. A summary of the overhead expenses of the program are as follows (expenses will be variable based on volumes):

- Paramedic Salary/Benefits \$65,000/year
- Command Unit \$40,000/each
- Toughbook \$1,200/each
- Internet Modem \$360/year
- Certified Community Paramedic Review Course \$295/each
- Scales \$20/each

Fisher-Titus Health has multiple resources available to a diverse patient population. Some examples of resources available to improve communication are utilizing interpreters for language barriers as well as an iPad for interpretation services for those patients that are not English speaking. Literacy issues (reading and/or writing) are addressed by applying the "Teach Back" Method. The Teach Back Method is a teaching technique that has the patient explain what they were taught to help determine their understanding of a topic. All disease specific education is completed in a 6th grade language. Furthermore, all Fisher-Titus employees, including employees of North Central EMS complete culture competencies upon hire and on an annual basis.

Metrics

The Community Paramedicine Program is aimed to reduce the gaps in primary care services. These gaps are thought to be the culprit for high hospital readmission rates as well as overutilization of the Emergency Department and 911 System. By identifying these gaps in healthcare services, the goal of the Community Paramedicine Program is to save healthcare dollars by providing care in the appropriate setting at the appropriate time. Although the readmission rates at Fisher-Titus has varied there has been an overall reduction in the readmission rate. This is in part-due to the Community Paramedicine program but is due to a combination of efforts at Fisher-Titus.

Since inception of the Community Paramedicine program in March 2020, there have been 695 referrals to Community Paramedicine and 592 visits completed (as of July 2022). There have also been 12 Telehealth Assist visits completed.

Barriers

There were multiple unanticipated barriers identified upon implementation of the Community Paramedicine program. The first was patient compliance. Most patients were willing to schedule a paramedicine visit upon hospital discharge. However, when calling the patient to confirm the appointment the patient or their family would cancel the visit for various reasons, most frequently because they were feeling better and did not see a need for the visit. At one time, the visit cancellation rate was 50%. Additionally, there were many visits in which the paramedic went to the residence for the visit and the patient was not home. The workgroup strategized how to improve upon this. The discharge team gave a more detailed overview of the program and its importance upon discharge and appointment reminder cards were created and given to each patient with their discharge instructions. Also, if a visit was cancelled, the NCEMS dispatchers would report this to the quality team who would contact the patient to stress the importance and necessity of the visit in an attempt to reschedule. This reduced the cancellation rate but not as much as the team had hoped.

Another challenge that has occurred is difficulty contacting patients to set up Community Paramedicine visits. Multiple visits have been cancelled because a patient is out of their monthly minute allowances on their cell phones, their voicemail is full or they do not return our calls. After multiple attempts the visit must be cancelled.

It was brought to our attention that the physicians felt the referral process was tedious. We worked with the physicians to make the referral form more user friendly. To improve the efficiency of the referral process, a “task” was generated when a physician orders a Community Paramedicine visit in Cerner. The task alerts the office staff to fill out a referral form for the patient. This also helps to remind the physician that this service is available.

The last challenge has been the inconsistency of referrals. The referral volumes trend similarly to the hospital census which makes sense. There are time periods when a full-time Community Paramedic would be justified but then times when there are only a few referrals each week. During times of peak referral volumes, it is a challenge to have the current staff keep up with these visits. The additional staffing expense cannot be justified until referral volumes are more consistent. EMS crews have begun to assist with visits, as needed, to help when there is a high volume of referrals.

Program Sustainability

The expense of each Community Paramedicine Visit is estimated to be \$120, based on expense calculations and comparison to home health expense data. North Central EMS bills \$150/visit to the referring agency. The slight margin allows for North Central EMS to reinvest into resources to sustain the program and assists in compensating for potential lost 911 revenues due to Community Paramedicine service availability. The cost per visit will be evaluated on an annual basis during the budgeting process.

In 2019, Fisher Titus Health lost approximately \$87,778 (all payors) due to claim denials. Fisher Titus Health was also penalized \$69,322 for not reducing hospital readmissions. This equates to over \$13,000 per month in penalties. Based on projections, the expense of 15 Community Paramedicine visits to the referring agency is \$2,250/month (\$27,000 annually). If the Community Paramedicine Program is successful in reducing misuse of the ED and reducing hospital readmissions, the program will save the health system thousands of dollars annually. Fisher-Titus leaders report that the Community Paramedicine visits have a great value in preventing readmissions and misuse of the Emergency Department.

Lessons Learned

Although COVID-19 slightly interrupted the process of implementing the program, the availability of paramedicine visits was also a great advantage. Multiple patients chose not to seek care with their primary care physician or through the ED because of COVID-19. These patients were accepting of a Community Paramedicine visit. Those patients were rendered care that previously would not have been an option in these circumstances.

The Community Paramedics are also reporting that a single paramedicine referral likely will not be enough to prevent a readmission and reduce 911 and/or ED visits. We are working with the Care Management Team at Fisher Titus to establish a program versus a single visit for patients. The goal would be to not only include paramedicine visits in the program but also visits from dietary, occupational health, pharmacy, etc. to optimize the services rendered to each patient.

Fisher Titus Health launched Telehealth services at the beginning of the pandemic. The Vice President of Ambulatory services reported that there have been barriers to technology noted since implementation. He reported that patients either do not have the appropriate technology, do not have Internet access or are not proficient with the technology. In response, the Community Paramedicine program was expanded to include Telehealth Assists. When

technology barriers are discovered at the time of scheduling a telehealth visit, the primary care provider refers the patient for a Telehealth Assist. At the patient's scheduled appointment time, a Community Paramedic reports to the patient's residence. The CP brings their toughbook into the patient's home and sets up the telehealth visit. The CP remains in the home until the visit is complete. If requested, the CP assists the physician with patient vitals, medication reconciliation, etc. The Telehealth Assist option has been a successful method of capturing important patient wellness and follow up visits.

The Community Paramedics have access to Cerner, the Fisher-Titus Medical Center EMR. This has been a great advantage in reviewing patient history prior to Community Paramedicine visits and having access to the patient's medication list. They are also able to identify if a patient's discharge plan has changed and if the scheduled visit needs to be delayed due to the patient still being admitted to the hospital.

Due to the COVID-19 Pandemic, on August 21, 2020 the Ohio Department of Public Safety released that the State Board of Emergency, Medical, Fire and Transportation (EMFTS Board) passed a motion to allow EMS certificate holders to administer vaccinations so long as the route of administration is within the scope of practice. North Central EMS and Fisher-Titus Health worked with MetroHealth Medical Direction to add a vaccination protocol, add vaccinations to the North Central EMS pharmacy license and complete vaccination administration competencies. Fisher-Titus Health sees value in North Central EMS being able to provide both the Influenza and COVID-19 vaccination via Community Paramedicine.

Due to an increase in hospital readmissions and ED visits for COVID+ patients, Fisher-Titus Medical Center began referring all COVID+ hospital discharges to the Community Paramedicine program in November 2021. Many of the services these patients return for can be completed as an outpatient. Upon discharge, all patients in this category will be referred for Community Paramedicine visits weekly for 2 weeks, 3-4 weeks for elderly patients. Each visit will include a pulse oximetry reading, respiratory assessment and Homan's Assessment. COVID referral protocol was a huge success. Fisher-Titus reported at one time that they were experiencing approximately 10 COVID patient readmissions per week. After implementing the COVID referral protocol this went down to around 3 COVID readmissions per week. There were a few of these patients that were transported to the ED and admitted as a result of the paramedicine visit, but we still believe this to be a success because it provided care the patient

wasn't otherwise seeking. This was also an advantage when patients were discharged earlier than they usually would be due to the need for a hospital bed for a higher acuity patient.

Paramedicine visits helped to safely discharge these patients sooner than the physician would have liked by monitoring their condition regularly.



Community Paramedicine Patient Referral Process

1. Patient is recognized as high risk for hospital readmission, ED use or 911 use. Referrals are accepted from EMS, PCPs, Care Navigators, ED, etc. The Utilization Review Team performs a Risk Assessment.
2. The Utilization Review Team identifies a patient as High Risk. A Case Manager will contact patient to explain Paramedicine and consent for Paramedicine services completed. The Case Manager completes Community Paramedicine Order Form.
3. Field Operations Manager is sent completed Community Paramedicine Order Form via email. Patient needs during visit are discussed and approved by Field Operations Manager to ensure all care is within the paramedic scope of practice. Patient history is reviewed in Cerner prior to visit. If discharge instructions are not in Cerner, they will be obtained and reviewed prior to the visit.
4. Patient will be contacted directly by EMS to schedule the visit. The patient will be given a four (4) hour window for their scheduled visit. Paramedic will call the patient when they are in route to their residence.
5. Patient care report will be completed in Zoll. The paramedic that completes the visit will ensure the patient's Primary Care Provider is faxed the report within 24 hours.

Appendix B



Community Paramedicine High Risk Patient Criteria

- High Risk for readmission to the hospital as determined by the MCG readmission risk score and refuses post-acute care services.
- One or more chronic illnesses and does not have a follow up visit within 7 days.
 - CHF, COPD, Diabetes, HTN, END STAGE KIDNEY DISEASE
- More than 2 ED visits within 30 days.
- Determined high risk for readmission to hospital and fails to report to provider for follow up appointment.
- Determined high risk for readmission, given orders for home health but refuses visits or does not meet home bound status.

Appendix C

Patient Referral Form

Referral Date	Please fax completed form and facesheet to 419-499-2216	
Patient Name: Last	First	MI
Date of Birth	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Address		
City	State	Zip Code
Phone Number		

REFERRAL TYPE

<input type="checkbox"/> Community Paramedicine <u>Required:</u> <input type="checkbox"/> Post-Discharge Follow-Up <input type="checkbox"/> PCP Referral <input type="checkbox"/> High Risk for Readmission (i.e. CHF, COPD) Reason _____ <input type="checkbox"/> Non-Compliant <input type="checkbox"/> Other _____	<input type="checkbox"/> Telehealth Assist (No patient care needed, technology assistance only) Please send telehealth visit links to telehealth@northcentralems.com Appt Date/Time: _____ <u>Required:</u> <input type="checkbox"/> Barriers to Medical Care (i.e. lack of Internet access) <input type="checkbox"/> Non-Compliant <input type="checkbox"/> Other _____
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LABORATORY SPECIMEN COLLECTION

<input type="checkbox"/> Blood Draw Requested Labs/Blood Tubes: _____ <input type="checkbox"/> Urine Collection

ADDITIONAL SERVICES

<input type="checkbox"/> Weight Check <input type="checkbox"/> Medication Reconciliation <input type="checkbox"/> EKG	<input type="checkbox"/> Home Safety Inspection <input type="checkbox"/> Other: _____
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PCP - Required

Primary Care Provider: _____ Fax Number: _____ <i>Community Paramedicine Patient Care Report will be faxed to this number.</i>	Form Completed By (if not PCP): _____
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All visits will be accomplished as soon as possible but generally within 24-72 hours. All services provided must be within the scope of practice of a paramedic as described in ORC 4765-17-03. Paramedics will verify that orders fall within this scope of practice and will contact you if orders need clarification or further instruction.

Updated 4/2021

Appendix D



Community Paramedicine Informed Consent

1. I understand my health care provider wishes me to engage in Community Paramedicine Services.
2. I understand that Community Paramedicine is an in-home visit by a qualified Paramedic and hereby consent to North Central EMS providing health care services via Community Paramedicine.
3. I understand that the Patient Care Report documentation following a Community Paramedicine visit will be shared with my primary care physician and be maintained as part of my medical record at Fisher Titus Health.
4. I understand and authorize photographs of myself for the purposes of medical treatment be taken and kept in my medical record. These photographs will be used as deemed appropriate by the agency.
5. I have been provided the opportunity to ask questions in regards to this service. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language which I understand.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Signature of Patient / Representative

Date

Time

Signature of Witness

Date

Time



Community Paramedicine Physician Contact While at Visit

If a patient's vital signs are abnormal according to the *Northeast Ohio Regional EMS Protocol* guidelines, the patient's Primary Care Physician must be contacted, including, but not limited to the following abnormalities:

- Fever higher than 101°
- Low Heart Rate
- Increased Blood Pressure
- Increased Respirations/Difficulty Breathing
- Abnormal Heart/Lung Sounds

If the Community Paramedic is at a visit with a patient and a physician needs to be contacted immediately, but the ordering physician is not available, always begin by calling the ordering physician first. If they are unavailable, proceed through the call down list in the order provided below.

- Call the ordering physician's on-call service
- Call the ambulance service's medical control at the nearest hospital
- Call the ambulance service's medical director or medical director on call



Community Paramedicine Home Safety Assessment

PURPOSE: The home safety assessment is designed to provide a detailed walkthrough of the client's home, identify safety hazards and make recommendations when needed.

PROCEDURE: The Community Paramedic will look at many factors that have been shown to cause injuries to members of the home, especially the very young and elderly. With a specially designed checklist, *Home Safety Assessment Checklist*, the assessment begins at the driveway or walkway and ends at the back yard. Note, this assessment is not a mechanical inspection of the home and is not designed to look at the safety of electrical wiring, hot water heaters, plumbing or any other mechanical features of the home. Rather, it is designed to focus on things such as trip hazards, kitchen safety, adequate lighting in the home and in walk areas, grab bars and lift handles if applicable, and other notable safety features. The Community Paramedic will use interview techniques to assess the client's general well being in the home, and evaluate if basic needs are met. The Community Paramedic will assess such necessities as adequate food, cleanliness, clothing, shelter, companionship, supportive social network, ability to obtain prescription medications (financially and physically in terms of being able to retrieve/open them), and other important activities of daily living.

A Community Paramedic does not perform the role of a physical therapist and will therefore not be analyzing the persons gait or movement, nor advising about exercises or physical therapy. If a Community Paramedic notices the client is having difficulty moving around, they will document their observations on the *Home Safety Assessment Checklist*. The Community Paramedic will also document hazards found so the client can be referred to the appropriate community resources.

Highlights of the *Home Safety Assessment Checklist* will be included in the narrative of the Patient Care Report. Any concerns will be noted by the Community Paramedic. The full *Home Safety Assessment Checklist* will be available upon request.

Appendix G

Home Safety Assessment Checklist

Date of Visit: _____ Assessment Completed By: _____

Occupant Name: _____

Primary Caregiver: _____

Full-time/Live-In: ☐ Yes ☐ No

Relationship to Patient: _____

OUTSIDE OF RESIDENCE

Yes No N/A

Sidewalk and/or pathway to house is level and free from hazards.

☐ ☐ ☐

Driveway is free from debris/snow/ice.

☐ ☐ ☐

Porch lights are working and provide adequate lighting.

☐ ☐ ☐

LIVING ROOM

Furniture is of adequate height.

☐ ☐ ☐

Furniture has arm rests that assist in getting up and down.

☐ ☐ ☐

Floor is free from clutter that would create tripping hazards.

☐ ☐ ☐

All cords are secured in a manner that does not cause trip hazards.

☐ ☐ ☐

All rugs are secured to floor with double-sided tape.

☐ ☐ ☐

Lighting is adequate to light the room.

☐ ☐ ☐

Phone is readily accessible near favorite seating areas.

☐ ☐ ☐

Emergency numbers are printed near all phones in the home.

☐ ☐ ☐

KITCHEN

Items used most often are within easy reach on low shelves.

☐ ☐ ☐

Step stool is present, is sturdy and has handrail.

☐ ☐ ☐

Floor mats are non-slip tread and secured to floor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oven controls are within easy reach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen lighting is adequate and easy to reach switches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABC fire extinguisher is located in kitchen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STAIRS

Carpet is properly secured to stairs and/or all wood is properly secured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handrail is present and sturdy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairs are free from any clutter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairway is adequately lit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BATHROOM

Tub and shower have a non-slip surface.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tub and/or shower have a grab bar for stability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet has a raised seat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grab bar is attached near toilet for assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathway from bedroom to bathroom is free from clutter and well lit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BEDROOM

Floor is free from clutter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light is near bed and is easy to turn on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone is next to bed and within easy reach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flashlight is near bed in case of emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL

Smoke detectors in all areas of the house (each floor) and tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CO detectors on each floor of house and tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Flashlights are handy throughout the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical information readily available for emergency providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home has adequate heating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All heaters are away from any type of flammable material.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home has adequate cooling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home is free of narrow and/or obstructed doorways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous materials are properly stored, including oxygen cylinders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home has running water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home is free of insects/rodents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resident has non-skid shoes to move around home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All assisted walking devices are readily accessible and in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupant has the proper hearing and visual aids prescribed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPPORT

All medications are properly stored and labeled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is able to obtain prescription medications (financially & physically).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is able to retrieve and open prescriptions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has adequate food within the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has adequate clothing, appropriate for the season.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has companionship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a supportive social network.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DISCHARGE FOLLOW UP

Patient discharge instructions are being followed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------

Recommended follow up appointments are scheduled.

☐ ☐ ☐

Has transportation to follow up appointments arranged.

☐ ☐ ☐

COMMENTS

Signature of Resident: _____

Signature of Paramedic: _____

Appendix H



Community Paramedicine General UTI Assessment

Purpose: To perform an evaluation of a patient to determine if they may have signs/symptoms of a urinary tract infection (UTI).

Procedure: Any patient with at least two of the following signs/symptoms of a UTI will require a call to the ordering physician:

- Fever/Chills
 - The Primary Care Physician will be contacted for any patient presenting with a fever greater than 101°.
- Dysuria
- Urinary Frequency
- Foul smell to urine
- Change in color of urine

Appendix I



Community Paramedic Job Description

Job Title: Community Paramedic

Department: EMS

Delegated Authority: Field Operations Manager

Date Revised: 2/27/2020

Job Summary: The Community Paramedic is responsible to increase access to primary and preventative care in the local community. Operating in a non-emergent capacity through scheduled in home visits, the Community Paramedic provides a continuum of care for those with barriers to medical care and those underserved populations in our community.

The Community Paramedic's job function is to administer Basic and Advanced Life Support level pre-hospital care and treatment within the limits defined by the State of Ohio law and North Central EMS' Medical Director. The Community Paramedic is an extension of the EMT-Paramedic and must utilize Basic and Advanced EMT level skills with every patient he or she is administering care. Therefore, the "Emergency Medical Technician" and "Emergency Medical Technician – Paramedic" duties and responsibilities are adopted into the "Community Paramedic" job classification and specific duties will only be presented further.

Responsibilities and Duties:

- Develops, directs, delegates, and participates in the plan of both BLS and ALS patient care utilizing both written medical guidelines as established by NCEMS' Medical Director.
- Is proficient in Basic and Advanced Life Support levels of patient care, and able to integrate each effectively to produce optimal patient care.
- Adheres to North Central EMS' Community Paramedicine Policies and Procedures.
- Schedules paramedicine visits within 24 hours upon receipt of referral and complete paramedicine visit within 72 hours upon receipt of referral.
- Verify patient care referrals are within the Scope of Practice for a paramedic, as defined by the State of Ohio.
- Provide care that is observant and responsive to patient needs as they arise.
- Assures the presence and functionality of ALS level equipment and its replacement and restocking if used.
- Assumes responsibility and accountability for the standard of medical care delivered to patients.

- Assumes responsibility for proper documentation of patient care.
- Assumes responsibility for proper disposal and/or cleaning of contaminated material in compliance with State rules and regulations.
- Maintains an active participation in continuing education assuring a high level of job proficiency on a theoretical and practical basis and sufficient State of Ohio continuing education recertification hours.
- Performs other job related duties as may be assigned or required to allow for the smooth and efficient operation of North Central EMS. This includes but is not limited to assigned Class A Paramedic responsibilities.
- Maintains patient confidentiality as per the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Minimum Qualifications:

- Must be currently certified in the State of Ohio as an EMT-Paramedic.
- A certification in Community Paramedicine is recommended.
- Must have a current Advanced Cardiac Life Support provider certificate from the American Heart Association.
- Must have a current Basic Cardiac Life Support provider certificate from the American Heart Association.
- Must be knowledgeable regarding the State of Ohio's laws regarding the function of EMT's & Paramedics.
- Must have a valid State of Ohio Driver's license.
- Must be 21 years of age or older.
- Must have maintained a driver's license for at least the previous two years.
- Must keep a clean driving record.
- Any points against license must be reported and could be due cause for dismissal.
- All employees must also meet all requirements imposed by the state and federal governments with respect to individuals involved with medical transportation, as well as all requirements of North Central EMS' insurance provider.
- Must physically be able to fulfill the role of EMT-Paramedic, with or without reasonable accommodation which includes, but is not limited to lifting & moving patients.
 - Weighing up to 150 pounds without assistance.
 - Weighing up to 300 pounds with assistance of one other crew member.
- Suggested to have a minimum of 5 years prior Paramedic experience with an emergency medical service and a minimum of 2 years' experience as a Class A Paramedic at North Central EMS.

The above statements are intended to describe the general nature and level of the work being performed by people assigned to this work. This is not an exhaustive list of all duties and responsibilities associated with it. North Central EMS management reserves the right to amend and change responsibilities to meet business and organizational needs.

Appendix J



Dear NCEMS Patient,

Our goal at North Central EMS is to provide our patients with the highest quality health care. One of the best ways to do this is to ask our patients what we are doing right and what may need improvement. The enclosed survey asks about the recent care you received from North Central EMS. By sharing your thoughts and feelings, you can help us improve the care we provide. Please take a few minutes to complete the survey and return it in the postage-paid envelope.

Your answers will be used for quality improvement and may be used for research purposes.

Thank you in advance for completing this survey. Your participation is voluntary and will not affect future care provided to you by North Central EMS. If you have questions about this survey or other questions about the care you were given, please call 419-663-1367.

Sincerely,

Ashley Ballah
Director, North Central EMS

Appendix K

NCEMS Patient Satisfaction Survey

Please fill out the following survey regarding your recent interaction with NCEMS.

Date of Visit _____

Patient Name _____

Address or Location of Call _____

Please rank the following areas to assess your level of satisfaction with the following aspects of your care:

- *Professionalism of NCEMS personnel*

<i>Very Satisfied</i>	<i>Satisfied</i>	<i>OK</i>	<i>Disatisfied</i>	<i>Very disatisfied</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- *NCEMS personnel's knowledge of your concerns*

<i>Very Satisfied</i>	<i>Satisfied</i>	<i>OK</i>	<i>Disatisfied</i>	<i>Very disatisfied</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- *Quality of care provided by NCEMS personnel*

<i>Very Satisfied</i>	<i>Satisfied</i>	<i>OK</i>	<i>Disatisfied</i>	<i>Very disatisfied</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- *Concern NCEMS showed for your questions*

<i>Very Satisfied</i>	<i>Satisfied</i>	<i>OK</i>	<i>Disatisfied</i>	<i>Very disatisfied</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- *Degree to which NCEMS personnel explained the procedures they performed*

<i>Very Satisfied</i>	<i>Satisfied</i>	<i>OK</i>	<i>Disatisfied</i>	<i>Very disatisfied</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- *Overall satisfaction with the service you received from NCEMS*

Very Satisfied *Satisfied* *OK* *Disatisfied* *Very
disatisfied*

☐ ☐ ☐ ☐ ☐

Please offer any additional comments in the space provided below.

Do you wish to be contacted regarding this survey?

Yes ☐ No ☐

Contact Information (optional)

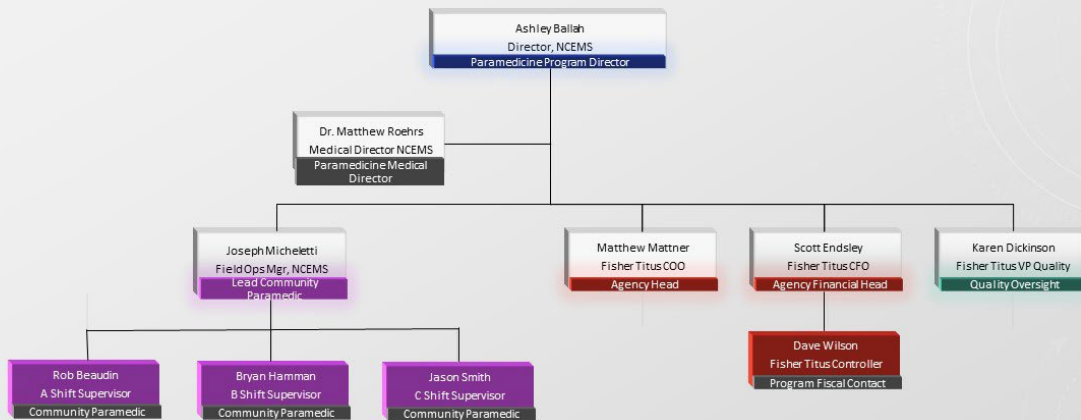
Name _____

Phone number _____

We appreciate your time and thank you for completing our survey.

Appendix L

NCEMS COMMUNITY PARAMEDICINE ORGANIZATION CHART



2020 Community Paramedicine Performance Improvement Projects



Department: NORTH CENTRAL EMS

Quarter/Report Date: _____

Performance Improvement Project #1	Threshold	Summary Of Progress
Reduce Hospital Readmissions	6.1%	
Rationale for Project: The CP Program is aimed to reduce gaps in primary care services that are thought to be the culprit for hospital readmission rates. Fisher Titus has a higher readmission rate than the national average.	Baseline	
	9.1%	
Responsible Person: Ashley Ballah – Director of North Central EMS Timeline: Q1: February 1, 2020 through April 30, 2020 Q2: May 1, 2020 through July 31, 2020	Measurement Data 2020:	Q1: _____
		Q2: _____

Performance Improvement Project #2	Threshold	Summary Of Progress
Reduce Medicare Hospital Readmission Rate	11%	
Rationale for Project: The CP Program is aimed to reduce gaps in primary care services that are thought to be the culprit for hospital readmission rates. Fisher Titus has a higher readmission rate than the national average. In 2019, Fisher Titus was penalized \$69,322 by Medicare for not reducing readmissions.	Baseline	
	14.9%	
Responsible Person: Ashley Ballah – Director of North Central EMS Timeline: Q1: February 1, 2020 through April 30, 2020 Q2: May 1, 2020 through July 31, 2020	Measurement Data 2020:	Q1: _____
		Q2: _____

Performance Improvement Project # 3	Threshold	Summary Of Progress
Reduce top 10 ED utilizer's annual ED visits by 50%.	Average <15 visits/patient	
Rationale for Project: The CP Program is aimed to reduce gaps in primary care service that are thought to be the culprit for unnecessary ED visits. The top 10 ED utilizers in 2019 totaled 300 visits, averaging 30 visits per patient.	Baseline	
	30 visits/patient	
Responsible Person: Ashley Ballah – Director of North Central EMS Timeline: Q1: February 1, 2020 through April 30, 2020 Q2: May 1, 2020 through July 31, 2020	Measurement Data 2020:	Q1:
		Q2:

Performance Improvement Project #4	Threshold	Summary Of Progress
Reduce 911 volumes in Huron County by 5%.	<4,309	
Rationale for Project: The CP Program is aimed to reduce gaps in primary care services that are thought to be the culprit for unnecessary 911 utilization. In 2019, North Central EMS responded to 4,536 911 calls in Huron County.	Baseline	
	4,536	
Responsible Person: Ashley Ballah – Director of North Central EMS Timeline: Q1: February 1, 2020 through April 30, 2020 Q2: May 1, 2020 through July 31, 2020	Measurement Data 2020:	Q1:
		Q2:

