

Mobile Integrated Healthcare Community Paramedicine



EMERGENCY MEDICAL SERVICES
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Joint Vision Statement

*In its simplest definition, **Mobile Integrated Healthcare (MIH)** is the provision of healthcare using patient-centered, **mobile** resources in the **out-of-hospital** environment.*

*It may include, but is not limited to, services such as providing **telephone advice** to 9-1-1 callers instead of resource dispatch; providing **community paramedicine (CP)** care, chronic **disease management**, **preventive** care or post-discharge **follow-up visits**; or **transport** or **referral** to a broad spectrum of appropriate care, **not limited** to hospital emergency departments.*

Joint Vision Statement

- Authors
 - The National Association of Emergency Medical Technicians
 - National Association of EMS Physicians
 - National Association of EMS Educators
 - National Association of State EMS Officials
 - American College of Emergency Physicians
 - Other partnering organizations

Purpose

- Provide Support and Referrals
 - Recently Discharged
 - At Risk of ED Return or Hospital Readmission
 - Targeted Populations
 - Asthma/COPD, CHF, Diabetes, Substance Abuse, Etc.
 - High System Utilizers
 - EMS, ED, Hospital, Social Services
 - Underserved Populations

Purpose

- Provide Options
 - Alternate Dispositions
 - Assess, Treat, Refer, and/or Release
 - Alternate Transport Destinations
 - Physician Office, Clinic, Urgent Care, Etc.
 - Others

Background

- Late 2012
 - OhioHealth EMS Leads OhioHealth System Efforts
 - Exploring Mobile Integrated Healthcare
 - Identifying the role of Community Paramedics
 - Evaluating new and innovative care models

Implementation

- Successful Patient Pilot
 - Columbus Division of Fire
 - Targeted Learning
 - Training and education with nurse specialists
 - CHF clinic practicum
 - Expanded Role Paramedics
 - Functioned with and under the on-scene direction of the Associate EMS Medical Director
 - Not an Expanded Scope

Implementation

- Successful Patient Pilot
 - CHF Patients
 - Home-based visits
 - Successes
 - Destination Diversion
 - 1 patient from ED transport (i.e. potential hospital readmission) to CHF Clinic
 - Good catch
 - 1 patient called 911 due to CP team education about possible weight gains

Provider Education

OhioHealth EMS to host the first comprehensive community paramedic course in Central Ohio.

- Classroom
 - Approximately 100 Hours
- Practicum
 - Approximately 125 Hours
- Course Information
 - Registration and Prerequisite Information TBA

Provider Education

- Content Areas
 - Advanced Medical Life Support
 - Behavioral Health
 - Case Management
 - Chronic Disease Management
 - Community and Public Health
 - Community Resources
 - Congestive Heart Failure and Coagulation Management

Provider Education

- Content Areas
 - Continuum of Care
 - COPD and Pulmonary Disease
 - Cultural Competence
 - Diabetes and Endocrine Disease
 - Geriatric Emergency Medical Services (GEMS)
 - Healthcare Disparities
 - Healthcare Documentation

Provider Education

- Content Areas
 - Healthy Lifestyles and Wellness
 - Home Healthcare
 - Hospice
 - Infusion Therapy
 - Port and Catheter Assessment
 - Interdisciplinary Healthcare
 - Nutrition

Provider Education

- Content Areas
 - Palliative Care and Pain Management
 - Patient Advocacy
 - Patient Collaboration
 - Patient Capacitance and Transformational Change
 - Patient Resource Management
 - Primary Care

Provider Education

- Content Areas
 - Readmission Reduction
 - Renal Disease and Dialysis
 - Short-term Acute Care
 - Social Determinants of Health
 - Social Needs and Assessment
 - Substance Abuse and Addiction
 - Transitions-of-Care
 - Wound Management

Patient Visit Profile

- Introductions
 - Patient, Family, Paramedic
- Confirm and Discuss Reason for Visit
 - Discuss Background and Supporting Information
- Obtain Consents

Patient Visit Profile

- Identify Complaints
- Identify Acute vs Chronic Conditions?
- Identify Changes in Conditions?
- Determine Urgency?
 - Immediate Life Threat?
 - Immediate Corrective Action(s) Needed?
 - Objective Reason for Transport to ED?

Patient Visit Profile

- Review Past and Current History
 - Prior Findings
 - Primary and Secondary Diagnoses
 - Pertinent Negatives
- Identify Prior Hospitalizations and Visits
- Review Prior Plans of Care
- Review and Verify Medications and Compliance

Patient Visit Profile

- Verify Understanding of Prior Care Instructions
- Determine Self-Efficacy and Compliance
 - Prior Successes and Opportunities

Patient Visit Profile

- Identify Primary Care Physician
- Identify Other Physician Relationships
- Identify Hospital Relationships and Preferred Facility
- Identify Other Relationships
 - Non-Physician Caregivers, Home Health, Hospice, Public Health and Community Care, Outpatient Centers and Clinics, and Social Services

Patient Visit Profile

- Complete Clinical Assessments
 - Initial and Focused
- Complete Secondary Interviews and Assessments
 - Socio-cultural, Environmental, Nutritional, and General Needs
- Formulate Field Impression
 - Integrate pathophysiological principles and assessment findings

Patient Visit Profile

- Provide Patient Care
 - Protocol, Verbal Orders, Written Orders
- Review and Communicate Findings
 - Physicians, APPs, Nurses, Case Managers, Social Worker, or others
- Implement Plan of Care
 - New, Changed, or Continued

Patient Visit Profile

- Complete Patient and Caregiver Education
- Verify Understanding and Agreement to Comply
- Complete Documentation

Note: The unique circumstances of each patient episode will dictate the interaction, length of visit, etc.

Thoughts and Questions?

Thank You!

Mobile Integrated Healthcare Resources

OhioHealthEMS.com/communityparamedic

For Information, Contact

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