Community Paramedicine 2018

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My father was the Fire Chief for a local department when I was a kid, which is what set the tone for where I am today. I can remember running out the front door of my house when I heard sirens coming down the street. It was exciting, and I knew one day I would be on one of those trucks. When I was 14, I started in the Explorer Program at the same department my dad was Chief at. I stayed in the program until I was 17. I took a few years off, and then applied to be a volunteer in 1999.

Fast forward to today, I’m still employed at that same department as a part timer and I have been a full time Firefighter/Paramedic since 2003 at the City of Monroe Fire Department. Never in a million years would I have thought I would be in the position I am in today.

I have now been the Community Paramedic for almost a year, and I have learned a lot. As I began working in this new position, I realized pretty quickly I needed more information about my community. In the past, it was make a call and go back to the firehouse. Not so much anymore! As I listened to each speaker in the class talk about their CP programs, it was apparent that the majority of what they were speaking of, I was already doing. Yes, there were some ideas or programs that I’m not doing like car seat installations or being a lactation counselor, but for the most part of my CP program, their stories sounded familiar to what I am doing.

For the past couple of months, I guess you could say I’ve had the common misconception about the people who overdose. That was until we had class at the CAT house and Mr. Mike spoke. I listened intently to every word he said. In the hour or so Mr. Mike spoke about his background, addiction and now recovery, he changed the way I look at victims of overdose.
For a person who has never used drugs, it’s hard for me to understand just how controlling these opiates are. His words and his now positive attitude have shed light on the fact that these are people have fallen into a trap, and some are looking for a way out.

In my opinion, every community should have some sort of outreach program. This can be as simple as having “town hall” meetings or establish a QRT Program to bring the resources and treatment options to them. I think for Monroe, which sees a small number of resident overdoses; the QRT might be the best way to go. It gets police and fire out with a social worker in the neighborhoods and interacting with the public.

Like I stated above, Mr. Mike from the CAT House made an impact on me. This was a guy who was a junkie and actually stole from his mom to buy drugs as he hit “rock bottom” in his life. He was soft spoken, but got his point across to everyone in the room. He has literally turned his life around, and is now an asset to society, not a burden. His speech was inspirational to not only me, but to everyone else that was there that day.

I took a trip to Minnesota to ride along with North Memorial Hospital Community Paramedics. I didn’t know what to expect, but I kept an open mind. They have a very large, successful program which is nationally recognized as being the pioneer program for Community Paramedicine. They have the ability to do blood draws and can make changes to their patients’ medications in accordance with the PCP. They also have the ability to chart in EPIC, which is a game changer! Having EPIC access would be a huge benefit to my program.

North Memorial has been featured in many articles as well as videos and on the news, and continues to be the leader in Community Paramedicine. One aspect of their mission is to reduce visits to the ER. “A high percentage of 911 calls and emergency department visits are not life-threatening emergencies,” Tanghe said. “By working in coordination with primary care
clinics, community paramedicine helps people with chronic conditions get the care they need while also reducing unnecessary trips to the emergency room.” (“North Memorial Health Community Paramedicine,” 2017, para. 3).

This class gave me a lot of insight on what I need to do to make my Community Paramedic Program more successful. From getting your community stakeholders involved to having a community assessment done to establish what your residents are suffering from. From there, you can tailor your program to fit their needs. This was done in my community about 5 years ago and rendered valuable information. My Chief took that information and slowly started to create our program.

Reaching out to partner with a local hospital is one of our biggest goals. To be able to partner with a major company who has endless points of contacts and employ people who specialize in areas we are focusing on is invaluable. Funding is also something that could be considered. If we can save the hospital and insurance companies money by reducing readmissions, that could be a win across the board. Obviously, money is the name of the game and can make my program the best in the state if the partnership becomes official.

My Chief has been a huge advocate for this program and for me. He has assured me that my program has already made an effect on the community as well as our city leaders, and is not going away anytime soon. He understands Paramedicine is the future of EMS, and our department is the leader of this idea in our area.

At this point in my career, I cannot see myself doing anything else. I was on the truck for 15 years and was looking for a change of pace. The relationships I have established with my patients, their families, staff from nursing homes and hospitals, home health care staff, county elderly services, and so on is amazing. To be able visit with my patients, in the comfort of their
home and follow up with them after a major surgery or health event, has changed the way I see my patients and value the time I spend with them. If I can be an extension of their PCP while in the field and hopefully reduce their readmissions, it will do wonders for the community, the hospital and health care in general.

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References