Is Community Paramedicine Feasible for a Public Fire Department?

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EMS Legal Issues

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Certification Statement

I hereby certify that this paper constitutes my own product, that where the language of others is set forth, quotation marks so indicate, and that appropriate credit is given where I have used the language, ideas, expressions, or other writings of another.

Signed: __________________________
Abstract

With the recent push in Southwest Ohio to start a Community Paramedicine service, suburban fire departments are wondering if this is a program that would be beneficial to offer its communities. This paper will look into what a Community Paramedicine program contains, what other established Community Paramedicine programs have accomplished, what is needed to offer a program, and to see if offering a Community Paramedicine program is feasible for a suburban fire department to offer.
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Introduction

A medical transport crew is dispatched for a person complaining of general illness at two o’clock in the afternoon. Upon their arrival on the scene, they find a patient that is complaining of fever for 2 days and sore throat, and needs to be taken to the emergency department to get help. While the crew is enroute to the hospital, the dispatcher advises the crew that the hospital has just gone on diversion. The patient is advised about the diversion, but the patient still insists to be taken to that hospital because that is the hospital that their physician visits.

Arriving at the hospital, the medic crew is forced to standby with the patient until a room is made available, which takes 45 minutes. During this time, another medic unit is dispatched to cover a run which is a person that is unresponsive, possibly a cardiac arrest. The medic crew at the hospital knows the location as being less then a mile from their station. Rather then assisting a patient with a possible life threatening disease, they are standing by at a hospital that is overcrowded with other sick people, waiting for a bed for their patient.

This scene is to well known in the Emergency Medical Services (EMS). Usage of the EMS for non-life threatening calls is a new normal in which people use the emergency service as their gateway to primary health care service. Hospital emergency departments are being overrun by people looking for quick treatments rather then meeting with their primary care physicians.

Is there a way to circumvent the over usage of EMS for transport to a hospital, but still get sick or injured people the assistance that is needed?
There is a ambition to start using EMS personnel that have more advanced level of training to assist in the gap between using an emergency department and using a doctor’s office / clinic. The name is different in each locality, but the main focus is on community paramedicine. Community paramedicine is defined as:

“(a)n organized system of services, based on local need, which are provided by EMTs and Paramedics integrated into the local or regional health care system and overseen by emergency and primary care physicians. This not only addresses gaps in primary care services, but enables the presence of EMS personnel for emergency response in low call-volume areas by providing routine use of their clinical skills and additional financial support from these non-EMS activities.”

(US Department of Health and Human Services)

Within southwestern Ohio there has been a push to offer a community paramedicine course to personnel that would help in facilitating the certification process. There are, however, other issues that need to be addressed along with the educational portion. Within this paper, a look at just a few of the questions/areas of concerned will be addressed and it will hopefully provide a better understanding of what entails a Community Paramedicine program.

1. What are the training requirements to becoming a Community Paramedic?
2. What is other established community paramedicine agencies offering?
3. Is it feasible for a suburban fire department to offer a Community Paramedic program?
Scope of Practice

An item that needs to be discussed is what the Community Paramedic will be task on doing in the field. A Scope of Practice will need to be addressed prior to the start of any training. A Scope of Practice gives a person a list of tasks that can be performed by holding a certification. By using the Scope of Practice for Ohio (Ohio Public Safety - Division of EMS) certificates as an example, the educational body offering a course needs to have an understanding what tasks will need to be performed by this new training. The state of Minnesota had passed legislation on April 6, 2012 outlining the certification process for Community Paramedics (2012 Minnesota Statutes:The Office of the Revisor of Statues). To be eligible for certification three (3) items must be met:

1. Certified as a paramedic and have two years of full-time service as a paramedic.
2. Successfully complete a community paramedic education program that must include clinical experience.
3. Complete a board-approved application form

Minnesota took this certification and made it a state level of certification. On the other side, Wake County EMS, in North Carolina, has created its own certification by offering Advance Practice Paramedics.

Advance Practice Paramedics were in the original draft of NHTSA EMS Scope of Practice published in 2004. However, that term was removed in the 2005 and later updates to the document. Wake County EMS is a public EMS service which serves over 950,000 populations. (See Appendix A) The Wake County EMS service currently has 134 paramedics, which 14 are certified as Advanced Practice Paramedics. The program
was started “to deliver an experienced paramedic to the scene of all high acuity calls, and to develop a process by which individuals received the right care the first time and to avoid preventable hospital admissions.” Their certification process is through the local community college, and consists of 191 hours of classroom and 64 hours of clinical. The clinical includes learning quality assurance process and locations for patients with mental health and substance abuse to obtain medical attention. This service has worked well and is used as a model for other community paramedicine programs across the United States.

Even though an EMS services wants to start providing a community paramedicine program, they will need to have a medical director that wants to be a part of the community paramedicine program by establishing a Scope of Practice for the new advanced training. The medical director would need to have an excellent working relationship with the agency to determine what needs to be performed. Some of the tasks that community paramedics perform are: immunization shots, blood glucose monitoring, urinary catheterization, central line access, and blood product transfusions just to name a few. If a medical director deems it necessary, they can create a protocol listing the procedures and to ensure that the crews are properly train.

A question that is unclear at this point during the research: Is it necessary to have a state certification level for a Community Paramedic or is it up to the local / regional medical director to authorize paramedics to operate under another level of scope of practice? This question will need to be discussed at the state level to have an understanding of what the laws describe as scope of practice.
Is It Feasible to have a Community Paramedic Program for an Urban Fire Department?

The purpose behind community paramedics is to assist in filling in the gaps where care is hard to find. Within a suburban department, it is hard to find the justification for having a specialized person to be certified as a community paramedic. The biggest issue with community paramedicine is having a true working relationship with hospitals, clinics, specialist physicians, and primary care physicians. To get that type of support and relationship to work, every one of these areas would need to be on-board with the program. The suburban fire department would need to have access to personnel medical records to ensure that proper care is being followed.

With so many different hospital groups within southwest Ohio, getting an agreement between all of the hospitals on letting an outside fire department to have access to all of their medical records would be a legal nightmare. So this one little issue could cause the whole program to come to a halt.

On the good side, a community paramedicine program would have access to contacts and agencies that could provide services to a patient in need. That alone would be a great asset to any fire department agency even if they do not offer community paramedic personnel within their agency. There are patients within every jurisdiction that would be called “high frequency” users of EMS service. If there was a clearinghouse of contact information that would be disseminated out to these fire departments that could list available services, contact information, and the criteria of accessing these services would be greatly improve the EMS service and even possibly decrease the usage emergency departments.
The Union Township Fire Department has started to use a service called Clermont County Mobile Crisis Team. This service has only been in service since the fall of 2012, and has reduced the transport of patients that needed other services. If a crew deems that a person might need this, the crew will talk to the patient advising them of the service and fill out a referral form indicating the reasons behind the referral. (See Appendix B) With this action, the fire department has been able to redirect frequent use patients to other means of treatment other than using EMS.

It is important that communication keeps improving between fire departments that provide EMS service and other healthcare agencies. For the purpose of community paramedicine within a suburban fire department is at this time not warranted. Fire departments across the United States are being asked to perform more tasks while having fewer personnel. Departments are now tasked at performing public education, fire safety inspections, hydrant maintenance, school partnership programs, senior service inspections, public assists, report writing, trainings, and still be able to respond to emergency details. Adding another service that would be absorbed by the fire department budget would be asking a lot.

However, it is important to point out that community paramedicine does have an area of need. These are usually agencies that have a large population or a large coverage area. These agencies were able to see a benefit in a community paramedicine program where it would be able to assist in mitigating medical issues before the need for an emergency service. With larger agencies that have well established funding from hospitals, or tax base, they are able to offer the service to help alleviate over usage of the service that they provide. The most appropriate service would be one that is attached to a
large medical facility that could possibly have the resources to offer those types of services.
Appendix A

Wake County EMS Questionnaire

Agency Name: Wake EMS System
Agency Contact Person: Michael Bachman
Agency Contact Information: mike.bachman@wakegov.com

Demographics Information

Population Covered by Agency: 950,000
Area Covered by Agency (sq mile): 835
Total Operating Budget of Agency: 23 million
Total EMS Incidents/Calls Last Year: 85,000
Total Incidents/Calls/Contacts that were made by Community Paramedic/Advance Practice Paramedic Personnel: 10,886

Total Units (Transporting and Non Transporting) within the agency:
   Ambulances: 40
   Engines:
   Staff Vehicles:
   Aerial Apparatus:

Personnel Certifications (Numbers Certified within Agency)
   Paramedics: 134
   Community Paramedics: 14
   Advance Paramedics: advanced and community paramedics are the same
   EMT-I:
   EMT-B: 32
   EMR:

Under what platform does the Agency Operate?
☐ Fire Department that provides EMS Services
☒ Public EMS Service
☐ Privately owned EMS Service
☐ Subscription based EMS Service
Hospital / Health Care based EMS Service

Questionnaire

All of the questions below relate to the Community Paramedicine / Advance Practice Paramedic service/program that is currently in place within your agency. At the end of the questionnaire is a comments section in which you can place more thoughts or ideas about the agencies program that were not included within the questionnaire.

1. Why did your agency start a Community Paramedicine (CP) / Advance Practice Paramedic (APP) service?
   a. to deliver an experienced paramedic to the scene of all high acuity calls, and to develop a process by which individuals received the right care the first time and to avoid preventable hospital admissions

2. How long has the agency provided the service?
   a. 30+ years for the EMS system 4 years for the APP program

3. How were personnel selected at the start of the service? Was it voluntary? Performance based? Describe.
   a. voluntary to attend training then selected through an assessment center process

4. What training is required to become a CP /APP within the agency?
   a. Is there State Certification for the position?
      □ YES  ☒ NO
   b. What Accredited Educational Facility did your personnel attend initially?
      i. Through the local community college
   c. Training Hours
      i. Classroom:191
      ii. Hands On:64
         1. What type of Hands on Training is required? (Clinics, Physician Office, Hospital, etc)
            a. clinical time learning quality assurance process, locations for patients with mental health and substance abuse
5. Did any laws (Municipality, State, and/or County/Regional) need to be passed so the agency was able to provide the service? Describe.
   a. no

6. Was there any goals / items / processes that were in the initial service that was eliminated due to lack of participation or need?
   a.

7. Were there any goals / items / processes that were added after the initial service was started that were not thought about during the start of the service?
   a.

8. How is the service funded?
   a. through the normal operating budget

9. Has an analysis been performed to indicate if the service has been effective on decreasing non-critical patient transports to hospitals? Explain.
   a. yes, one program has decreased the transports of falls in assisted living facilities by 50%

10. Does the agency provide a list of “referral numbers” to all units? Referral numbers are other organizations that the agency works with to ensure proper treatment of particular issues (Mental Health Agencies, Suicide Prevention, Senior Services, Child protective Services, etc)
   a. no just to the advanced practice paramedics
   b. Please attach an example of the list if possible.

11. Does the agency involve dispatch by using Emergency Medical Dispatch (EMD) Protocol to determine if a CP / APP personnel would be sent to evaluate patients before sending a transport unit?
   ☐ YES  ☒ NO
   a. Please attach a copy of the protocol/guideline of this if possible.

12. What equipment is carried in the CP / APP vehicle?
   a. same as the ambulance with the addition of a breathalyzer for screening process for substance abuse mental health facilities
13. Please check all types of procedures / services that the agency provides in regards to the CP/APP program:

- [ ] Wound Closure / Stitches
- [ ] Rapid Sequence Intubation
- [x] Surgical Cricothyrotmy
- [ ] Central Venous Access
- [ ] Blood Product Administration
- [ ] Local Anesthesia
- [ ] Dislocation Reduction
- [ ] Urinary Catheterization
- [x] In-Home Visits to Recently Released Patients
- [x] Visits to Frequent Use Patients (Patients that use the transport service multiple times)
- [x] Health Clinics (Health Screenings, Health Fairs)
- [x] Assist Patients in obtaining appointments with primary/specialty physicians for medical problems

Please list any other services provided:

evaluation of falls patients in assisted living facilities to prevent non time sensitive transports. Transport of mental health and substance abuse patients directly to specialty center

14. Please add any additional comments below.

a.
Agency Name: Ada County Paramedics (ACP)
Agency Contact Person: Dawn Rae
Agency Contact Information: (208)287-2995  emdawnr@adaweb.net

**Demographics Information**

Population Covered by Agency: 409,061
Area Covered by Agency (sq mile): 1055
Total Operating Budget of Agency: 11,067,000 (2012)
Total EMS Incidents/Calls Last Year: 22,494 (2012)
Total Incidents/ Calls / Contacts that were made by Community Paramedic / Advance Practice Paramedic Personnel: 24

Total Units (Transporting and Non Transporting) within the agency:
- Ambulances: 25
- Engines: 0
- Staff Vehicles: 13
- Aerial Apparatus: 0

Personnel Certifications (Numbers Certified within Agency)
- Paramedics: 86
  - Community Paramedics: 4
  - Advance Paramedics:
    - EMT-I: 12
    - EMT-B: 2
    - EMR: 0

Under what platform does the Agency Operate?
- [ ] Fire Department that provides EMS Services
- [x] Public EMS Service
- [ ] Privately owned EMS Service
- [ ] Subscription based EMS Service
- [ ] Hospital / Health Care based EMS Service
**Questionnaire**

All of the questions below relate to the Community Paramedicine / Advance Practice Paramedic service/program that is currently in place within your agency. At the end of the questionnaire is a comments section in which you can place more thoughts or ideas about the agencies program that were not included within the questionnaire.

15. Why did your agency start a Community Paramedicine (CP) / Advance Practice Paramedic (APP) service?
   a. ACP's previous Agency Director felt the CP model was an important innovation in EMS delivery systems

16. How long has the agency provided the service?
   a. Program began development 12/2011, began seeing patients 05/2012

17. How were personnel selected at the start of the service? Was it voluntary? Performance based? Describe.
   a. Four CPs were chosen from a pool of 12 applicants from ACP Paramedics that applied for the position, which was a promotion to Captain.

18. What training is required to become a CP /APP within the agency?
   a. Is there State Certification for the position?
     ☒ YES  ☐ NO
   b. What Accredited Educational Facility did your personnel attend initially?
     i. Community Paramedic certificate from Colorado Mountain College
   c. Training Hours
     i. Classroom:
     ii. Hands On:100

   1. What type of Hands on Training is required? (Clinics, Physician Office, Hospital, etc)
     a. Clinical hours in a variety of settings-speciality clinics, urgent care, psychiatric care, Crisis Intervention Training

19. Did any laws (Municipality, State, and/or County/Regional) need to be passed so the agency was able to provide the service? Describe.
20. Was there any goals / items / processes that were in the initial service that was eliminated due to lack of participation or need?
   a. No, the program was developed after analysis of community need

21. Were there any goals / items / processes that were added after the initial service was started that were not thought about during the start of the service?
   a. Opportunities for collaboration with a variety of agencies have developed as the CP program has conducted outreach to areas typically not involved with EMS

22. How is the service funded?
   a. With funds from the agency budget

23. Has an analysis been performed to indicate if the service has been effective on decreasing non-critical patient transports to hospitals? Explain.
   a. No, data collection and analysis are ongoing

24. Does the agency provide a list of “referral numbers” to all units? Referral numbers are other organizations that the agency works with to ensure proper treatment of particular issues (Mental Health Agencies, Suicide Prevention, Senior Services, Child protective Services, etc)
   a. Not at this time, units are asked to refer their concerns using a standard referral form the CP program who then handles the issue.
   b. Please attach an example of the list if possible.

25. Does the agency involve dispatch by using Emergency Medical Dispatch (EMD) Protocol to determine if a CP / APP personnel would be sent to evaluate patients before sending a transport unit?

   ☐ YES  ☑ NO
   a. Please attach a copy of the protocol/guideline of this if possible.

26. What equipment is carried in the CP / APP vehicle?
   a. Standard ALS bag, cardiac monitor
27. Please check all types of procedures / services that the agency provides in regards to the CP/APP program:

☐ Wound Closure / Stitches
☒ Rapid Sequence Intubation
☒ Surgical Cricothyrotmy
☐ Central Venous Access
☐ Blood Product Administration
☐ Local Anesthesia
☒ Dislocation Reduction
☐ Urinary Catheterization
☒ In-Home Visits to Recently Released Patients
☒ Visits to Frequent Use Patients (Patients that use the transport service multiple times)
☐ Health Clinics (Health Screenings, Health Fairs)
☒ Assist Patients in obtaining appointments with primary/specialty physicians for medical problems

Please list any other services provided:

Immunizations, medical assessment of Adult Protective Services referrals (as needed), Direct Observation Therapy for TB patients,

28. Please add any additional comments below.

a. Advanced procedures are a part of ACP’s Standing Written Orders for all ALS providers
Appendix B

Clermont County Mobile Crisis Team
Referral Form

(Fax to 513-753-2144  Attn: Mobile Crisis or email to: MobileCrisis@child-focus.org)

Client name: ____________________________________________________________
Client phone number: ____________________________________________________
Client address: __________________________________________________________

Date of dispatch: _____________________________  Time of dispatch: __________
Report # (UT only): __________________________

Reason for involvement with law enforcement:
☐ Domestic dispute  ☐ Intoxicated  ☐ Suspicious/Bizarre behavior
☐ Mental health crisis  ☐ Other: ____________________________________________

Mental health concerns:
☐ Suicidal  ☐ Depressed  ☐ Delusional  ☐ Hallucinating  ☐ Manic
☐ Other: ______________________________________________________________

Please give a brief description of the behaviors you observed and how you hope mobile crisis will be able to assist this individual:
____________________________________________________________________
____________________________________________________________________

Safety/risk concerns regarding mobile crisis responder going into home:
☐ None  ☐ Firearms in the home  ☐ History of violence  ☐ Vicious animals
☐ Other: ______________________________________________________________
The person making the referral to mobile crisis should inform the person being referred that someone working with the police department will be calling to connect them to resources. Do not make a referral if the referred person is unaware of the referral.

_________________________  __________________________
Referral Source Name  Date

_________________________  __________________________
Department  Phone Number

Revised 10-2011

Bachman, M. (2013, April 9). Wake County EMS Questionnaire. Raleigh, NC, United States.
