

Community Paramedic

Overall Status: **Good**

Community Paramedic Pilot Program: July 2021 Update

Submitted: 08/02/2021

Status Code Legend

- On Track: Project is on schedule
 - At Risk: Milestones missed but date intact
- High Risk: At risk, with a high risk of going off track
 - Off Track: Date will be missed if action not taken

<p>The project is Good 07/01/2021 - 07/31/2021, due to the following:</p>	<ul style="list-style-type: none"> ● My general impression of the WWFD / PSMC Population Health Community Paramedic Pilot Program remains GOOD! ● Both PSMC Population Health and WWFD administration have been receptive to problems and reasonable solution. ● 07/22/21, Walla Walla City Council Member Steve Moss and Noah Leavitt, who is a member of WWPD's Chief's Advisory Board met to discuss the community paramedic program as a whole and how recent legislative changes effect police responses to non-criminal related calls. Both men were very supportive of growing the community paramedic program as a reasonable alternative to responding to mental health related calls for service in place of the more traditional law enforcement response. ● Tuesday, July 27th, Walla Walla Union Bulletin published an article about the city's partnership with PSMC Population Health in forming the community paramedic program. Link: https://www.union-bulletin.com/news/social_services/washington-s-police-reform-laws-mean-mental-health-welfare-checks-fall-to-paramedics-in-walla/article_43526f82-efe1-11eb-934e-6fdf5fddde3b.html
<p>Issues:</p>	<ul style="list-style-type: none"> ● No cardiac monitor available for Community Paramedic to utilize. I understand this is a large capital purchase that was not budgeted for. The presence of a cardiac monitor would make this position much more dynamic in the event of multiple emergency calls and patient evaluations. Quotes have been obtained from both Zoll (\$37,000) and Lifepak 15 (\$28,000). This is a limiting factor to the type of calls and evaluations that can be completed by the Community Paramedic. Having a full compliment of ALS equipment would make this position much more dynamic in the types of calls and Mobile Integrated Health visits that can be completed. ● Access to EPIC/EDIE was denied by the EPIC Review Board. Not having access to EPIC/EDIE is a complicating factor. It would be invaluable to access notes for continuum of care and understanding care plans. Population Health leadership still finds this issue important and is continuing to address it. ● WWFD referrals forms continue to work as intended.
<p>Milestones accomplished 07/01/2021 – 07/31/2021</p>	<ul style="list-style-type: none"> ● 54 Community Paramedic (MIH) visits completed for a total of approximately 1713 minutes (28.55 hours) on scene. ● 9 Emergency Department diversions completed. Each ED diversion is estimated to save PSMC \$2,400 at a bare minimum. July: 9 diversions x \$2,400 = \$21,600 savings to SMMC in July.

	<ul style="list-style-type: none"> ● May 3rd to July 31st - 44 ER Diversions total \$105,600 in savings to SMMC. ● 5 weeks of WA State DOH Community Health Worker online training course has been completed. Topics covered to date Community Outreach and Engagement, Communication Skills, Social Determinants of Health, and Organization Skills. 5 weeks remaining in this course. ● Telehealth account using doxy.me, which is a free service that is HIPAA compliant has been set up. This will allow a simple and convenient way to perform Mobile Integrated Health visits when a full physical assessment is not needed. Also, with the rise of COVID-19 cases and recent legislative changes effecting law enforcement's response to non-criminal related calls where a medical component is present, using telehealth provides a built-in physical barrier to prevent injury and or exposure to infectious pathogens. Link is https://doxy.me/wwfdcommunityparamedic ● Deputy Chief Wood and Community Paramedic Maine attended WWPD's leadership meeting to present on the community paramedic program. A formal referral process was establish and just implemented which allows WWPD Officers to refer potential clients to the community paramedic program. ● WWFD A, B, and C-shifts participated in depression and suicide awareness training as requested by Captain Hector. ● Process of utilizing the mapping capabilities of the Active 911 application was established to assist crews which understanding locations of residents who have successfully been referred to the community paramedic program. ● Implementation of PHQ-9 scoring sheet in assessments. The PHQ-9 is a questionnaire used to measure a person's depression/anxiety over the previous two weeks. This will allow for a standardized set of questions to be asked of patients that can better assist in making referrals to mental health providers. ● The decline in ED diversions from 27 in June to 9 in July is believed to be due to patients who have long utilized 911 ambulance transports and visits to the emergency department have been educated as to the appropriate usage of these services and have been assisted in find more appropriate services.
<p>Agenda for this coming week:</p>	<ul style="list-style-type: none"> ● Finalize delivery and Narcan training for YWCA. ● Complete week 6 of WA State DOH Community Health Worker course (Documentation Skills). ● Attend National Night Out activities. ● Inquire about Motivation Interview training.
<p>Milestones planned for next week:</p>	<ul style="list-style-type: none"> ● 20 Community Paramedic (MIH) Visits ● Visit Uplay Youth Day Camps at Pioneer, Jefferson, and Washington Parks ● Get caught up on safety training and OTEP
<p>Areas/questions for discussion:</p>	<p>General impression of program from stakeholder, are we meeting their expectation? If not, what do we need to do? General impression of WWFD administration staff, am I meeting their expectation? If not, what do I need to do? Questions or concern from shift personal? More discussion with Population Health regarding the possible use of injectable antipsychotic medications by community paramedic for patients who are non-compliant with oral medications. EPIC/EDIE access update</p>

Stories of success:

- On Thursday, July 15th, Community Paramedic (CP) Maine received a referral from Medic 3922 about a citizen at home who was having recent falls. Medic 3922 asked patient what they needed to prevent the falls from happening. Patient stated that she needed a walker that she could sit on and that would lock in place with brakes. This information was provided to CP Maine. Home medical supply businesses were contacted on patient behalf and inquired about the process of getting a walker for them. The process was lengthy and required a out of pocket payment that patient reported they were unable to make. All local thrift stores were checked for a walker that would work for this situation. None were found. Local pharmacies were then checked. A walker at Walmart was located and purchased for this patient with funds from the Walla Walla Professional Firefighters' IAFF Local 404 Benevolent Association. Walker assembled and delivered to patient. No know falls have occurred at this residence since delivery of the walker was made.
- CP Maine was contacted by staff at Sleep Center concerned about one of the campers. This camper is a poorly managed diabetic type one patient. This patient was contacted at Sleep Center concerning their chronically hyperglycemic state. Patient stated they were unable to get across town to Safeway Plaza Pharmacy to pick up their supplies. CP Maine assisted patient in ordering their needed medications and diabetic supplies. CP Maine was notified when the order was filled and ready for pick up. Medications and supplies were picked up and transported to Sleep Center and given to this patient. Patient has not utilized 911, ambulance services or emergency department services since. CP Maine ensured that patient had the necessary tools and medications to better care for themselves.
- On July 20th, CP Maine responded to a mental health crisis at the request of WWPD. An individual had sat down in the middle of a roadway and reported they were not going to move. WWPD responded initially and secured the area to traffic safety issues. CP Maine was able to establish patient care and rapport. Patient was not able to be safely left in care of themselves. Patient was transported by ambulance to PSMMC where they remained until they were transported to an appropriate mental health facility.
- Local resident who had become very reliant on the City of Walla Walla's paramedic units and PSMMC ED for a multitude of reasons has been seen by CP Maine a total of 24 times since the beginning of the Community Paramedic Program. These 24 mobile integrated health (MIH) visits have accounted for 1000 mins (16.66 hours) on scene with this person. They will be moving into an assisted living center to have more appropriate help present 24/7. The rapport built with this patient and the patient's family over the 24 visit helped to greatly influence the patient into understanding the assistance they truly need.

1st Quarter Statistics
May 3rd, 2021 to July 31st,
2021.

Total number Mobile Integrated Health Visits completed – 126
Total number of Emergency Department diversions – 44
Total amount of savings realized by ED diversions - \$105,600
Remaining amount of initial \$110,000 grant to payoff - \$4,400
Total time on scene - 4,033 minutes or 67.21 hours on scene
Average length per MIH – 32 minutes
Shortest MIH – 5 minutes
Longest MIH – 126 minutes

Contact Information

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Project Abstract

The Community Paramedic program is a one-year pilot program between Providence St. Mary Medical Center Population Health and the City of Walla Walla Fire Department. Funding was provided by Providence to address frequent and unneeded Emergency Department visits. This program is being viewed as a better way to use available resources in both the prehospital (EMS) and Emergency Department and providing a suitable level of care for non-life-threatening conditions. The goal of WWFD's Community Paramedic program is to find unique solutions for unique problems.

WWFD Community Paramedic Program Mission Statement

“To provide unique care and solutions for patients with unique needs.”



“We do this for others.”