

Community Paramedic

Overall Status: **Good**

Community Paramedic Pilot Program: May 2021 Update

Submitted 06/01/2021.

Status Code Legend

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

<p>The project is Good 05/03/2021 – 05/31/2021, due to the following:</p>	<ul style="list-style-type: none">● My general impression of the first month of the WWFD/ PSMMC Population Health Community Paramedic Pilot Program is GOOD!● I have been pleasantly surprised as to the natural way that the program has come together in the first month. Both PSMMC Population Health and WWFD administration have provided the necessary support to make this program a success.● One of the main issues causing some mild frustration is not having access to PSMMC's electronic charting system, EPIC.
<p>Issues:</p>	<ul style="list-style-type: none">● No EPIC access, however, I hear that this is being addressed and should be resolved prior to the next monthly update.● 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.● Dispatch, CM-391 and BC-391 are commonly confused during radio transmissions. Also, is there a goal to integrate CM-391 into certain EMS calls from dispatch?
<p>Milestones accomplished for May 2021: 1st month of pilot program:</p>	<ul style="list-style-type: none">● 18 Community Paramedic (MIH) visits completed for a total of approximately 734 minutes on scene.● Eight Emergency Department diversions completed.● Visit to Bellingham Fire Department's Community Paramedic program (05/19-05/20/2021)● Multiple meetings with community partners and stakeholder to establish roles and workflow.● One of the frequent utilizers of both EMS and PSMMC ED services has agreed to look into moving to a retirement/assisted living facility. This will prove to be a positive change for all involved, most importantly the patient.● WWFD referral forms are working as intended (5 Obtained)● PSMMC Population Health Badge obtained.● One HomeBox (KnoxBox) obtained and installed at 1513 E Alder.
<p>Agenda for this upcoming week:</p>	<ul style="list-style-type: none">● Multiple meetings regarding pending eviction notices and power cut offs which will more than likely lead to more people having housing crisis.● Meeting with WWFD administration regrading Community Paramedic goals, challenges and reporting.● Meeting with Comprehensive Health regarding upcoming detox and in patient facility.

<p>Milestones planned for next week:</p>	<ul style="list-style-type: none"> ● 10 Community Paramedic (MIH) Visits ● Shift Updates and questions ● 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.
<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? Reports and call counting? Integration into other non-community paramedic related calls? (Fires, MCI, Haz Mats, etc.) Should I be counting follow up phone calls with patients as a separate MIH visit? Continuation of funding for position?</p>
<p>Story of success:</p>	<p>One of our medic crews responded to a call for assistance from a citizen. During their encounter with this patient, it became clear to the medic crew that patient needed help with social barriers that did require them to be transported to the emergency department. Instead, medic crew obtained a WWFD community paramedic referral form. They explained what the community paramedic program was, and patient signed the required release of privacy to the community paramedic.</p> <p>Community Paramedic received the referral and contacted patient at their residence. It quickly became clear that patient had multiple issues they needed assistance with, including a chronic wound infection, having no primary care provider, a stressful housing situation and needing to see a therapist. Patient was asked if they would be open to the community paramedic setting up a meeting with them and a social worker, who could help to address all these concerns. Patient accepted this offered service and signed another release of information.</p> <p>Blue Mountain Health Cooperative was contacted, appointment was set for the following day. Patient was unable to walk to appointment do to their chronic wound infection and not having a car or ride. Patient was picked up at their home by community paramedic and transported to Blue Mountain Health Cooperative for appointment. Patient met with social worker for approximately one hour and 20 minutes. Social worker then called community paramedic directly to transport patient back to their home.</p> <p>During the ride back to her residence, patient was asked how their appointment went? Patient reported they received more assistance in two days than they had in last several months. Patient reported that they were hopeful in their situation and things would get better for them.</p>

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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.