Mobile Integrated Healthcare
Community Paramedicine
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
  – Recently Discharged
  – At Risk of ED Return or Hospital Readmission
  – Targeted Populations
    • Asthma/COPD, CHF, Diabetes, 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
  – January-February 2017
    • Approximately 100 Hours

• Practicum
  – March – May 2017
    • Approximately 125 Hours

• Course Information
  – Registration and Prerequisite Information TBA
Provider Education

• Content Areas
  – Advanced Medical Life Support (AMLS)
  – 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 Competance
  – 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
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 Needs and Assessment
  - Transition-of-Care
  - Wound Management
Patient Visit Profile

• Introductions
  – Patient, Family, Paramedic
• Obtain Consent
• Confirm and Discuss Reason for Visit
  – Discuss Background and Supporting Information
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 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/mih