

Solano County Health & Social Services Department

Mental Health Services
Public Health Services
Substance Abuse Services
Older & Disabled Adult Services



Eligibility Services
Employment Services
Children's Services
Administrative Services

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POLICY MEMORANDUM 3405

Implementation Date: August 11, 2015

Release Date: June 26, 2015

REVIEWED/APPROVED BY:


AARON E. BAIR, MD, MS, EMS AGENCY MEDICAL DIRECTOR


TED SELBY, INTERIM EMS AGENCY ADMINISTRATOR

SUBJECT: COMMUNITY PARAMEDICINE

AUTHORITY: California Code of Regulations, Title 22, Division 9, Chapter 4; California Code of Regulations, Title 22, Division 7, Chapter 6; Health and Safety Code, Division 2.5, Chapter 2, Section 1797.52, and Chapter 4, Section 1797.218; Health and Safety Code, Division 107, part 3, Chapter 3, Article 1, commencing with Section 128125, the Health Workforce Pilot Projects Program; California Office of Statewide Health Planning and Development (OSHPD) Health Workforce Pilot Projects Program (HWPP) – Program Approval #173

I. PURPOSE/POLICY:

To provide a mechanism for vulnerable populations to access post hospital discharge follow up, treatment, and referral of patients with a confirmed diagnosis of Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF), or at risk for medical noncompliance or rapid decompensation.

II. COMMUNITY PARAMEDIC SELECTION CRITERIA:

- A. In order to be eligible to be trained as a Community Paramedic (CP), under the Health Workforce Pilot Projects Program – Program approval #173, the incumbent must meet minimum qualifications, to include:
1. 4 years experience as a Paramedic;
 2. 2 years experience in Solano County;
 3. Apply to and be selected by the Community Paramedic Steering Committee;
 4. Written recommendation from Medic Ambulance Quality Assurance/Improvement Department;
 5. Written recommendation from Medic's Medical Director, or the Solano County EMS Agency's Medical Director;
- (The ultimate decision to accept a CP or CP Supervisor is with Medic Ambulance Administration and Medical Director.)

- B. In order to be eligible to be trained as a Community Paramedic Supervisor, under the Health Workforce Pilot Projects Program – Program approval #173, the incumbent must meet minimum qualifications, to include:
1. 8 years experience as a Paramedic
 2. 2 years experience in Solano County;
 3. Apply to and be selected by the Community Paramedic Steering Committee.
 4. Written recommendation from Medic Ambulance Quality Assurance/Improvement Department;
 5. Written recommendation from Medic's Medical Director, or the Solano County EMS Agency's Medical Director.

(The ultimate decision to accept a CP Supervisor is with Medic Ambulance Administration and Medical Director.)

III. PATIENT INCLUSION CRITERIA:

- A. Patients must meet the following criteria for inclusion in the Medic CP Pilot Project:
1. Confirmed Diagnosis of COPD, CHF, or other condition mutually agreed upon by Medic, Primary Care Provider (PCP), and Patient.
 2. Discharged home from Kaiser Vallejo, Kaiser Vacaville, or NorthBay/VacaValley Hospital.
 3. Patient is capable of agreeing to participate in the pilot project and complete an OSHPD/HWPP required pilot project informed consent form. Informed consent must be obtained by the CP from the patient at each encounter.
 4. Not enrolled in Hospice.
 5. Not enrolled in any Psychiatric Program designed for the Severely Mentally Ill.
 6. At least 18 years of age and capable of providing consent. (Exceptions for minors may be made on a case by case basis.)

IV. PROCEDURES:

- A. Patients, or their medical decision maker, who meet the inclusion criteria will be contacted by the participating Facility (Kaiser Vacaville or Kaiser Vallejo or NorthBay Medical Center) prior to hospital discharge to explain the purpose and benefits of the Community Paramedicine Pilot Project. The patient will then be consented for pilot project participation. This initial informed consent will only apply to the initial Community Paramedic (CP) telephone contact described below. Further patient encounters by CP personnel will require a separate informed consent. Patients may withdraw consent in the pilot project at any time.
- B. Patients who agree to participate in the pilot project will be approved by the participating facility which will enroll the patient into the CP Program. The Facility representative will contact Medic Dispatch and setup the initial encounter through dispatch. The Medic CP Coordinator will collect all patient demographics, histories, and orders from the Facility. Once all pertinent information is obtained the CP visit will be scheduled.
- C. Patient will be contacted by Medic CP personnel via telephone between six and 24 hours of hospital discharge. An approved standard script will be utilized by the CP representative for these initial patient contacts.
- D. The CP representative will utilize an approved algorithm to assess the patient and will take the following actions based on their assessment and patient needs:
 - 1. Ensure the patient has a clear understanding of their hospital discharge instructions. If the patient's understanding of their hospital discharge instructions is unclear, the CP will take one or more of the following actions:
 - a. Perform a home assessment to allow for further assessment.
 - b. Contact the Facility for clarification and direction.
 - c. Contact or refer the patient to their primary care provider (PCP) for clarification and direction.
 - 2. Assist the patient with scheduling or referral to their PCP.
 - 3. Assess the need for transportation and, if necessary, assist the patient in one or more of the following ways:
 - a. Arrange transportation via taxi.
 - b. Arrange a non-medical transport.
 - c. Make a referral to case management.
 - 4. Medication reconciliation to ensure that the patient has obtained, and is taking, their medications as prescribed. The CP will attempt to resolve any minor identified medication issues with the patient. If the CP identifies any medication issues that they are unable to resolve over the telephone, the CP will take one or more of the following actions:

- a. Perform a home visit to allow for further assessment.
 - b. Referral to case management.
 - c. Contact or refer the patient to their PCP for clarification and direction.
5. Complete Integral Triage Assessment Questionnaire.
6. Assist in assessing the accuracy and completion of the Physician Orders for Life-Sustaining Treatment (POLST) Form.
7. The CP, patient, or the patient's medical decision maker, and responsible parties at the Facility will all complete satisfaction surveys on all enrolled patients.

V. ADVERSE REACTIONS:

1. The following circumstances identify an adverse reaction:
 - Any situation that has potential to adversely affect a patient.
 - A conflict exists with a county policy/protocol or state law, or a patient's condition that warrants deviation from protocol (i.e. requiring Base Physician's order).
 - A significant threat or barrier to the delivery of high quality patient care.
 - A threat to the safety of patients or community paramedics.
2. In the event of an adverse reaction one or more of the following actions will be implemented:
 - a. The CP will notify the CP Supervisor(s) immediately.
 - b. Within 24 hours a Field Advisory Report (FAR) will be filled out and submitted to the EMS Agency.
 - c. The CP will make contact with the PCP for direction and referral.
 - d. The patient may be dis-enrolled from the Program.
 - e. Law enforcement may be notified, unless, contraindicated by patient confidentiality.

VI. DOCUMENTATION:

- A. The CP will utilize a HIPPA compliant electronic medical record system.
- B. All documentation will be reviewed and audited by Medic's Quality Assurance section.
- C. Quality Assurance information will be evaluated by Solano County EMS Agency and partner hospitals.

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