Breakout Session A: Program Development

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Friday, February 3, 2017

Breakout Sessions Sponsored By:







BUCKEYE FIRE-MEDICAL-RESCUE DEPARTMENT

Community Paramedicine Programs: The Development Process

- Community Paramedicine Programs can be whatever you want it to be
- Tailor the program to your community's specific needs and characteristics (rural vs. urban)
- Community Paramedicine Programs change the role of the paramedic but not the scope of duties of the paramedic



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- Our Community Paramedicine Program was developed based on multiple events that demonstrated the need for the program
 - Accidental overdose
 - Fall injury
 - Recognition that families had a lack of support system
 - CMS readmission penalties





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- Start with your base hospital and Medical Director
- Determine your policy-making body's willingness to fund the program
- Perform community outreach to confirm the accuracy of your needs assessment
- Analyze and determine your organization's ability to staff and support the program
- Seek out available partnerships



- Determine available funding source(s)
- Analyze and determine your program's staffing requirements
- Vehicle and equipment needs and acquisition assessment
- Develop policy forms, process, and procedure
- Developing partnerships





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- First and foremost is your relationship with the Medical Director
- Buy-in from your policy-making body
- Organizational buy-in and support
- DATA COLLECTION DATA COLLECTION DATA COLLECTION
- Staffing Standards and Selection



Patient referrals are received from Hospital Staff ٠ After discharge information is received, Organization makes • contact with patient to schedule a home visit throughout home and be slip resistant. Throw rugs, runners, and mats should be slip. resistant, secured down, or rolled up and stored What happens at the first visit? ٠ safely. Patient Activation Measure Survey mfortable, non-skid cleaners, polishes and waxes. Be sure there is enough space to walk through t HIPAA Releases • room and to maneuver around safely. Electrical cords should be placed along walls an Home safety check • not under rugs or in traffic areas. Glass doors should be marked so not mistaken **Pharmaceutical Review** • open Review: of discharge instructions, place nightlights throughout home ٠ Follow-Up w/ PCP or Specialist ure light switches are accessible by patien ٠ **Connection to Resources** • Handrails can be installed along stairways for • safety Patient Assessment/Care plan development ٠ Documentation • Be sure stair tread is deep enough for patient's • foot. · Landings are rug free. Phones Set Up Properly? • Emergency Numbers should be kept close to Follow-Up visits scheduled as needed • Phones can be purchased with larger keys for he



- Referral process or enrollment criteria should be clearly outlined by organization
- Your program dictates patient contact or level of service
 - Hospital discharge follow-up
 - Loyal customer follow-up
 - Contracted follow-up
 - Field referral



• It's ALOT more work than what it looks like

- Difficult finding funding sources
- Need buy-in from community, policy-making body, and organization
- Appointment/patient coordinator is a vital role of program
- DATA COLLECTION DATA COLLECTION DATA COLLECTION
 - Maintain constant review and analysis
- Staff Selection and Retention
- Resource allocation Managing the program w/out outside funding
- Managing patient expectations
- Recognizing and Managing Successes and Failures



- At times, our program is too successful for our capacity
 - Number of Referrals exceeds staffing availability
- Tremendous public relations tool for organization
- Positive feedback means policy-making body supports program
- Improves Paramedics' skills and abilities
- Decreases emergency call activity
- Patients now empowered and better educated to properly manage their healthcare



You are welcome to contact:

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