Community Paramedicine

Home is Where the Care is

Community paramedics are the cornerstone of REMSA's **Community Paramedicine** program. This group of specially-trained paramedics evaluates patients and performs tasks under approved protocols. Patients have access to care by community paramedics after referral from a primary care physician or other referring healthcare provider. All community paramedicine services are performed within the existing clinical scope of practice of a Nevada licensed paramedic in an expanded role. There are three types of service:

1. **Admission/Readmission Prevention** In-home visits and/or follow-up calls assist patients in avoiding hospital admissions or readmissions after they have been discharged from the hospital or while under the care of a physician. This is accomplished by promoting physician treatment plan adherence, providing information, education and guidance while monitoring patients in their home. Patients are enrolled and monitored for 30-day increments.

2. **Episodic Evaluation & Treatment Visit** In-home visits within four (4) hours of a request provides primary care physicians or referring healthcare provider with an in-home patient care service when there are limited resources available and an emergency department visit may not be optimal.

3. **Hotspotter Intervention** Following identification and assessment of patients that make frequent visits to the emergency department or frequent calls to 9-1-1, this intervention assists patients in accessing the right care or service and includes a resource plan to resolve each patient's unmet healthcare, mental health and social service needs.

Benefits

In cooperation with the community's health care partners, this program will safely:

- Improve each patient's satisfaction with their overall health care experience
- Improve referring provider's knowledge of the patient's home environment, including medication usage, health routines and living habits
- Improve referring provider's access to accurate and timely early warning signs of worsening conditions
- Avoid exacerbations of chronic illness through close observation and early reporting of symptoms
- Avoid an unplanned hospital admission or readmission and avoid unnecessary utilization of emergency services (such as a call to 9-1-1 or a visit to the emergency department)

REMSA®
COMMUNITY PARAMEDICINE

24 hours a day

Features

The **Community Paramedicine program** features in-home visits to patients with feedback to referring provider. REMSA's program is unique in the following ways:

REMSA has developed specialized protocols including: congestive heart failure, COPD, post-myocardial infarction, and post-cardiac surgery, among others.

During in-home visits, community paramedics reinforce healthcare provider discharge instructions and treatment plans, provide education specific to each patient's health literacy level, provide medication reconciliation, and reminders of follow-up appointments.

In-home care includes protocol-driven, in-home medical procedures, including, but not limited to, IV diuresis and hydration with follow up lab work, nebulizer with medication delivery, and 12-lead EKG with interpretation and transmission.

Point of care lab work (including BMP, H&H, blood glucose, blood alcohol, clean catch UA, and INR). In-home blood draws are delivered to local labs with results made available to the patient's care team for timely follow-up.

Services include monitoring and trending of vital signs, weight and medications; timely communication of abnormal findings to the referring provider; and identification and documentation of recommended versus actual medication usage.

Patients initial visit includes assessment of in-home environment and identification of need for and referral to in-home support services, community resources, and assistance with coordination of follow-up appointments as needed.

Patients are provided with a direct phone number in order to access community paramedics 24/7 for questions or concerns during the enrollment period.

REMSA's medical director oversees a rigorous clinical quality assurance program that includes specialized training, regular chart audits, and ongoing clinical reviews.

About REMSA's Community Health Programs

REMSA's Community Health Programs create new care and referral pathways to assure patients receive the safest, and most appropriate, levels of quality care. In addition, post-discharge patients with conditions such as congestive heart failure receive in-home follow-up care. Our programs include three components: the Nurse Health Line, Community Paramedicine, and Alternative Destination Transport.

In cooperation with the community's health care partners, these programs safely improve patient-centered care, improve patient satisfaction and reduce ambulance transports, emergency department visits, hospital readmissions, and overall health care costs.

Nurse Health Line provides 24/7 assessment, care guidance and referral to health care, and community services via a non-emergency nurse health line.

Community paramedics are the cornerstone of REMSA's **Community Paramedicine** program. Community paramedics are specially trained to perform in-home delegated tasks to improve the transition of care from hospital to home, perform point of care lab tests and improve care plan adherence.

The **Alternative Destination Transport** program provides alternative pathways of care for 9-1-1 patients, including transport of patients with low acuity medical conditions directly to urgent care centers, transport of inebriated patients directly to the detoxification center, and transport of psychiatric patients directly to a mental health hospital.

For Direct Referrals

775-461-6559

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For Questions or more information, call REMSA's Community Health Programs at 775-858-5758 or visit: www.remsacommunityhealthprograms.com