Wisconsin Rural Community Paramedicine Stakeholder Conference

Welcome

Anne Robinson-Montera, Public Health Nurse Consultant
Christopher Montera, Assistant CEO

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Agency versus Future Agencies

- Eagle County Paramedics
- Public Health Role
- Mobilize Program
- Evaluation
- Education Program

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Western Eagle County HSD & Eagle County Health Service District

• Formed in 1982 and 1988 – Special Tax Authority

• Elected Board of Directors

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Eagle County
Eagle County

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Eagle County Health Service District

- Population of 55,000
- 4500 Calls per year
- Transport to 2 Hospitals
- Critical Care Transport
- Prevention and Community Paramedic Service
Important Factors

• Strong Medical Director
• Community Buy-in
• Agency Buy-in
• Protocols and Policies
• Staff willingness
• Trained Health Care Professionals
Current Efforts

- Community CPR 2,000+
- Fire Department Training
- Car Seat Checks
- Camp 9-11
- Senior Blood Pressure Checks
- Community Events
Current Healthcare Crisis

• Decreased access to primary care
• Increased uninsured/underinsured
• Increased ER visits
• High readmission rates
• Inconsistent coordinated, quality care
U.S. Primary Care Health Professional Shortage Area (HPSA): 2006

Legend:
- State Boundary
- County Boundary
- HPISA

Data Source: Health Resources and Services Administration (August 2006)
Prepared by the Robert Graham Center

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Colorado Nursing Status

• 32% of the state’s 61,000 nurses are 55 or older
• Average age is 49 and only 7% are under the age of 30
• Restricted number of nursing school graduates
Public Health Workforce

PROTECTING YOUR HEALTH

1 IN 3 MISSING

America will be short more than a quarter million public health workers by 2020—that’s one-third of the workforce needed to keep the world we live in healthy.

Source: Association of Schools of Public Health

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Uninsured Rates

- 15.8% US
- 17% Colorado
- 29% Eagle County
- 59% Western Eagle Co.
Readmission Rates to Hospital

- 50.2% in 30 days
- $17.4 billion Medicare in 2004
- $22.0 billion Medicare in 2009
- 2014 ???

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Patient Demand Characteristics

1000 POPULATION

250 SYMPTOMATIC EACH DAY

75 NEED NON-MD CARE

25 NEED MD PRIMARY CARE

3 NEED MD SPECIALTY CARE

1 NEED HOSPITALIZATION

Patient care demands are critical supplier for office practice!!!
Reference: Wright Consulting

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Eagle County Patient Demand

50,000 POPULATION

12,500 SYMPTOMATIC EACH DAY

3,750 NEED NON-MD CARE

1,250 NEED MD PRIMARY CARE

150 NEED MD SPECIALTY CARE

50 NEED HOSPITALIZATION

Patient care demands are critical supplier for office practice!!!

Reference: Wright Consulting

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Adams County Patient Demand

20,679 POPULATION

5,170 SYMPTOMATIC EACH DAY

1,551 NEED NON-MD CARE

517 NEED MD PRIMARY CARE

62 NEED MD SPECIALTY CARE

21 NEED HOSPITALIZATION

Patient care demands are critical supplier for office practice!!!
Reference: Wright Consulting

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Public Health Goals

• Prevent Injury/Disability
• Prevent Illness
• Prevent Death
• Promote Births of Healthy Babies
• Promote a Healthy Lifestyle
• Assure Health Services
Population Health Care

Public Health
- Prevention
- Treatment

Medical Care
- Prevention
- Treatment

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Community Paramedic

Community Health

- Prevention
- Treatment

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Core Public Health Functions

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What do we do about it?
Health Assessment and Planning
Healthy Eagle County 2010 Goals

• Increase Access to Health Care
• Reduce Premature Deaths from Chronic Disease
• Increase Oral Health Resources
• Reduce Motor Vehicle Crash Injuries and Deaths
• Increase Mental Health and Substance Abuse Treatment Services

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Healthy Eagle County 2010 Goals

• Increase Access to Health Care
• Reduce Premature Deaths from Chronic Disease
• Increase Oral Health Resources
Priority Areas

1. Post hospital discharge and linking patients to primary care
2. Well Child/Neonatal checkups and child wellness and prevention
3. Chronic disease and prevention
4. Public Health prevention programs
Community Paramedic?
Timeline

• October 2008 – Dawn of Idea
• February 2009 – Idea Solidifies
• March 2009 – Where’s the Handbook?
• May 2009 – Nova Scotia
Nova Scotia
Nova Scotia
5 Year Pilot Program

- 100% Physician/Medical Provider ordered
- Collaboration with Insurance Companies, Medicare and Medicaid
 Expanded Services

<table>
<thead>
<tr>
<th>Services</th>
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</thead>
<tbody>
<tr>
<td>Primary care</td>
</tr>
<tr>
<td>Emergency care</td>
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<tr>
<td>Public health</td>
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<tr>
<td>Disease management</td>
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<tr>
<td>Prevention</td>
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<tr>
<td>Wellness</td>
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<tr>
<td>Mental health</td>
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<tr>
<td>Oral health</td>
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</tbody>
</table>

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Expanded Role v. Expanded Scope

• Current paramedic practice
• Areas of focus
• Community Paramedic curriculum
• Filling the gaps

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Procedures

Blood Pressure checks
Well Baby Checks Weights
Bili Checks Heel Stick
Immunizations
Length Head and Circumference
Diabetes – Pt Education
Post Discharge
Medication Compliance
Mental Health Connections
CPAP
BiPap Sleep Apnea
Oxygen Sat checks
Otoscope
Blue Tooth Stethoscope
Digital Equipment / Camera
Home Medication
Compliance
Dispensing Tools
Antibiotic Infusions
Suture and Staple removal
Home Dialysis
Vaccines
Intravenous Catheter
Changes
Asthma Management MDI
Uses
Peak Flows
Steroid uses
Prevention
Public Health Activities
Immunizations
Pt Documentation
SOAP Notes
History & Physical
Mobile ISTAT Lab Work
Home Safety Inspections
Wound Care
Post Op Other Wounds
Foley Cath
Straight Cath
Cardiac Rehab
Stroke Rehab
Fluoride Varnishing
Disease Investigations

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How to Engage Partners

It’s just Lunch....(No Diet Allowed)

- Create your message and talking points
- Community Leaders
- Nurses, Physicians, APN
- Home Care Agencies
- Local and State partnerships

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CP Process

• Identify Patient
  • EMS, ED, Hospital, Primary care, Public Health, Home Health, Hospice
• Create Order
• Schedule Patient
• Patient Visit
• Pt follow-up with PCP - Charting
Legal Issues

• Home Care License
• Health Service District
• Liability
Policy Work

American Nursing Association

Co-Developing Guiding Principles for States and Programs

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Colorado

- Develop the Provider Paramedic – CP
- Develop Agency Type for Licensure
Measurable Results/Outcomes

1: Ensure all patients in a medical home
Measurable Results/Outcomes

1: Ensure all patients in a medical home

100%
Measurable Results/Outcomes

2: Number of vaccinations given and Public Health visits
Measurable Results/Outcomes

2: Number of vaccinations given and Public Health visits

350

In the first year
Measurable Results/Outcomes

3: Injury prevention versus potential costs associated with no prevention
Measurable Results/Outcomes

3: Injury prevention versus potential costs associated with no prevention

Hawaii Research

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Measurable Results/Outcomes

4: Reduce rehospitalizations by 50%
Measurable Results/Outcomes

4: Reduce rehospitalizations by 50%

Project RED

Start – 4.26%

1 year later – 1.01%

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5: Calculate cost savings of Community Paramedic Program versus cost of on-going care/hospital care
Initial Findings

- September 2010 – June 2012
- 36 patients
- 97 visits

- July 2012 – Current
- 250 Patients/Visits
- Other Health Fairs, Schools, Mental Health, Substance Abuse
Initial Findings

Prevented

• 47 Physician visits
• 15 Ambulance transports
• 13 ER visits
• 3 Admissions/readmissions
• 244 Skilled Nursing days
Initial Cost Savings

• **$1,279** average savings per visit
• **$3,446** average savings per patient
Initial Cost Savings

$124,071 SAVED!
History of the Curriculum
EMTs & Paramedics...

...already know how to deliver care locally
...know how to assess resources, make decisions
...could fill gaps in care with enhanced skills
through targeted training

The Development of the Internationally Standardized Community Paramedic Curriculum

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The Community Healthcare and Emergency Collaborative
The Community Healthcare and Emergency Collaborative

- Curriculum Framework
- Competencies
- International Registry
- Monitor and Update
- Job Placements
- State, National, and International Standards
- Distribute

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Desired Growth of the Curriculum

- Level 1: Non-Paramedic
- Level 2: Certificate or Associates
- Level 3: Bachelor’s Degree
- Level 4: Master’s Degree

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Curriculum v1.0

- Level 2 Certificate or Associates
Version 1.0 in 2009

- Minnesota’s Pilot Project
- Phase 1 - Foundational Skills @100 hours
- Phase 2 - Clinical Skills @15-146 hours
- 12 Students
- 100% classroom setting
Version 2.2 in 2010

- Colorado’s Pilot Project
- Committee Formed
- Didactic Module
  - 12 weeks online with 5 classroom sessions
- Lab Module
  - Medical Director
- Clinical Module
  - Phase 1: 100 hours
  - Phase 2: 50 – 100 hours

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Version 2.2 in 2011 & 2012

- Minnesota's 2\textsuperscript{nd} & 3\textsuperscript{rd} Class
- Hennepin Technical College

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2.0 Curriculum Review

Module # 3: Developing Community Strategies for Care and Prevention

Competencies Met:
1. The Community Paramedic must be competent in the knowledge and skill required to develop strategies to identify community health needs and develop strategies to meet those needs and build community capacity.

Instructional Objectives:
1. Promote wellness by providing culturally-appropriate health information to citizens and healthcare providers
2. Develop skills to assess a situation
3. Apply appropriate documentation and recording
4. Foster health promotion and disease prevention
5. Refer and link to preventive services through health screenings and healthcare information
6. Understand insurance programs specific to their jurisdiction (e.g., Medicaid, SMOB), and other special programs available to community members – financial policies.
7. Improve quality of care by adding communication between provider and citizens to clarify cultural practices
8. Apply legally-mandated reporting requirements
9. Advocate for human rights and welfare of the community
10. Build communication strategies between individuals/groups and the community healthcare system
11. Understand the liability of the Community Paramedic position, jurisdiction of supervision and malpractice insurance.

LESSONS:
1. Assessor
2. Care Coordination and spiraling
3. Family of the Service System
4. Financial Health Care
5. External, Tracking and Follow-up
6. Mental Health
7. Dental Health
8. Psychological First Aid
Total

HOURS
4
5
3
6
5
3
116
1
1
33-42

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The 3.0 Curriculum

Taking an educational approach
Program Outcomes

• Competencies, Knowledge, and Skills
• Certificate of Completion
• Medical Director Oversight and Sign-off
The Starting Point

- Search for funding
- Started in May 2011
- Create a sustainable curriculum
- Education versus Training
Curriculum Update Team

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Update Process

April – May 2011: Assemble Team

June 2011: Strategic Planning Meeting

July – November 2011: Modules 1-6

Dec 2011 – March 2012: Module 7

February – April 2012: Review team

Goals and objectives:

Content:

Lesson plans

Design
Sponsors/Stakeholders

• NCEMSI and CHEC
• Colorado Rural Health Center
• Nebraska Office of Rural Health
• North Carolina Office of Rural Health
Goals

- Standardize the curriculum
- Create an educational format
- Create sustainability for quality programs
Curriculum v3.0

Level 3 Bachelor’s Degree
Competencies

Define CP boundaries

Define the term “health”

ID & teach social determinants

ID services & inform community

Perform community mapping

Perform health assessments

ID community needs

Develop strategies to meet need

Perform clinical interventions

Share info about prevention programs

Key Points of the Curricula Framework
The Framework describes the level of responsibility that Community Paramedics will be expected to know in order to perform as a Community Paramedic. This framework establishes the core competencies to be met by all Community Paramedics.

Comptencies

- The CP must be competent in the knowledge and skill required in defining the boundary of the CP position;
- The CP must be competent in the knowledge and skill required in defining the term “health” and the ability to recognize and teach the social determinants of health in their own community;
- The CP must be competent in the knowledge and skill required to identify services and inform the community on those services through various teaching methods and through partnerships;
- The CP must be competent in the knowledge and skill required to understand and perform community mapping and health assessments;
- The CP must be competent in the knowledge and skill required to develop strategies to identify community health needs and develop strategies to meet those needs and build community capacity;
- The CP must be competent in the knowledge and skills required to perform a variety of clinical interventions;

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7 Sections to the Curriculum

1. Role in the health care system
2. Social determinants of health
3. Public health and primary role
4. Cultural competency
5. Role within the community
6. Personal safety and Wellness
7. Clinical experience
Module 1 Role in the Health Care System

The Community Paramedic will understand and analyze their role in the health care system.

1.1 Define Community Paramedic
1.2 Discuss the history and future of their role
1.3 Explain the “scope of practice”
1.4 Discuss different relationships they will
1.5 Compare and contrast the strategies
1.6 Identify organizations that can provide support
Module 2

Social Determinants of Health

The Community Paramedic will understand the social determinants of health model.

2.1. Define social ecology and the determinants of health
2.2. Describe correlation between HSIs and characteristics
2.3. ID social characteristics correlated with HSIs
2.4. ID environmental determinants of health
2.5. ID impact of policies, regulations & laws on behaviors
2.6. Discuss social margin
2.7. Describe the role documentation plays
Module 3  Public Health & Primary Care Role of the CP

The Community Paramedic will understand their role in public health and primary care.

3.1. Describe health promotion activities in public health
3.2. Describe injury prevention activities in public health
3.3. Describe chronic disease management in public health
3.4. Describe and apply risk mitigation strategies
3.5. Discuss financial impact upon healthcare payers
3.6. Describe and apply the appropriate evaluation techniques
Module 4
Developing Cultural Competence

The Community Paramedic will become culturally competent.

4.1. Provide a broad definition of culture
4.2. Recognize the divide between culture and individual identity
4.3. Describe how culture impacts health
4.4. Recognize the risks of stereotyping
4.5. Develop Cultural Competence
4.6. Incorporation of cultural competence into CP work
4.7. Discuss how culture can impact the use of EMS

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Module 5  The CP’s Role within the Community

The Community Paramedic will understand their role within the community.

5.1 Discuss a community needs assessment
5.2 Develop potential patient profiles based upon EMS call volume
5.3 Evaluate other needs of the community
5.4 Discuss how mapping plays a role as part of needs assessment
5.5 Describe different types of safety nets
5.6 Discuss the role financing plays
5.7 Discuss the different types and levels of care available

There are 39 objectives in this module

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Module 6
The CP's Personal Safety and Wellness

The Community Paramedic will understand the importance of balancing stress and wellness while ensuring their personal safety.

6.1. Define Key terms associated with wellness and safety
6.2. Discuss the components of well-being
6.3. Discuss the physiological effects of stress
6.4. Discuss the concept of burnout
6.5. Identify the warning signs of stress
6.6. Identify strategies to manage stress
6.7. Discuss wellness
6.8. Discuss death and dying

There are 20 objectives in this module

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Module 7

Clinical Experience for the CP

The Community Paramedic will understand and provide the clinical care of the identified population.

7.1. Compile a history on a sub-acute, semi-chronic patient
7.2. Perform a physical examination and document patient history
7.3. Recognize the clinical differences between populations
7.4. Interpret results and reports obtained
7.5. Obtain specimens and samples for laboratory testing
7.6. Utilize specialty equipment in gathering history and physical
7.7. Demonstrate use of home health equipment and devices
7.8. Access & maintain ports, central lines, catheters, and ostomies
The Resource Manual

Beyond JUST a curriculum

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The Resource Manual

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  - Lessons 8-15
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- **Community Paramedic Protocols**
  - Lessons 23-30
- **Medical Team**
  - Lessons 31-38

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Kentucky Board of EMS

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Curriculum Review Process
Co-Chairs: Dr. Michael Wilcox and Dr. Bill Raynovich

Phase 1: Curriculum Structure
Phase 2: Lesson Plans
Phase 3: Lab & Clinicals
Phase 4: Final Approval

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Module 1

Health Care System

Analyze their role in the health care system.

Community Paramedic:

Serve communities and clients

Understanding the history and future of their role:

The Future

The Community Paramedic: Scope of practice

The role of the Community Paramedic is to serve the community to help meet the needs of its residents and businesses. They will provide various services, such as first aid, emergency medical services, and transportation services.

The functions of the Community Paramedic:

1. Provide first aid and emergency medical services
2. Transport patients to medical facilities
3. Provide transportation services

The strategies they will use:

1. Collaboration with local organizations
2. Utilization of technology
3. Continuous education and training

Number of Lessons: 2

Page 1

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Master Curriculum vs Modules

Role of the Community Paramedic in the Health Care System

Goal:
The Community Paramedic will understand and analyze their role in the health care system.

Objectives & Summary:
1. The Community Paramedic will be able to define Community Paramedic.
2. The Community Paramedic will be able to discuss the Community Paramedic's role.
3. The Community Paramedic will be able to describe the benefits of the Community Paramedic.

Module Length: 8 hours

Module Description:
As a member of the healthcare team, the Community Paramedic will understand and analyze their role in the health care system. This module includes an introduction to the Community Paramedic and provides an overview of the key roles and responsibilities of the Community Paramedic.

Module Goal:
The Community Paramedic will understand and analyze their role in the health care system.

Module Objectives:
1. Define “Community Paramedic”.
2. Discuss the role of the Community Paramedic.
3. Analyze the benefits of the Community Paramedic.
4. Compare and contrast the strategies of the Community Paramedic with other healthcare professionals.
5. Identify common local, regional, state, and national challenges faced by the Community Paramedic.

Content:

1. Defining the “Community Paramedic”
   A. Definition of a Community Paramedic
   B. Role and responsibility of the Community Paramedic
   C. Benefits of the Community Paramedic

2. Discussing the History and Future of the Community Paramedic
   A. Historical context
   B. Future trends

3. Analyzing the Current Role of the Community Paramedic
   A. Community Paramedic in a rural setting
   B. Community Paramedic in an urban setting

4. Evaluating the Impact of the Community Paramedic
   A. Community Paramedic on patient outcomes
   B. Community Paramedic on cost savings

5. Identifying Challenges and Opportunities for the Community Paramedic
   A. Challenges
   B. Opportunities

6. Preparing for the Future of the Community Paramedic
   A. Continuing education and training
   B. Policy and advocacy

7. Developing the Community Paramedic Curriculum
   A. Curriculum development
   B. Implementation strategies

The Community Paramedic will be able to define, discuss, and analyze the role of the Community Paramedic in the health care system.
Role of the Community Paramedic in the Health Care System

Goal
1. The Community Paramedic will understand and analyze their role in the health care system.

Objectives & Summary
1.1. The Community Paramedic will be able to define Community Paramedic.
   1.1.1. Definition of a Community Paramedic
   1.1.2. Members of a distinct community
   1.1.3. Navigates and establishes systems to better serve communities and clients
   1.1.4. Trained as direct service providers
   1.1.5. Mentors and empowers

1.2. The Community Paramedic will be able to discuss the history and future of their role.
   1.2.1. Rural and remote dilemma in the United States
   1.2.2. 2004 Rural and Frontier EMS Agenda of the Future
   1.2.3. Community Healthcare and Emergency Cooperative (CHEC)
   1.2.4. International Roundtable on Community Paramedics (IRCP)

1.3. The Community Paramedic will be able to explain the “scope of practice” to stakeholders.
   1.3.1. Driven by the system’s current paramedic scope of practice
   1.3.2. Assesses and identifies gaps between community needs and services
   1.3.3. Improves quality of life and health
Module Introduction

Module 1

Role of the Community Paramedic in the Health Care System

<table>
<thead>
<tr>
<th>Module Length</th>
<th>8 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Lessons</td>
<td>2</td>
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</tbody>
</table>

Module Description
As a member of the healthcare team, and part of the community, the Community Paramedic has a specific role and function. In this module, students will identify the components of the role, define the role, and explain the “scope of practice” for a Community Paramedic. In addition, the students will learn about how advocacy is utilized in the community to help the underserved in health and social services at the local level. Students will learn the concept of being a liaison and learn how to inquire about the structure and intent of services and how to work effectively using positive communication skills in working with the service networks.

Module Goal
The Community Paramedic will understand and analyze their role in the health care system.

Module Objectives
1. Define “Community Paramedic”.
2. Discuss the history and future of their role.
3. Explain the “scope of practice” as it pertains to their regulatory authority.
4. Discuss the different relationship they will have with members of the healthcare team.
5. Compare and contrast the strategies of advocacy and liaison work.
6. Identify common local, regional, state, and national organizations that can provide support for clients.
# Lesson Plan

<table>
<thead>
<tr>
<th>Suggested Time</th>
<th>4 hours</th>
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<tbody>
<tr>
<td><strong>Module Goal</strong></td>
<td>The Community Paramedic will understand and analyze their role in the health care system.</td>
</tr>
</tbody>
</table>
| **Lesson Objectives** | 1.1. Define “Community Paramedic”.  
1.2. Discuss the history and future of their role.  
1.3. Explain the “scope of practice” as it pertains to their regulatory authority. |
| **Materials** | In Development |
| **Instructor Qualifications** | 1. Different health care systems  
2. History and future of Community Paramedics  
3. Scope of practice of Community Paramedics |
| **Instructor Resources** | In Development |
| **Learner Prerequisites** | 1. Experienced Paramedic  
2. Successfully completed course prerequisites |
| **Accommodations** | Tailor instruction based on the local needs assessment and the program’s priority areas. |

*Differentiated instruction*
# Lesson Plan

<table>
<thead>
<tr>
<th>Introduction</th>
<th>As a member of the healthcare team, and part of the community, the Community Paramedic has a specific role and function. In this module, students will identify the components of the role, define the role, and explain the “scope of practice” for a Community Paramedic. In addition, the students will learn about how advocacy is utilized in the community to help the underserved in health and social services at the local level. Students will learn the concept of being a liaison and learn how to inquire about the structure and intent of services and how to work effectively using positive communication skills in working with the service networks.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development</td>
<td>In Development</td>
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<tr>
<td>Demonstration and Discussions (Guest Speakers)</td>
<td>In Development</td>
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<tr>
<td>Practice</td>
<td>In Development</td>
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<tr>
<td>In class work</td>
<td>In Development</td>
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<tr>
<td>Independent Practice</td>
<td>In Development</td>
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<tr>
<td>Student activities</td>
<td>In Development</td>
</tr>
<tr>
<td>Check for Understanding</td>
<td>In Development</td>
</tr>
<tr>
<td>Assessment / feedback</td>
<td>Use objectives 1.1, 1.2 and 1.3 to design a written assessment to determine the students’ ability to demonstrate an understanding of the material.</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Measure of progress</td>
</tr>
<tr>
<td>Teacher Reflections</td>
<td>Complete at end of lesson. Answer what went well, what could needs</td>
</tr>
</tbody>
</table>
## Lesson Plan

### Content

<table>
<thead>
<tr>
<th>I. Defining the “Community Paramedic”</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Definition of a Community Paramedic</td>
</tr>
<tr>
<td>1. A Community Paramedic connects underutilized resources to underserved populations. It is an expansion of the role of the paramedic to provide health services where access to physicians, clinics, and/or hospitals is difficult or may not exist. The role exists for the sole purpose of serving the needs of a particular community and its success relies heavily on collaboration among local stakeholders.</td>
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<tr>
<td>B. Members of a distinct community</td>
</tr>
<tr>
<td>1. Play an important role by assessing and evaluating community services and systems</td>
</tr>
<tr>
<td>2. Identify gaps between the community and healthcare systems and services</td>
</tr>
<tr>
<td>C. Navigates and establishes systems to better serve communities and clients</td>
</tr>
<tr>
<td>1. Helps individuals and communities</td>
</tr>
<tr>
<td>a) Prevents barriers to the access of and benefiting from health services</td>
</tr>
<tr>
<td>2. Serve as advocates, facilitators, liaisons, community brokers and resource coordinators</td>
</tr>
<tr>
<td>D. Trained as direct service providers</td>
</tr>
<tr>
<td>1. Basic and advanced levels of care</td>
</tr>
<tr>
<td>2. Areas of concentration</td>
</tr>
<tr>
<td>a) Prevention</td>
</tr>
<tr>
<td>b) Primary care</td>
</tr>
<tr>
<td>c) Emergencies</td>
</tr>
<tr>
<td>d) Evaluation</td>
</tr>
<tr>
<td>e) Triage</td>
</tr>
<tr>
<td>f) Disease management</td>
</tr>
<tr>
<td>g) Basic oral health</td>
</tr>
<tr>
<td>h) Mental health</td>
</tr>
<tr>
<td>E. Mentors and empowers</td>
</tr>
<tr>
<td>1. Goal</td>
</tr>
<tr>
<td>a) Achieve positive outcomes</td>
</tr>
<tr>
<td>b) Reach the optimal level of wellness for everyone</td>
</tr>
<tr>
<td>2. Impacts</td>
</tr>
<tr>
<td>a) Clients</td>
</tr>
<tr>
<td>b) Communities</td>
</tr>
<tr>
<td>c) Healthcare systems</td>
</tr>
</tbody>
</table>
## Clinical Experience

### Comprehensive Physical Examination & Documentation

**Clinical Experience for the Community Paramedic**

<table>
<thead>
<tr>
<th>Suggested Time</th>
<th>Lab Session</th>
<th>Cognitive</th>
<th>2 hours</th>
<th>Psychomotor</th>
<th>6 hours</th>
<th>Total</th>
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<tbody>
<tr>
<td>Clinical Site</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td>16 hours</td>
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</tbody>
</table>

### Module Goal

The Community Paramedic will understand the community population.

### Clinical Objective

7.2. Perform a comprehensive physical examination using a standardized form, of a sub-acute patient using both orthostatic and non-orthostatic assessment.

### Learner Prerequisites

<table>
<thead>
<tr>
<th>Lab Materials</th>
<th>Required Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Otoscope, ophthalmoscope, stethoscope, and other disposable objects for testing</td>
<td>Comprehensive History and Physical Examination - Peds 2</td>
</tr>
<tr>
<td>Skills checklist for physical assessment</td>
<td>Comprehensive History and Physical- Adults 2</td>
</tr>
<tr>
<td>Chapter 19, PAGES 1, 23, 29, 31, 33</td>
<td>Patient documentation 2</td>
</tr>
</tbody>
</table>

### Lab Materials

- Otoscope, ophthalmoscope, stethoscope, and other disposable objects for testing
- Skills checklist for physical assessment
- Chapter 19, PAGES 1, 23, 29, 31, 33

### Independent Learning Activities

- Bates' Guide to Physical Examination
- Bates' Pocket Guide to Physical Examination
- Case Studies to Accompany Bates' Guide
- View video and “Concepts in Animation”

### Clinical Sites

- Primary Care Clinic, Acute Care Hospital

### Desired Lab Session

The primary goal of this lab is to perform a comprehensive physical examination and subsequent documentation of the findings of the examination. Learners are expected to perform assessments on selected volunteers or partners, and document the results of the assessment. CP learners should focus on in-depth head to toe examination, as well as performance of a detailed focused examination based on the results of the health history. For example, if during the health history the student learns that the patient is at risk for or has a history of cardiac disease, a focused cardiac assessment must be documented. Results of findings will be reported in both written and verbal formats.

### Desired Clinical Experience

The purpose of this clinical experience is to build on the skills obtained during the lab session and transfers the knowledge to real clients and patients. The students will work closely with nurses, physicians, and other community paramedics.

### Teacher Reflections

Complete at the end of the lesson. Answer what went well, what needs improvement, and ideas for next offering.
## Clinical Experience

<table>
<thead>
<tr>
<th>Content</th>
</tr>
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<tbody>
<tr>
<td>Lab</td>
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<tr>
<td>C/P</td>
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</table>
Clinical: Chronic Conditions

**Desired Lab Session**
Like all chronic conditions, stroke requires a holistic approach, understanding the social, psychological, and neurodevelopmental aspects of the condition. Our stroke management education will begin with evaluation of the patient's condition.

**Desired Clinical Experience**
In the clinical setting, you will learn the recognition of stroke and its treatment. You will work with patients who have experienced stroke and have developed strategies to manage their symptoms in a holistic manner.

**Teacher Reflections**
Complete at the end of the lesson. Answer what went well, what needs improvement, and ideas for next offering.

---

**Module Goal**
The Community Paramedic will understand the community's needs related to chronic conditions.

**Clinical Objective**
7.12. Manage patients with common, chronic conditions.

**Learner Prerequisites**
Lab Session Modules 1-6; Labs 7.1-7.1
Clinical Site Successful completion of the prerequisites

**Lab Materials**
None

**Independent Learning Activities**
Blackboard/online reading resources; Reviews and self-assessment tests.

Bates’ Guide to Physical Examination and History Taking, 10th Edition, Chapter 17
Bates’ Pocket Guide to Physical Examination and History Taking (use as reference for Case Studies to Accompany Bates’ Guide to Physical Examination and History Taking)

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**Clinical Sites**
Rehabilitation facility, acute care hospital, provider practice. Long term care, home care, and respite care

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**Content**

<table>
<thead>
<tr>
<th>Lab</th>
<th>Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>XX</td>
</tr>
</tbody>
</table>

**I. Stroke**

A. Epidemiology/ Risks: 700,000 new cases annually, and 3rd leading cause of death
   1. Hypertension
   2. Genetics
B. Clinical Manifestations: Positive LA or Cincinnati Stroke scale
   1. Long term consequences - most people survive stroke - long term morbidity
   2. Ischemic versus thrombolytic CVA
      a) Identification of location based on symptoms- anterior, posterior, or mid cerebral; basilar; vertebral
   3. TIA
C. Complications
   1. Acute and chronic
D. Sequence: Motor and sensory deficits and plan to overcome
   1. Collaborative rehabilitation and prevention of re-infarction

---

**II. Multiple Sclerosis and peripheral nerve disorders**

A. Epidemiology/ etiology/risks: 400,000 people, age of onset, Caucasian
   1. Demyelinating disease of CNS resulting in chronic muscle failure and eventual death
B. Clinical Manifestations: Progressive weakness, bowel and bladder incontinence, fatigue, spastic muscle movements, depression, emotional lability, sexual dysfunction
C. Complications: Progressive failure to death
D. Sequence: Motor and sensory deficits and plan to overcome
E. Collaborative rehabilitation and prevention of re-infarction
F. Treatment modalities: Medication, support groups, family involvement, and supportive care

---

**III. Muscular Dystrophy/ALS/ Guillain Barre/ Other disorders**

A. Epidemiology: Varies based on disorder. All result in progressive degenerative muscle failure
B. Clinical manifestations: Progressive muscle failure with progressive levels of disability
C. Complications: Progressive failure to death
D. Collaborative rehabilitation and prevention of re-infarction
E. Treatment modalities: Medication, support groups, family involvement, and supportive care

---

**IV. Spinal Cord Injuries/deficiencies (Spina Bifida)**

A. Epidemiology/ Risks/ Etiology: Dependent on disorder. All have potential to result in neurological compromise.
   1. Dermatome assessment
   2. American spinal cord injury association impairment scale (A through E)
B. Clinical manifestations: Paralysis classification
C. Complications and chronic needs
   1. Referral and support services
   2. Family involvement and home rehabilitation
   3. Use of devices
D. Treatment: Symptom control
The 3.0 Pilot Program
Pilot Program Overview

Hennepin Technical College

Emergency Medical Services

Community Paramedic

The Community Paramedic navigates and establishes systems to better serve and help individuals and communities overcome barriers that prevent them from accessing services. They serve as advocates, facilitators, liaisons, community brokers, and educators. Paramedics also train as direct service providers which will ensure basic life support intervention, emergency, evaluation, triage, and disease management, and basic information, please go to: http://www.hennepintech.edu/customizedtraining/ to find information on an Emergency Medical Technician (EMT-P) and have two (2) years of full-time education equivalent.

Program Title:
Emergency Medical Services

Award Type:
Advanced Technical Certificate

Earn a EMT-Paramedic Certificate and Prepare for National Registry examination and Colorado Certification

Year-long program offers online lecture options and hands-on labs in Edwards.

Colorado Mountain College's EMT-Paramedic program provides specific training for those interested in attaining the highest level of certification for a pre-hospital worker. The paramedic program trains students in high-level responsibilities such as:

- Patient stabilization
3.0 Class Participation Guidelines

- Committed EMS Agency
- Committed College or University
- Site Coordinator
- Funding for class
- Community stakeholder dialog
- Local champions
- Local Medical Director
Criteria for Entry into Pilot

- Ample field/clinical experience
- Expert communicators
- Knowledge of health care systems
- Multi-professional team work
- Motivated lifelong learners
- Health maintenance and promotion
- Local CP program

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Spring 2012 Pilot

• 13 States
• 23 Agencies
• Students to Graduates
  ➢ CMC 107 / 24
  ➢ HTC 12 / 11
Program Structure

Didactic
Lab
Clinical
Community Specific
Online or In-person Sessions
Program Length

- 12 – 15 weeks
- Approximately 12 credit hours
- Clinical and didactic
3.0 Curriculum Structure

• Didactic Module
  ➢ Online 12 - 16 weeks
  ➢ Group Work

• Lab Module
  ➢ Peds, Adult, Geriatrics
  ➢ Optional based on population’s need
  ➢ 3 - 5 sessions

• Clinical Module
  ➢ Select modules based on population’s need
  ➢ 100 – 200 hours
Lab and Clinical Training

- Medical director oversight
- Unique clinical sites for EMS
- Community specific
Obtaining the Curriculum

Available free of charge

Copyright agreement

Regulators

Distribution

200+ Copies

537 worldwide requests

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Curriculum Distribution by State

Requests by State

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# Curriculum Distribution by Country

## Requests by Country other than US

<table>
<thead>
<tr>
<th>Country</th>
<th>Requests</th>
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<td>Germany</td>
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</tr>
<tr>
<td>Ireland</td>
<td>1</td>
</tr>
<tr>
<td>Israel</td>
<td>1</td>
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<tr>
<td>Philippines</td>
<td>1</td>
</tr>
</tbody>
</table>

| Grand Total   | 23       |

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Questions?
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