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COMMUNITY CARE PARAMEDICINE PROGRAM

A MASTER'S PROJECT

SUBMITTED TO THE GRADUATE FACULTY

OF THE GRADUATE SCHOOL

BETHEL UNIVERSITY

BY

MARY SATHER

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF

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Community Care Paramedicine Program
A Master's Project

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April 2017

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Abstract

Background/Purpose: The Community Care Paramedicine Program is an emerging field across the United States that utilizes the expertise and service of Paramedics within the community they serve. In this program, paramedics are integrated into the local healthcare system and overseen by emergency and primary care physicians along with additional support to hospitals, municipalities, residents, and insurance companies in several ways. The role of the Community Care Paramedic adapts to the specific needs of the community they serve. This is a growing program which has shown success in rural communities in providing initiatives for a healthier community and studies have shown that a Community Care Paramedicine Program decreases readmissions. This is evidenced by Landro (2015), which recognizes the North Memorial Community Care Paramedic Program in Robbinsdale, Minnesota. Their program, “has reduced the use of inpatient and emergency department services by up to 50%, saving about \$8500.00 per patient” (p.1). North Memorial has one of the most successful Community Care Paramedicine Programs in the United States.

Theoretical Perspectives: The Community Care Paramedicine Program could easily fall under the nursing theory of Martha E. Rogers "Unitary Human Beings" theory which incorporates culture, diversity, worldview, health, and environment. Health and wellness are very much connected within the community as clients continue to adapt based on their illness and health needs. Nursing-theory.org defines Rogers's theory, “as an expression of the life process. It is the characteristics and behavior coming from the mutual, simultaneous interaction of the human and environmental fields, and health and illness are part of the same continuum”. The proposed program will help serve the community, respect cultural diversity, provide initiatives for a healthier community, and can assist with the end of life process.

Project Plan and Implementation: The project plan is to create a Community Care Paramedicine Program within the rural community of Baldwin and surrounding area in collaboration with our local Emergency Medical Services. Creating this program will take collaboration with local EMS, Homecare, local Hospital, Hospice, Public Health, and other collaborative hospitals from the Twin Cities area. Implementation will involve certification of a Community Care Paramedic through an approved educational program, clinical hours, project planning with a timeline, and stakeholder meetings with all team members and community stakeholders.

There are many needs in rural communities to promote health and wellness. However, there are deficits as well. Not all patients with significant illness qualify for homecare and the mental health crisis continues with a lack of resources. These are just a few of the gaps affecting health and wellness of rural communities. One way of bridging and improving these issues is by having a Community Care Paramedic within the community. Community Care Paramedicine is an emerging field across the United States that utilizes the expertise and service of Paramedics within the community that they serve. In this program, Paramedics are integrated into the local healthcare system and overseen by emergency and primary care physicians along with addition support to hospitals, municipalities, residents and insurance companies in several different ways. Minnesota already has one of the most successful Community Care Paramedicine Programs in the nation. Wisconsin is in the infancy stages of developing this program, however, they have adopted the model of Minnesota.

Chapter One: Introduction

Background/Purpose

My Master's project goal is to create a Community Care Paramedicine Program in the rural community of Baldwin and surrounding area. I have been on the Wisconsin Paramedicine listserv for the past two years tracking the growth of this program nationwide. Creating this program will take collaboration with local Emergency Services, local hospital, Homecare, Hospice, Public Health, and other collaborative hospitals from the twin cities area. The Community Care Paramedic makes well-visits within the community in collaboration with referrals from the local hospital/clinic, and larger hospitals that discharge patients. There is also a large Amish population in the community who do not fall under any government programs and believe in more homeopathic treatments. The Community Care Paramedicine Program can also help bridge the gap with the mental health needs of the community.

The Community Care Paramedicine program hopes to decrease readmissions to the hospital. This is evident by the by the recent California Paramedicine Pilot Project Evaluation. According to Coffman et al (2017), patients who were enrolled in the Post-Discharge Short-term Follow-up Pilot Program with a Community Care Paramedic indicated, “that there was a statistically significant difference between the readmission rate for enrolled patients and the partner hospitals (p. 13)”. With the “Accountable Care Act”, the focus will be more on health and wellness and there is clear evidence that keeping the community healthy helps decrease unhealthy behaviors and disease.

Project Plan and Implementation

In creating a Paramedicine Program within my community, I will apply an evidence-based practice model, project management principles, or a research process to a project which focuses on practice improvement. A timeline of events will also be created with the use of a Gantt chart.

The process is as follows:

- a. **Assess** the need for change in practice: Stakeholders-EMS, local hospital, Homecare, Hospice, Public Health, and larger hospital in the twin cities area who provide care to patients from this rural area. This also involves a community assessment which is part of the Community Care Paramedicine Education Program. The assessment is brought back to the stakeholders to address health and wellness needs of the community.
- b. **Link** the problem intervention and outcomes: potential interventions and activities will be addressed along with selection of outcome indicators.
- c. **Synthesize** the best evidence: current literature and research will be reviewed as it relates to the Community Care Paramedicine Program along with health and wellness initiatives within the community.
- d. Design the proposal for this change in the community that will be well defined: the program will be developed along with the necessary resources and stakeholders. Outcomes will be defined.
- e. **Implementation and evaluation.** Once this program is launched within the community the key stakeholders including nursing leadership will evaluate the current process and outcomes. Decisions will be made regarding further adaptation of the program as it fits the needs of the community.

f. **Integrate and maintain.** This will be the **post-project**. The program will continue to be maintained with ongoing communication and meetings with all key stakeholders. Nursing staff will also be provided with an in-service and further education regarding this practice change which will most likely be initiated within the hospital or clinic. This program will be integrated into the standards of practice amongst all key stakeholders. Processes and outcomes will be ongoing and key data will be shared with the State of Wisconsin.

In summary, health and wellness is becoming the future of our communities. This is also being folded into the nursing practice model as well. The Community Care Paramedicine Program in the rural setting has shown success in meeting the health needs of the community. The development of this program in this rural community will be one of the first on this side of the state in Wisconsin. My goal is to ensure the success of the Community Care Paramedicine Program within my rural community.

Chapter Two: Review of the Literature

Project Literature Review

Community Care Paramedicine programs is an emerging field across the United States that utilizes the expertise and service of Paramedics within the community they serve. This is a growing program which has shown success in rural communities in providing initiatives for a healthier community and studies have shown that a Community Care Paramedicine Program decreases readmissions. One example is an article by Landro (2015) which showed how the Geisinger Community Paramedic Pilot Program in Pennsylvania decreased emergency department visits and prevented hospital admissions. “From March 2014 to June 2015, the Geisinger mobile health team prevented 42 hospitalizations, 33 emergency department visits and 168 inpatient days among 704 patients who had a home visit from a paramedic” (p.1). For this literature review, finding high quality research data and articles was difficult due to the infancy of the program.

With the Accountable Care Act, more focus will be on health and wellness. The Bipartisan Policy Center Prevention Task Force released their Executive Summary in May of 2015 regarding health and prevention. According to the Task Force, there is realization that prevention, if done correctly can improve health across populations. Prevention has a clear role in health care reform. (p.4) There is clear evidence that keeping the community healthy helps decrease unhealthy behaviors and disease. The Community Care Paramedic can help play an active role in these initiatives. Heightman (2013) discusses how key emergency medical service leaders met together to discuss how the Affordable Care Act can play a role in decreasing healthcare costs. He further addresses five areas that will be, “tomorrow’s reality” (p.4) with healthcare reimbursement. One of these areas includes the Community Care Paramedic and their

role which he defines as, “Mobile Integrated Healthcare Practice” (p.5). Other key points in this article related to Community Care Paramedics include the importance of legislation and practice, a sustainable delivery model, defining a practice model, community assessment, and 24-hour access for availability for this kind of program. This article was very informative with good information when considering a Community Paramedicine Program within a community.

O’Connor (2015) discusses how the challenges of the Affordable Care Act is forcing the healthcare industry to be more efficient and lower costs. Community Care Paramedics could be integrated into the community’s healthcare system to help with this efficiency. This article is right on target regarding the community care paramedicine program and how this can improve the health and wellness of the community. This is another layer in which paramedics can offer their services within the community. The article provided good information regarding the program.

There are various community care paramedic programs across the nation. The information provided by the California Emergency Medical Services website discusses how these programs are growing throughout the country. This website discusses how the Paramedics role can be expanded while saving healthcare dollars. Due to the success of Community Care Paramedicine Programs in other states, a pilot project would be beneficial, as there is a large population in the State of California. The website was informative with a small amount of data.

Piloting Community Care Paramedicine projects continue across the country. The article by EMS World (2014), discussed how a pilot project by the New England EMS Agency turned into a well integrative paramedicine program. The project included highly trained community care paramedics who were allowed, “to treat patients in their homes helping avoid costly emergency department visits” (p.1). The goal was to work closely with the patient’s physician

and help avoid unnecessary trips to the hospital. This project clearly shows the necessity of piloting a project such as this before fully developing this type of program in order to avoid potential problems which could prevent accomplishment of goals prior to full implementation of the program. This also appears to be another solution in helping reduce healthcare costs. The article was non-research with good quality information regarding piloting and developing a Community Care Paramedicine Program.

An excellent article was published by Kizer et al (2013) regarding the state of California and integrating Emergency Medicine and Primary Care with the use of Community Care Paramedics. These authors also expressed concern for the growing healthcare costs and ensuring that emergency care resources are used appropriately. Community Paramedic programs could provide great advantages both for the paramedic and community. They went on to discuss the history and development of the community paramedicine program which included the Community Care Paramedicine Program developed in Minnesota. Other important factors described in this article included how this program is not intended to be a duplicate of other programs, Community Care Paramedics should not serve as independent practitioners, but should have specialized training and advanced clinical decision-making skills. This article was very good quality and provided some great information including several resources.

There still appears to be questions regarding the Community Care Paramedic model and the impact on the community. Patterson and Skillman (2012), provide a summary of some of the topics and comments from the National Consensus Conference of Community Care Paramedicine held on October 1, 2012 in Atlanta ,Georgia. The conference discussed, “research priorities, research challenges, and research resources and opportunities” (p.3). The article’s primary focus is on some of the most important elements of developing a standardized research

based program. This article was very good quality with excellent resources and information which include evaluating current Community Care Paramedic Programs, creating standardized education and competencies, and need to accessible data for continued evaluation of pilot studies and programs.

Bigham et al (2013) provided a systematic review of international literature regarding Community Care Paramedicine. This article reviewed literature relating to expanding the scope of practice of Paramedics within the community. The article explains how there is lack a of consensus and science from all avenues including healthcare delivery and government agencies. There is clear evidence that more research needs to be done regarding the risks and benefits of Community Care Paramedicine. The article provided high quality information and raised some good questions. Cochrane Methodology was used for the review.

Minnesota has been one of the forefront runners in designing a successful Community Care Paramedicine Program. The Minnesota Ambulance Association Community Care Paramedic website provides a large amount of information which includes: archived articles, posts, and Minnesota Department of Human Services Legislative Report. Good non-research information is provided from this website.

Hennepin Technical College in Minnesota provides a strong curriculum for Community Care Paramedicine education. This model and curriculum was approved by the State of Wisconsin back in July 2016 ensuring all programs throughout the state follow the same model. This school's website provides additional information regarding legislation report, billing processes, history, and further archived news. This is a great resource website for other rural communities considering a Community Care Paramedicine Program. The website provides non-research quality information.

The U.S. Department of Health and Human Services website provided some excellent evaluation tools, including a program information worksheet, assessment, policy development, assurance and benchmarking. There are no validated benchmarks or norms. The website provides an assessment wheel to evaluate current challenges and successes of a Community Care Paramedicine Program along with indicators for assessment and development of a program. The website provides high quality non-research literature review including clinical practice guidelines.

The Community Care Paramedic.org website is a great website for finding tools and articles regarding the program. A PowerPoint is posted on their website from a rural area in Wisconsin community that includes: demographic information, local statistics, health needs of the community, and information regarding development of a Community Care Paramedic Program. The PowerPoint provides some good information regarding health needs within their rural community and could easily be a reference for other communities investigating the development of this program. The article is non-research with literature review of good quality.

There are Community Care Paramedicine Programs that have shown great success. One example is the article by North Memorial Hospital in Minnesota (2013), posted on the North Memorial website. This article explains the success of their program which took almost 15 years to execute. The article shares both the struggles and challenges in developing this program which include certification and legislation. This is a non-research informational article and is a testament to the hard work needed into developing a successful Community Care Paramedicine Program.

In closing, as demonstrated, there is little if no high quality research data regarding Community Care Paramedicine. Much of this is due to the infancy stages of development within

the program. Community Care Paramedicine shows a bright future in rural communities. As this program grows across the country so will the high quality research data.

Research Question:

Will a Community Care Paramedicine Program increase access to healthcare within the community as evidenced by referrals to the Community Care Paramedics?

Chapter Three: Design and Implementation

According to the State of Wisconsin, a Community Paramedicine Project can be piloted with no restrictions. Wahlberg (2015) tells how Community Care Paramedics are emerging in Wisconsin. Many services are running pilot programs and are waiting for states approval and reimbursement. The goal of this pilot program is to become fully certified by the State. The Community Care Paramedicine Program has been an area of interest for both myself and local emergency medical services for the past few years. After much discussion, a collaborative decision was made to pilot a Community Care Paramedicine Program within the local community. Most Community Care Paramedic Programs are initiated by EMS or firefighters. The feeling was that a more robust program could be created by collaborating a healthcare organization and emergency medical services.

Prior to organizing an initial meeting, a work breakdown structure and Gantt chart was created including a final percentage of completion for each task (Appendix A). The work breakdown structure defined major elements of the project. This included the following:

1. Approval of program budget from the Village of Baldwin to help support local Emergency Medical Services for help financial support of the program.
2. Sending the first Paramedic through the Community Care Paramedicine Program at Hennepin Technical College.
3. Signed Memorandum of Understanding between Baldwin Area Medical Center and Hennepin Technical College for approval of Community Care Paramedicine Clinicals at Baldwin Area Medical Center.
4. Selecting a Medical Director for Paramedicine Program.
5. Present pilot project to key stakeholders.

6. Complete all required clinicals.
7. Complete policies and procedures for the Community Care Paramedic.
8. Hold monthly project meetings.
9. Send more Paramedics through the Community Care Paramedicine Program.
10. Pilot the program.

Techniques used to elicit change were provided on many levels including key concepts of project management. The project was defined along with all key elements including project plan, project team, internal stakeholders, external stakeholders, and customers (community). A Community Needs Assessment will be completed by the Community Care Paramedicine Student as part of their required coursework.

The first meeting describing the project and initiative process was held on December 2nd, 2015. This meeting included key stakeholders that included: Senior Leadership at Baldwin Area Medical Center, Baldwin Emergency Medical Services, St. Croix County Public Health, Baldwin Area Medical Center Adoray Health and Hospice. A PowerPoint presentation (Appendix B) was presented defining the program including key elements such as the need for change and how this program would benefit the community. Elements discussed during the meeting included the role of the Community Paramedic, the collaboration between Baldwin Emergency Services and Baldwin Area Medical Center, education needed by Paramedics, the goal of the Community Care Paramedic Program, selection of medical director, and the referral process. Referrals can be made to the Community Care Paramedic by any healthcare staff, health agencies, or police. Ethical implications regarding patient or family referrals to the program were discussed as this could potentially create a Health Insurance Portability and Accountability Act violation with sharing of patient information. The decision was made during the meeting that no referrals would

be accepted by patients or family members until this could be further investigated. Goals from this meeting were to start small focusing on specific diagnosis of patients which include: diabetics, wound care, Chronic Obstructive Pulmonary Disease, heart failure, and patients discharged from the Medical Surgical Unit.

A pamphlet (Appendix C) created by the Chief of local EMS and myself, was shared during the meeting. The pamphlet defines the Community Care Paramedic, education required, what the Community Care Paramedic can do for the Baldwin area, the role of the Community Paramedic, and contact numbers. Referral forms (Appendix D) were created for patients being referred to the Community Care Paramedicine Program. There were two referral forms: a General Client Referral Form, and a specific Behavioral Health and Social Services Form.

A second meeting was held on May 18th, 2016 with the Baldwin Area Medical Center's leadership and Adoray Home Care and Hospice to review the rationale and implementation of the program. Both of these agencies felt the Community Care Paramedicine Program would be very beneficial as many patients are discharged from home care that would benefit from further follow-up. This would provide another avenue to increase patient compliance with medications and follow-up as this is a frequent challenge. Referral forms and pamphlets were shared with these agencies for open communication and referral to the Program.

The first Community Care Paramedic student from EMS completed their education and clinical hours late this spring and was ready for piloting the program. Completing the necessary clinicals for the Community Care Paramedicine Student while serving as Chief of local Emergency Medical Services (EMS) was challenging due to EMS staffing shortages.

A Multiplan Rural Health Outreach Grant (Appendix E) was applied for at the end of April 2016 by a team of members which included: Social Services, Chief of local EMS, and

myself to help support the Community Care Paramedicine Program. I received notice in early May that we were not one of the recipients. However, I will continue to pursue other opportunities for grants to help support this program.

The original goal was to launch the pilot of the Community Care Paramedicine Program May 1st, 2016. However, due to the shortage of Emergency Medical Services personnel and needed attention to plan a move to the new hospital, the project was not launched until May 23rd, 2016.

Nursing Leadership Theory styles during the planning and implementation of this project included both Democratic and Transformational. Marquis and Huston (2012) describe the behavior of a democratic leader in which: “Communication flows up and down. Decision making involves others. Emphasis is on ‘we’ rather than ‘I’ and ‘you’, “Criticism is constructive” (p. 38). Frandsen (2014) defines the Democratic leader as one, “who encourages open communication and staff participation in decisions.” Relationships are important in this type of leadership. Quality improvement and process change are more of the focus rather than mistakes of individuals (p.2). Democratic leadership was evident during this project as input was given by the project team and key stakeholders.

Transformational Leadership as defined by Marquis and Huston (2012), includes one who, “Identifies common values, is committed, inspires others with vision, has long-term vision, looks at effects, empowers others” (p.42). Doody and Doody (2012) state how transformational leadership is a style in which leaders have the ability to produce and create successful change. Transformational leaders are able to, “lead changes in mission, strategy, structure and culture, in part through a focus on intangible qualities such as vision, shared values and ideas, and relationship-building” (p. 1217). Transformational leadership was evident during this project as

the project team remained engaged and motivated during the project planning phase. Despite challenges, the project team remained focused with the end vision in mind.

Chapter Four: Project Evaluation, Discussion, and Conclusion

When evaluating this project, the synthesis of the evidence and project management concepts resonated. First of all, there was difficulty finding high quality evidence based on a program that is new throughout the nation. However, there was clear evidence that a Community Care Paramedic Program does help improve healthcare within the community and helps to decrease readmissions to the hospital. Furthermore, the program helps with compliance of the current care plan of the patient. Based on what we knew about the current evidence, we designed a Community Care Paramedic Program from one of the current robust program, North Memorial in St. Paul, MN. They have one of the best programs in the nation and we used their model to develop our program. Remembering that this is a pilot project, there was little help from the State of Wisconsin as they are trying to pass this program through the State Legislation. We were granted permission to pilot the program in the local community with permission from the state of Wisconsin.

Project management concepts were key in developing a successful pilot program. These elements included: the benefit of the project, selection of team members, role of project members, support of organization and community, outlined plan, budget of cost and resources needed, flexibility to accommodate any changes, and finally piloting the project.

This Community Care Paramedicine Program continues to receive increasing referrals. Part of this strategy was meeting with all local healthcare groups in St. Croix County including local police, to increase the awareness of the program. One of the recent referrals we started to accept was mental health patients as these resources are sparse across the county. This is a positive step forward as we wait for official certification from the State of Wisconsin. A

Community Care Paramedicine Program in collaboration with a healthcare organization has many implications regarding nursing practice and leadership. The change in nursing practice involves identifying patients for potential risks at discharge. Once patients are identified, they can be referred to the Community Care Paramedic for follow-up. This provides another layer to help improve patient compliance and outcomes. Nursing leadership plays a large role in this program. Meliniotis (2011) defines elements need for successful nursing leadership. She describes a successful nurse leader as, “someone who can inspire others to work together in pursuit of a common goal” (p.1). Other specific qualities include, “integrity, courage, initiative and an ability to handle stress” (p.1). Nursing project management within the community takes dedication, commitment, and the willingness to invest extra time outside one’s career. For me, nursing leadership is defined by both my commitment to the organizations where I work and commitment to my community. Examples for me include: volunteering at a free clinic, going to local organizations to teach safety, being part of a coalition to help fight the heroin addictions within the community, and initiating programs such as the Community Care Paramedicine Program to help improve health and wellness in the local community in which I live. These examples show how there are so many ways to take nursing leadership outside the organization.

Lastly, how does this project relate to my Christian Worldview? First of all, we are all called as servants. Secondly, we are all children of God and are called to help others in need. Starting this pilot program shows the ability to reach out to the community and help those in need.

Launching this program was incredible. The Community Care Paramedicine Program is ongoing and continues to grow in referrals. Without the elements of good project management, collaboration, leadership, and support this program would not have

been successful. My thanks to the project team, senior leadership, local healthcare organizations, and law enforcement in making this program a success.

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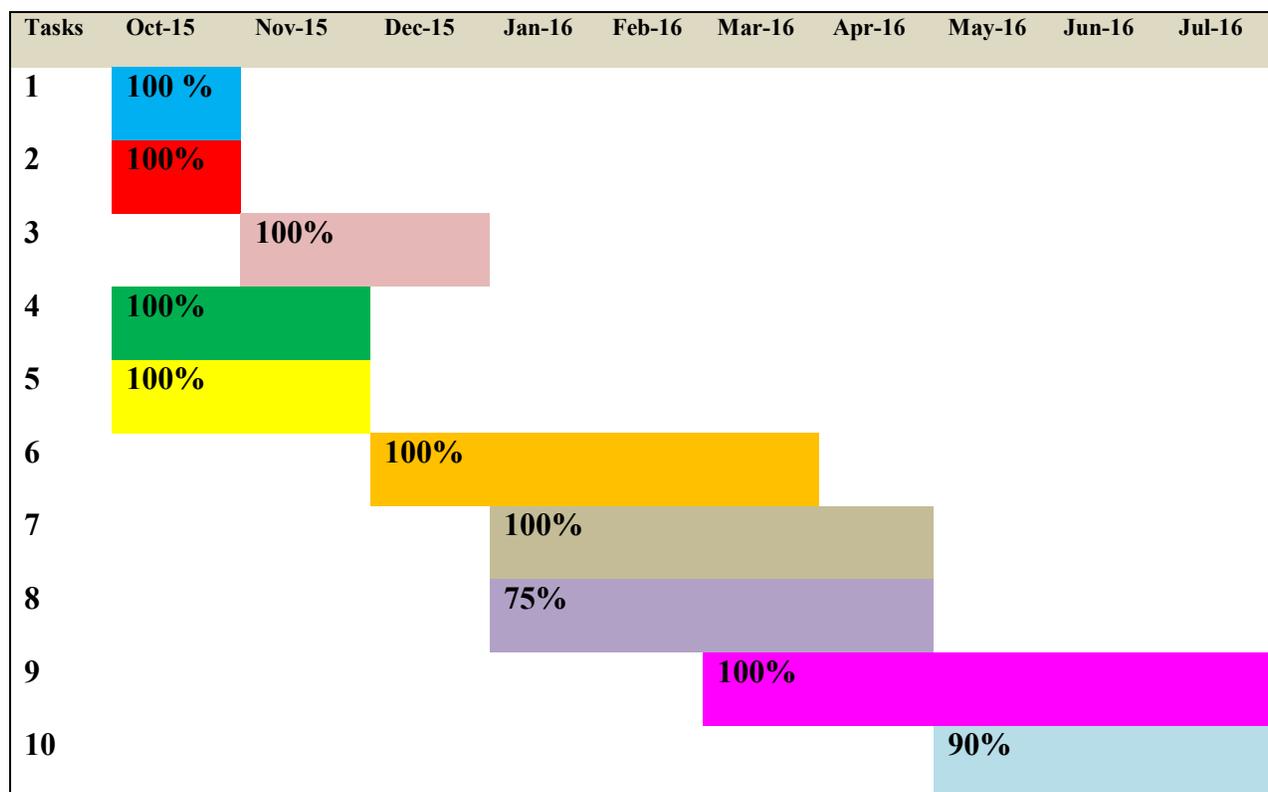
Appendix A:

Gantt Chart and Timeline

Tasks for Community Care Paramedicine Timeline Gantt Chart

Tasks	Start Date	Duration	End Date
1. Send program budget to Village of Baldwin for approval	1-Oct-15	31 days	31-Oct-16
2. Send first Paramedic through Community Care Paramedicine Program at Hennepin Technical College	1-Oct-15	58 days	27-Nov-15
3. Signed Memorandum of Understanding for Clinicals at Baldwin Area Medical Center	1-Nov-15	54 days	24-Dec-15
4. Select Medical Director for Paramedicine Program	1-Oct-15	62 days	1-Dec-15
5. Present pilot to key stakeholders	1-Oct-15	62 days	1-Dec-15
6. complete all required clinicals	1-Dec-15	184 days	1-Apr-16
7. Complete all policies and procedures	1-Jan-16	90 days	30-Mar-16
8. Hold monthly project meetings	1-Jan-16	119 days	29-Apr-16
9. Send more Paramedics through the Community Care Paramedicine Program	1-May-16	84 days	23-Jul-16
10. Pilot program	1-May-16	90 days	29-Jul-16

Gantt Chart For Community Care Paramedicine Timeline And Percentage of Completion



Appendix B:

Community Care Paramedicine Program PowerPoint initial presentation



Community Care Paramedicine Program

Mary Sather RN CEN-Baldwin Area
Medical Center
Tom Boyer Paramedic-Baldwin
EMS Chief

WHAT IS A COMMUNITY CARE PARAMEDIC?



Community Paramedic utilizes their education to respond to identified health needs in the local population/community, ultimately improving the quality of life and healthy of both rural and urban populations. Community Paramedics would address minor to chronic health problems in the home setting, rather than having to drive the patients to the hospital or clinic. Community Paramedics would help to reduce readmission rates and prevent unnecessary ambulance transfers.

Role of the Community Paramedic

Work under direction of an EMS director and primary care physician

Function as physician extenders in the Baldwin area

Working with Baldwin Area Medical Center and Baldwin Area Ambulance to provide high quality primary care

Outreach to urban and rural areas

Safety and Wellness initiatives

Health Screenings and assessments

Role of the Community Paramedic (cont.)

Health education

Wound care

Screening for mental illness

Chronic Disease management

Diabetes management

Monitoring congestive heart failure and chronic pulmonary disease

****The Role of the
Community Care
Paramedic is tailored
to the needs of the
community****

**What can Community
Paramedics do for the
Baldwin Area?**



(cont.)

The Community Paramedic would work collaboratively with the Baldwin Area Medical Center to identify patients that may need additional assistance, and do not qualify for other programs.

Once the patient has been identified the CP would make an appointment with that patient.

(cont.)

The CP will be able to work with the patient to make sure their wounds are clean and bandaged after surgery preventing infection and readmission to the hospital.

The CP would work with patients with chronic conditions to help improve their condition, making sure they are taking their medications correctly, and providing additional training on medical equipment.

(cont.)

***The ultimate goal of the Community Paramedic Program is to help people stay healthy and in their homes.

By keeping patients healthy and out of the hospitals, readmissions rates will drop, non-necessary ambulance trips will be reduced, and there will be a savings in health care costs.

Education to become a Community Paramedic



- *180 hours of education for EMT certification
- *1000 hours of class room education, with an additional 480 hours for the Paramedic Certification. You must be an EMT before you can become a Paramedic.
- * 144 hours of class room education, with an additional 196 hours of clinical training. Plus, you must have been a paramedic for two years in order to receive your Community Paramedic Certification.

Plan for Community Care Paramedics in Baldwin Area

- *Tom Boyer is currently a student at Hennepin Tech. The model of their program was adopted by the State of WI.
- *Internship plans are to spend time with Clinic Providers, Public Health, Home Health Care, Hospice, Diabetic Education, Dietician, Cardiology, and Social Services.
- *Over the next 3 months Tom and I will be working on policies and procedures for our Community Care Paramedic Program

(cont.)

- *Selection of a Medical Director for the program.
- *Plan to apply for a potential grant in 2016 to help launch the program.
- *2-3 more students will attend the Hennepin Tech. Community Care Paramedic Program.
- *Piloting the program will start in May 2016.
- *Goal is to have periodic meetings with key stakeholders with regular meetings after the program is launched.

Questions?



Appendix C:

Community Care Paramedicine Pamphlet

Role of the Community Paramedic

- Work under direction of an EMS director and primary care physician
- Function as physician extenders in the Baldwin area
- Working with Baldwin Area Medical Center and Baldwin Area Ambulance to provide high quality primary care
- Outreach to urban and rural areas
- Safety and Wellness initiatives
- Health screenings and assessments
- Health education
- Wound care
- Screening for mental illness
- Chronic Disease management
- Diabetes management
- Monitoring congestive heart failure and chronic obstructive pulmonary disease

Growing Profession

Community Paramedic is a fast growing profession, which first started to appear in 2008. Community Paramedic also has been referred to as Mobile Integrated Health Care. Community Paramedics work with the hospitals and other health care groups to fill the ever widening gaps in the health care system. Community Paramedics will be able to provide access to health care for the underserved groups in their area. By providing this care they will help to significantly reduce the costs for health care providers and taxpayers.

Community Paramedic



Community Care Paramedic
 Phone: 715-760-1011
 Fax: 715-684-4757

**Joint effort between
 Western Wisconsin Health
 and Baldwin Area EMS**



What is a Community Paramedic?

A Community Paramedic would utilize their education to respond to identified health needs in the local population, ultimately improving the quality of life and health of rural and urban populations. Community Paramedics would address minor to chronic health problems in the home setting, rather than having to drive the patients or having the patients drive to the hospital or clinic. Community Paramedics would help to reduce the readmission rate and prevent unnecessary ambulance transfers.



Education



Here is the education information that it takes to be a Community Paramedic:

- 180 hours of education for EMT certification
- 1000 hours of class room education, with an additional 480 clinical hours of for the Paramedic Certification, you must be an EMT before you can become a Paramedic.
- 144 hours of class room education, with an additional 196 hours of clinical training, plus you must be a paramedic for two years, to receive your Community Paramedic Certification.

What can Community Paramedic do for the Baldwin Area?

The Community Paramedic would work with the Baldwin Area Medical Center to identify patients that may need additional assistance, and don't qualify for other programs. Once the patient has been identified the CP would make an appointment with that patient. The CP will be able to work with the patient to make sure their wounds are clean and bandaged after surgery preventing infection and readmission to the hospital. The CP would work with patients with chronic conditions to help improve their condition, make sure they are taking their medications correctly, and providing additional training on medical equipment. The ultimate goal of the Community Paramedic program is to help people stay healthy and in their homes. By keeping patients healthy and out of hospitals, readmissions rates will drop, non-necessary ambulance trips will be reduced, and there will be a savings in health care costs.



Appendix D:

Community Care Paramedic Referral Forms



WESTERN WISCONSIN HEALTH

Community Paramedic

General Home Visit Checklist

Community Paramedic _____ Location of Assessment: _____

Patient Name: _____ MRN: _____

Primary Care Provider: _____ Clinic Location: _____

Discharge Information

Hospital Discharge Date: _____ Hospital: _____

Discharge Diagnosis: _____

Vital Signs (if applicable):

Pulse: _____ Blood Pressure _____ Resp _____ SpO2 _____ O2 _____

Medication Review

Current Medications: _____

New Medications: _____

Barriers to taking medication: _____

Review of Medication Instructions Completed: Yes No Comments: _____

Daily Activity Review- Indicate Presence of Concern:

Yes No **Understanding of Illness** Comments: _____

Yes No **Independence** Comments: _____

Yes No **Finances** Comments: _____

Yes No **Nutrition** Comments: _____

Yes No **Safety** Comments: _____

Yes No **Vulnerability** Comments: _____

Yes No **Environment** Comments: _____

Yes No **Smoking** Comments: _____

Action Summary

Concerns: _____

Provider Notified: _____

Referrals Needed: _____

Signature: _____ Home Visit Completed Time: _____ Date: _____

Narrative:

Signature: _____ Home Visit Completed Time: _____ Date: _____



WESTERN WISCONSIN HEALTH

Western Wisconsin Health and Baldwin Area EMS Community Paramedic Client Referral

Referral Date: _____

Patient Name: _____ Phone Numbers: _____

Patients Address for the visit: _____

Referral Information:

Provider Name: _____ Title: _____

Location: _____ Department: _____

Phone Number: _____ Fax Number : _____

Appointment Information:

Last Time Patient was seen by Referring party: Date ____/____/____

Why is the Patient being Referred to the Community Paramedic: _____

Specialty Care and Case Manager Notes: _____

Assessments type(s) requested:

- General/social interaction Vital Signs Fall Risk Minor Medical Procedure
- ECG Tracing Immunization/Vaccination Weight Monitoring Laboratory Collection
- Medication Compliance Health Assessment Wound Care Med Education
- Other: _____

Plan of Care Information (what the CP should achieve):

Special instructions for the visit: _____

Patients Primary Diagnosis: _____

Please Include Face Sheet for Demographic and Insurance information

Referral Information:

Provider Name: _____ Title: _____

Location: _____ Department: _____

Referrals Contacts Phone Number: _____ Fax Number : _____

Appointment Information:

Last Time Patient was seen by Referring party: Date ____/____/____

Number of Visits Requested: _____

Known Barriers of the Patient:

___ Transportation ___ Comprehension ___ Support ___ Financial ___ Housing ___ Food

___ Other: _____

Why is the Patient being Referred to the Community Paramedic: _____

Specialty Care and Case Manager Notes: _____

Assessments type(s) requested:

___ General/social interaction ___ Vital Signs ___ Fall Risk ___ Minor Medical Procedure

___ ECG Tracing ___ Immunization/Vaccination ___ Weight Monitoring ___ Laboratory Collection

___ Medication Compliance ___ Health Assessment ___ Wound Care ___ Med Education

___ Other: _____

Community Provider(s) contact information for collaboration:

Community Case Manager Name and Contact Information: _____

ARMHS or ILS Name and Contact Information: _____

Insurance Care Coordinator Name and Contact: _____



WESTERN WISCONSIN HEALTH

Western Wisconsin Health and Baldwin Area EMS Community Paramedic Client Referral

Behavioral Health and Social Services

Referral Date: _____

Patient Name: _____ Phone Numbers: _____

Patients Address for the visit: _____

Special instructions for the visit: _____

Patients Primary Diagnosis: _____

Please Include Face Sheet for Demographic and Insurance information

Referral Information:

Provider Name: _____ Title: _____

Location: _____ Department: _____

Referrals Contacts Phone Number: _____ Fax Number : _____

Appointment Information:

Last Time Patient was seen by Referring party: Date ____/____/____

Number of Visits Requested: _____

Known Barriers of the Patient:

___Transportation ___Comprehension ___ Support ___Financial ___ Housing ___ Food

___ Other: _____

Why is the Patient being Referred to the Community Paramedic: _____

Specialty Care and Case Manager Notes: _____

Assessments type(s) requested:

General/social interaction Vital Signs Fall Risk Minor Medical Procedure

ECG Tracing Immunization/Vaccination Weight Monitoring Laboratory Collection

Medication Compliance Health Assessment Wound Care Med Education

Other: _____

Community Provider(s) contact information for collaboration:

Community Case Manager Name and Contact Information: _____

ARMHS or ILS Name and Contact Information: _____

Insurance Care Coordinator Name and Contact: _____

Other: _____

Does the patient have a stayed commitment? Yes No

Plan of Care Information (what the CP should achieve):

Provider Signature: _____ Date: _____

Once form is completed, Please fax it to: 715-684-4575, and call the CP at 715-760-1011

Appendix E:

Multiplan Rural Health Grant Application

COMMUNITY PARAMEDIC PROGRAM

MULTIPLAN RURAL HEALTH OUTREACH GRANT APPLICATION

APRIL 21, 2016

BY

TOM BOYER, NREMT-P

KIMBERLY MCDONALD, MSW, LCSW

MARY SATHER, RN, BSN, CEN

Background/Purpose: The Community Care Paramedicine Program is an emerging field across the United States that utilizes the expertise and service of Paramedics within the community they serve. In this program, paramedics are integrated into the local healthcare system and overseen by emergency and primary care physicians along with additional support to hospitals, municipalities, residents, and insurance companies in several ways. The role of the Community Care Paramedic adapts to the specific needs of the community they serve. This is a growing program which has shown success in rural communities in providing initiatives for a healthier community. Studies have shown that a Community Care Paramedicine Program decreases hospital readmissions. Minnesota has one of the most successful Community Care Paramedicine Programs in the United States. The purpose of the Community Paramedic Program is to integrate community wellness by providing community visits in patient homes to assist in monitoring of medical and mental health diagnoses, thus reducing hospital readmissions.

Project Plan and Implementation: The project plan is to create a Community Care Paramedicine Program within our rural community in collaboration with our local EMS. Creating this program will take collaboration with local EMS, Homecare, local Hospital, Hospice, Public Health, and other collaborative hospitals from the Twin Cities area. Implementation will involve certification of a Community Care Paramedic through an approved educational program, clinical hours, project planning with a timeline, and stakeholder meetings with all team members and community stakeholders.

Introduction to Community Paramedicine: There are many needs in rural communities to promote health and wellness. However, there are deficits as well. Not all patients with significant illness qualify for homecare and the mental health crisis continues with lack of resources. These are just a few of the gaps affecting health and wellness of rural communities. One way of bridging and improving these issues is by involving a Community Care Paramedic within the community. This is an emerging field across the United States that utilizes the expertise and service of Paramedics within the communities that they serve. In this program, Paramedics are integrated into the local healthcare system and overseen by emergency and primary care physicians along with additional support to hospitals, municipalities, residents and insurance companies in several different ways. Minnesota already has one of the most successful Community Care Paramedicine Programs in the nation. Wisconsin is in the infancy stages of developing this program; however, they have adopted the Minnesota model.

Project Plan and Implementation: In creating a Paramedicine Program within our community, we will apply an evidence-based practice model, project management principles, or a research process to a project which focuses on practice improvement.

The process is as follows:

a. Assess - Need for change in practice. Stakeholders-EMS, local hospital, Homecare, Hospice, Public Health, and larger hospital in the twin cities area who provide care to patients from this rural area. This also involves a community assessment which is part of the Community Care Paramedicine Education Program. The assessment is brought back to the stakeholders to address health and wellness needs of the community.

b. Link - Problem intervention and outcomes. Potential interventions and activities will be addressed along with selection of outcome indicators.

c. Synthesize - Best evidence. Current literature and research will be reviewed as it relates to the Community Care Paramedicine Program along with health and wellness initiatives within the community.

d. Design - Proposal for this change in the community will be well defined. The program will be developed along with the necessary resources and stakeholders. Outcomes will be defined.

e. Implementation and evaluation - Once this program is launched within the community the key stakeholders including nursing leadership will evaluate the current process and outcomes. Decisions will be made regarding further adaptation of the program as it fits the needs of the community.

f. Integrate and maintain - The program will continue to be maintained with ongoing communication and meetings with all key stakeholders. Nursing staff will also be provided with an in-service and further education regarding this practice change which will most likely be initiated within the hospital or clinic. This program will be integrated into the standards of practice amongst all key stakeholders. Processes and outcomes will be ongoing and key data will be shared with the State of Wisconsin.

In summary, health and wellness is becoming the future of our communities. This is also being folded into the nursing practice model as well. The Community Care Paramedicine Program in the rural setting has shown success in meeting the health needs of the community. The development of this program in this rural community will be one of the first on this side of the state in Wisconsin. The goal is to ensure the success of the Community Care Paramedicine Program within our rural community.

Community Care Paramedicine: Community Care Paramedicine is a growing program which has shown success in rural communities in providing initiatives for a healthier community. As previously mentioned, studies have shown that a Community Care Paramedicine Program decreases hospital readmissions.

With the Accountable Care Act, more focus will be on health and wellness. There is clear evidence that keeping the community healthy helps decrease unhealthy behaviors and disease. The Community Care Paramedic can help play an active role in these initiatives. The article by Heightman (2013), discusses how key emergency medical services leaders met together to discuss how the Affordable Care Act can play a role in decreasing healthcare costs. They go on to address five areas that will be, “tomorrow’s reality” (p.4) with healthcare reimbursement. One of these areas includes the Community Care Paramedic and their role which they define as, “Mobile Integrated Healthcare Practice” (p.5). Other key points in this article when it comes to Community Care Paramedics include the importance of legislation and practice, a sustainable delivery model, defining a practice model, community assessment, 24 hour access for availability for this kind of program. This article was very informative with good information when considering a Community Paramedicine Program within a community.

Reference:

Heightman, A. (2013). Envisioning community paramedicine. Journal of Emergency Medical Services. Retrieved from: <http://www.jems.com/articles/2013/03/envisioning-community-paramedicine.html>

Appendix F: Evidence Synthesis Matrix

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level & Quality
Community Paramedicine Evaluation Tool. U.S. Department of Health and Human Services. www.hrsa.gov	To provide an assessment tool for Community Care Paramedics. There are tools to define system-specific health needs along with benchmark and performance indicators in developing a comprehensive care system.	No sample	Literature Review. Clinical Practice Guidelines	N/A	This is an excellent tool provided by the Department of Health and Human Services that provides scoring tools for assessment, policy development, assurance and benchmarking. This is due to the absence of validated national benchmarks or norms. The tool also provides a program information worksheet.	This would be a recommended tool by any community trying to develop a Community Care Paramedicine Program.	Level V, high quality

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level & Quality
<p>Community Paramedic Pilot Project. www.emsa.gov</p>	<p>Defined Community Paramedicine, showed where the current programs are across the nation, and defined the pilot program for California.</p>	<p>No sample</p>	<p>Informative with small amount of data</p>	<p>N/A</p>	<p>Community Paramedicine Programs are growing throughout the country. The current programs show that paramedics role can be expanded with saving healthcare dollars.</p>	<p>With the success of Community Care Paramedicine programs in other states, a pilot project in California would be beneficial due to the large State population.</p>	<p>Level III Good Quality</p>

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level & Quality
Community Care Paramedic PowerPoint (2011) presented by Community Paramedics in Baraboo, Wisconsin. Community Care community paramedics. com/information.html	This is a local area in Wisconsin who is providing information to local community and state.	NA	Non-research Literature Review	NA	This is an excellent PowerPoint for other communities who are interested in developing their own Community Care Paramedicine Program. They provided demographic data, statistics, and information regarding the rising cost of healthcare and how this program can save money and decrease Medicaid spending.	The assessment and recommendations are very clear regarding the health needs of their community. This could easily be a reference and good tool for any community trying to develop this program, provided they use their own demographics and numbers.	Level V High Quality

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level & Quality
North Memorial Celebrates First Anniversary of Community Care Paramedics Program. Northmemorial.com	To show the success of North Memorial's Community Care Program	N/A	N/A	N/A	This article shows the great success of the Community Paramedic Program and how this program took 15 years to execute. One of the initial struggles was funding, however, Medicaid passed a law in 2012 to allow reimbursement for Community Care Paramedics in the State of Minnesota. The article also goes on to discuss how this program helps bridge patients who are discharged from the hospital or emergency department who may not return to their provider for follow-up. There are also patients who do not qualify for homecare and are homebound. This is where the program can also be successful.	This is a testament to the hard work needed to develop a successful Community Care Paramedicine Program within a community. The article also shows the reaping rewards from a successful program. This provides very helpful information for any community trying to develop this program.	Level III Good Quality

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level & Quality
<p>O,Conner, K. (2015). Community paramedicine: the next frontier. <i>Firehouse</i>, 40(4), 30.</p>	<p>The purpose of this article is to show how the Affordable Care Act is pushing the healthcare industry to become more efficient, lower costs, and ensure that patients are treated at the appropriate healthcare facility. Community care Paramedics are immersed and integrated into the community's healthcare delivery system. This may include health visits and screenings to ensure patients are following their medical provider's instructions. This also includes specific patients with chronic conditions.</p>	NA	Non-research Expert Opinion	NA	<p>As we look toward managing healthcare costs with the Affordable Care Act including trying to keep people well in the community, the community care paramedic can play a huge role in this process. They are integrated within the community to pay visits to patients to ensure they are following their provider's instructions regarding care.</p>	<p>This article is right on target regarding the Community Care Paramedicine Program. Many budgets cuts have been made to EMS services. This is another layer in which paramedics can offer their services within the community. Emergency Medical Services need to consider how Paramedics can offer their services within the community.</p>	Level V Expert Opinion

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level & Quality
<p>Heightman, A. (2013). <i>Envisioning Community Paramedicine. Jems: Journal of Emergency Medical Services.</i> Jems.com</p>	<p>Key EMS leaders met together to discuss how the Affordable Care Act can play a role in decreasing healthcare costs. They go on to address five areas that will be “tomorrow’s reality” with healthcare reimbursement. They define the Community Care Paramedic as “Mobile Integrated Healthcare Practice” (p. 4,5).</p>	NA	Non-research Synopses	NA	<p>Key issues were discussed including legislation needed to practice in their specific state, building a sustainable delivery model, defining how the practice should look, specific experiences from Community Care Programs already practicing within their communities. This also includes a community needs assessment and a 24-hour community access for care availability.</p>	<p>Community Care Paramedics need to have defined roles, community support, availability. Evaluation of current Community Care Paramedicine Pilot Programs across the nation could help define a sustainable model for the future.</p>	Level III High Quality

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level & Quality
Community Care Paramedicine Program. Hennepin Technical College. Hennepintech.edu	Provides the education curriculum for the Community Care Paramedic Program	NA	Non-Research	NA	Minnesota has a very strong Community Care Paramedic Program. The website provides defining information regarding Community Care Paramedics role, legislation reports, Department of Human Services billing process, and continued expansion of the program.	This website is a great resource for other rural communities considering a Community Care Paramedic Program within their community. They provide defining information along with history, legislation, and reimbursement. There is additional archived news.	Level V Expert Opinion

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level & Quality
<p>Minnesota Ambulance Association Community Paramedic. mnemscp.org</p>	<p>Minnesota Community Paramedic Website for information.</p>	<p>NA</p>	<p>Non-Research</p>	<p>NA</p>	<p>Minnesota has a strong Community Care Paramedicine Program. The website provides defining information defining the program along with a YouTube video. Other information includes links for resources, legislation, reimbursement billing process for claims, news reports, and other archived information.</p>	<p>This website is a great resource for other communities considering a Community Care Paramedic Program within their community. The website provides defining information including explanation of the program, legislation, billing process, news reports, and other archived information.</p>	<p>Level III High Quality</p>

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level & Quality
<p>Bingham, B. L., Kennedy, S. M., Drennan, I., & Morrison, L. J. (2013). Expanding Paramedic Scope of Practice in the Community: A Systematic Review of the Literature. <i>Prehospital Emergency Care, 17</i> (3), 361-372. Doi: 10.3109/10903127.2013/792890</p>	<p>Cochrane methodology used to review international literature to describe existing community paramedicine programs.</p>	<p>NA</p>	<p>Non-research Systematic Review of Literature.</p>	<p>NA</p>	<p>There is a small amount of literature investigating the effectiveness of the expanded scope of paramedic practice. What is lacking consensus is what Community Paramedics should do including the science supporting their safety and effectiveness. This requires achieving consensus from the government agencies, healthcare organizations, providers, public health, and other community services.</p>	<p>There needs to be further research regarding Community Paramedicine which will provide a more clear understanding of the benefits and risks to both health systems and patients.</p>	<p>Level V High Quality</p>

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level & Quality
<p>Misner, D. (2005). Community paramedicine: part of an integrated healthcare system. <i>EMS World</i>. www.emsworld.com</p>	<p>The purpose of this article was to demonstrate how a Community Care Paramedicine Program was developed in the Long and Brier Islands in rural Nova Scotia.</p>	<p>NA</p>	<p>Non- Research Expert Opinion</p>	<p>Yes. A graph was made to show how Community Care Paramedics decreased Emergency Department visits by 23% in 2002-2003.</p>	<p>The Community Care Paramedicine Program was created due to long travel times, isolation, and inability to recruit a physician to a remote island.</p>	<p>Even though this is an older article, the presentation shows how beneficial the role of Community Care Paramedics can be in remote areas.</p>	<p>Level V High Quality</p>

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level & Quality
Alper, A., Morganti, K., Margolis, G., Wasserman, J., Kellermann, A. (2013). Giving ems flexibility in transporting low-acuity patients could generate substantial medicare savings. <i>Health Affairs</i> , 32(12).	This article shows how Medicare patient transports with a low acuity diagnosis could be managed outside the Emergency Department and possibly even triaged within the community. If EMS could manage selected 911 calls with community care paramedics, this could save the federal government millions of dollars per year.	Data was used with no random sampling .	Consensus or Position Statement.	Medicare claims data from CMS related to ems calls which were nonemergent or primary care treatable. A specific validated algorithm was used.	More than one-third of Medicare beneficiaries not admitted to the hospital after a 911 call could be treated in settings other than emergency department. If Medicare had the flexibility to reimburse to transport to alternative settings, the federal government could save millions of dollars.	A community care paramedic program could improve disease management with post discharge follow-up to decreased readmissions and provide navigation to patients in the community who are in need of services. Some of these services could be provided by a Community Care Paramedic.	Level IV Good Quality

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level & Quality
EASCARE. New England EMS Agency Expands Community Paramedicine Program. (2014). <i>EMS World</i> , 43 (7), 16.	The purpose of this article was to show how a large EMS Transport Company within New England expanded the role of paramedics. This included highly trained Community Care Paramedics who were allowed to treat patients in their homes, avoiding a costly emergency department visit. The goal is to reduce unnecessary trips to the hospital, collaborate with the patient's physician for delivering care without transporting to the hospital. Assessments can be performed in the home with advanced technology.	NA	Non-research Clinical Practice Guidelines.	NA	This article clearly states how qualified well trained Community Care Paramedics can provide care within the community so much that Eascare, a large ems transportation agency was willing to develop this integrative program. This initially was a pilot, however, they have developed a new model which will expand off of the pilot project. In other words the pilot project was successful.	This project clearly shows the necessity of piloting a project such as this before fully developing the program. This also appears to be another solution in helping to reduce healthcare costs.	Level IV Good Quality

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level & Quality
Brydges, M., Spearen, C., Birze, A., Tavares, W. (2015). A Culture in Transition: Paramedic Experiences with Community Referral Programs. <i>Canadian Journal of Emergency Medicine</i> , 20: 1-8.	This article described a qualitative study done regarding frontline paramedic experiences with referral programs within the community to identify opportunities and challenges in their practice.	23 interviews were conducted representing 6 regions.	Qualitative. Non-experimental	There were five themes that emerged from the study: “(a) role of confusion, (b) an inadequate knowledge base, (c) inadequate feedback, (d) undefined accountability, and € patient advocacy” (p.633).	In the current stressed healthcare system, paramedics have the opportunity to better serve patients by initiating referrals for patients that they encounter with unmet social and medical needs.	If the results of these interviews are not addressed such as: role confusion, an inadequate knowledge base, inadequate feedback, undefined accountability, and strong patient advocacy, this could threaten the success of these programs.	Level III High Quality