

West Michigan Community Paramedic Program

- Alex Truman
- program coordinator



Participating Agencies



Community Paramedic Education Program

- 200 total hours of education
 - Chronic Disease Management
 - Wound Care
 - Neurological Assessments (NIH-Scale)
 - Lab Values
 - Community Health
 - Suture and Staple removal



Program Model & Objectives

Model: Post Hospital discharge of CVA and Trauma Patients

- Prevent Hospital readmissions
- Prevent/ Reduce unnecessary ED visits
- Healthcare cost savings for both patient and healthcare system



DATA

NUMBER OF POST DISCHARGE PATIENTS: 62

CVA PATIENTS: 35
 <30 DAYS POST DISCHARGE RE-ADMIT: 3
TRAUMA: 18
 <30 DAYS POST DISCHARGE RE-ADMIT: 3
ORTHO TRAUMA: 9
 <30 DAYS POST DISCHARGE RE-ADMIT: 0

NUMBER OF VISITS: 253

LIFE CIRCLES PATIENTS: 1 (3 VISITS)

COST PER VISIT: \$250 vs. \$1,353.75 - \$1,658.75 (Medicare - Medicaid coverage)

What's Going Well & Program Challenges

Positives	Challenges
Utilization of Resources	Change of Pace/Mindset
Six Re-Admissions	Referral Process
Patient Understanding of Recovery Expectations	Reimbursement

Patient Impact

- “Helped to get my blood sugar under control and helped me with remembering to take my medications.” -JM
- “Program helped remind me of my limitations with injuries and to reinforce the importance of following discharge instructions throughout my recovery.” -LR
- “Should be an ongoing service.” -RP
- “They showed up when they said they would. They were very patient, asked a lot of questions, answered all of our questions. They were a big help. Thank you! It is a great program.” -BS
- “Helped with the fact that both adults in our home were injured and with ongoing ankle complications. I was able to ask questions in the comfort of my home without the pressure of a hospital setting.” - SE
- “Helped with paperwork problems with insurance.” -CE

Provider Impact

- “Patient has made marked improvement and is showing great pride in improved organization of health and home. It has been a pleasure to watch the improvements and encourage her along the way. She was graduated from the program.” -CP
- “Went over discharge instructions in detail. Home inspection – wife, the main care provider, and she seemed more at ease by the end of the visit.” -CP
- “Was able to arrange for transport to medical appointment with coverage through the patient’s insurance that he was not aware he had.” -CP
- “Great first visit. Dropped off prescription to Walgreens, so that patient’s daughter could pick up on her way home. Home safety assessment was addressed. Family and patient were very receptive. Referred patient to Community Health Project.” -CP
- “Referred patient to Community Health Project. Provided patient with paperwork to apply to Love Incorporated for assistance for a ramp for safer access in/out of home.” -CP

Looking to the Future.....

REIMBURSEMENT