

2022 SCAC Awards Program

This application is for:

J. Mitchell Graham Memorial Award

Project Title

Community Paramedicine in Calhoun County

County/Counties

Calhoun

Staff Contact

Brandy Roberson

Job Title

HR Director

E-mail Address

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102 Courthouse Drive, Suite 108
St. Matthews, SC, 29135

Please provide a summary of your entry (no more than 100 words) to be used in a handout for the awards competition and included in press releases/publications. You may either type the summary in the text box or upload it as an attachment below.

The purpose of developing the Community Paramedicine Program in Calhoun County was to provide our community with a service that focuses on providing the vulnerable and underserved citizens with medical care and to mitigate the need for non-emergent calls in the most effective and efficient way possible. The goal of the Community Paramedicine Program is to prevent unnecessary emergency department visits, hospital admissions and/or readmissions; leaving the emergency services for true emergencies and not routine care. Readmissions often occur unnecessarily from a variety of reasons, including but not limited to, poor transitional care, educational deficits, and psychosocial deficits.

Presentations may include more than one speaker; however, each speaker should be aware that the 10-minute time limit is strictly enforced. Please list the name, title, and e-mail address of each speaker:

Name	Title	Email
Crystal Youmans	EMS Director	cyoumans@calhouncounty.sc.gov
Brandy Roberson	HR Director	broberson@calhouncounty.sc.gov

To submit these attachments online, please upload Microsoft Word or PDF documents below.



Calhoun County EMS CP Pro... .pdf



Community Paramedicine inpdf



Letter of Support.pdf

Please check boxes for attachments you will submit as part of your application

A concise Project Description to explain the purpose and significance of the entry (up to eight pages). Please follow the prescribed naming convention for your Project Description file.

Any additional materials needed to support your application (up to five pages).

J. Mitchell Graham Memorial Award applications must include a letter of support from the county council chairperson or county chief administrative officer. Barrett Lawrimore Memorial Regional Cooperation Award applications must include letters of support from the council chairperson or chief administrative officer for EACH participating political subdivision.



Community Paramedicine in Calhoun County

J. Mitchell Graham Award

South Carolina Association of Counties

April 21, 2023

The purpose of developing the Community Paramedicine Program in Calhoun County was to provide our community with a service that focuses on providing the vulnerable and underserved citizens with medical care and to mitigate the need for non-emergent calls in the most effective and efficient way possible.

The goal of the Community Paramedicine Program is to prevent unnecessary emergency department visits, hospital admissions and/or readmissions; leaving the emergency services for true emergencies and not routine care. Readmissions often occur unnecessarily from a variety of reasons, including but not limited to, poor transitional care, educational deficits, and psychosocial deficits.

Community Paramedicine aims to decrease the frequency of unnecessary hospitalizations by performing focused patient assessments and providing treatments and education within the confines of the patients' own home. With the intent of keeping the patient at home and under the care of their primary care providers, risks associated with the catch-all safety net of an emergency department and/or an unnecessary readmission are avoided.

In addition to reducing the risk of exposure and associated complications, this approach to patient-centered care allows the patient to maintain continuity of care within their environment and established support systems. They receive more efficient and cost-effective care, and access to resources that address low acuity conditions. Untreated, those conditions might otherwise escalate into higher acuity conditions, potentially requiring emergent care and hospitalization.

The basis of this program centers around those patients who need assistance due to inability to easily leave their homes for doctors' appointments, are homebound, and/or have limited mobility. This is particularly seen with the elderly and underserved population. Seeking out-patient medical care can be challenging for these patients and their families.

Calhoun County Emergency Medical Services often receives requests for ambulance calls that are not true emergencies, but rather for issues regarding social service. These calls would normally fall under a home health category. Residents that were just released from the hospital are prone to complications or were not educated properly on their discharge instructions. These issues many times lead to a re-admission, or for those who wait too long to seek access to health care until they are very sick.

The clinical demographic of the patients in the Community Paramedic program consists of patients with various ranges of issues, including but not limited to:

- Patients at high-risk for readmission
- Patients who do not qualify for home health
- Patients with identified transportation barriers
- Patients who are bed-bound at home
- Patients with limited access to technology and unreliable internet connections

Fortunately, 85.2% of the residents of Calhoun County have some form of medical insurance; however, that leaves 14.8% uninsured. Calhoun County also has a higher elderly population than the state and national average, as well as a higher rate of diabetes, hypertension, and obesity. There are also other barriers keeping Calhoun County citizens from accessing the healthcare they genuinely need. Current obstacles include cost or the inability to pay for care, the fear of creating a large debt, understanding how their health insurance works, lack of trust or fear of the medical system, transportation, relying on in-home remedies, and the unwillingness to follow the treatment plan prescribed to them by their physician. Many people who fit into these categories will not seek care until a medical emergency arises or they have an immediate need. They then rely on EMS to provide care and transport. When EMS has to respond due to a non-

emergency this takes the staff out of commission for the true emergencies. This trend has an effect on the entire county population.

The paramedics assigned to the Mobile Integrated Healthcare-Community Paramedic Program were required to successfully pass a Community Paramedic class along with designated clinical hours that meet the requirements set forth by DHEC Bureau of EMS. In addition, those that complete the Community Paramedic program take the national certification testing. The Program Coordinator, who is also the EMS Training Officer, will be responsible for training, oversight, and coordination of the program. The ability to perform weekend and weekday visits makes the program more assessable to patients. The flexibility of our EMS department is crucial to making the program successful. Paramedics also have an open line of communication with other MIH-CP programs around the state for benchmarking and as an information resource. The MIH-CP Program is overseen by Dr. Lee Turner, Community Paramedicine Medical Control Director for Calhoun County EMS, along with support and assistance from Primary Medical Control Director, Dr. Jared Stone. The program was set out in three phases:

Phase One: Data gathering/baseline discovery, staffing, and identifying community resources and partners by June 1, 2022.

Phase Two: Community and patient outreach and engagement, community education, ongoing program, and process improvement by June 1, 2023

Phase Three: Ongoing data collection and analysis of community impact on measured outcomes for the identified populations, further community outreach, and continuously report to all stakeholders by December 2024.

There were several challenges to get this program off the ground. The first challenge was finding funding to get this project started. Funds were needed to train employees, develop

protocols, and hire a physician to handle the oversight and specific standing orders for the Community Paramedics. The Office of Rural Health assisted with approximately \$100,000 dollars to get started and help for the first three years. Once that funding is exhausted, there will be a need for funding from other sources to maintain the medical control oversight. A staffing increase is needed so that Community Paramedics can focus on patient visits. Two additional employees expanded the team, which gives half the coverage needed, allowing for patient visits about once a week. With increased staffing, the goal is to ideally see patients two to three times a week and increase the number of intakes.

Community Paramedics make in-person visits to provide education, draw labs, medication reconciliation, perform a social assessment of the home, and perform physical assessments. They also monitor health metrics (such as weight, blood pressure, oxygen level, heart rate, and blood glucose monitoring) that are used to ensure expanded care management, provide communication between care providers, and helps with early detection of complications. The Community Paramedic Coordinator oversees the program's referrals, scheduling, and data management. The current aim is to provide an in-person visit within 24-48 hours of an accepted referral.

The Community Paramedicine Program has consulted with 32 patients since November 2021. Currently there are 27 enrollments. Breakdown is as follows:

57 individual patient interactions

16 medication reviews

30 education / plan of care review sessions

Of those 32 patients pre-Community Paramedicine intervention (90-day period):

9 hospital admissions

95 ER admissions

98 EMS utilizations

Same 32 patients post-Community Paramedicine intervention (90-day period):

4 hospital admissions

8 ER admissions

11 EMS utilizations

The data shows an 89% decrease in EMS utilization with a 11.1% thirty-day readmission rate, a 96.7% decrease in ER utilization, and a 55.6% decrease in Hospital admissions among our patient population. The average patient age is between the ages of 37-88, 75% African American and 25% Caucasian, 25% female and 75% male.

The cost associated with visits would have cost approximately \$167,010 (an ER visit in SC averages \$1,758), and \$18,639 per day hospital admission without intervention. The total projected savings of \$185,649 based on the first quarter of 2023. The projected savings does not include the reduction of cost due to 89% decrease in non-emergent calls. There is no way to adequately value the availability of EMS staff during a true emergency.

The program is being supported by Calhoun County tax dollars, with administrative and equipment costs supported by grant funding from the SC Office of Rural Health. There are currently three trained Community Paramedics who completed the course and clinical requirements in June 2022. In February 2022, three more paramedics were sent to training that will be completed by June of 2023.

There are still several areas planned to address, such as mental health. Research and work

with the Department of Social Services, Adult Protective Services, and Law Enforcement has commenced to see what options are available for mental health patients. It is desirable to expand into assisting with recovery from substance abuse and alcoholism. Both issues have been a growing concern in our area over the last two years. Again, the biggest challenge with both is limited access to transportation, facilities, and individual resources.

This project was desperately needed in the area to help with the ambulance call volume and limited resources. Over a two-year period, the call volume increased by 25%, which added roughly 1,000 calls to absorb, many non-emergent. There were several options, such as increasing the staffing of ambulances, which would have equated to 8 additional employees at a cost of around \$300,000 additionally each year. With a declining population and limited tax revenue, this option was not feasible. Instead, two additional employees were budgeted for. The two additional employees were not enough to staff more ambulances per day; however, it did free up personnel for the Community Paramedic visits to high utilizers of the county EMS system. This alone helped reduce unscheduled 911 calls for service by almost 100 calls over the last six months; therefore, keeping our limited resources of 3 ambulances available for the more urgent 911 calls. It has also given the ability to assist a vulnerable population, which has a 60% illiteracy rate and did not know what their discharge instructions said or how to take their medications. Within the population, assisting with whatever needs patients have in an attempt to keep them home and healthy, in turn reduces the community's risk, keeps the ambulances available in the area more, and helps patients improve in their daily lives.

Due to their rural nature Fairfield and Lee counties also received grant funding through the Office of Rural Health during the same cycle as Calhoun County. The program is geared toward the unique needs of the citizens of each county. Not only does the program focus on

bringing health care into the homes but also to reduce and mitigate the number of calls dispatched for non-emergent reasons. Calhoun County was the first to complete the program and to be recognized by SCDHEC.

The program would not have been such a success without the collaboration of EMS personnel, administration, County Council, rural health, and the citizens of Calhoun County.



July 21, 2022

Crystal Youmans, Director of EMS
Calhoun County EMS
201 Mill Street
Saint Matthews, SC 29135

Dear Ms. Youmans,

Thank you for submitting the Calhoun County EMS Community Paramedic Program for acknowledgement by the Division of EMS and Trauma. After review of your proposed program, the Division of EMS and Trauma has determined that the scope of your program aligns with your Agency License requirements and within the scope of practice for a Paramedic with the required Community Paramedic Training.

Calhoun County EMS is recognized and acknowledged as a Community Paramedic Provider for a period of 2 years, expiring August 1, 2024 at which time we ask that you notify the Division of EMS and Trauma with any updates or changes to your program. We also request a copy of your Medical Control Physician approved Community Paramedic Protocols for recognition of the scope of your program, the Paramedics who will be designated by your Agency as a Community Paramedic, and the educational program completed for their Community Paramedic training.

In the event that your Agency will require the Community Paramedic's from Calhoun County EMS to obtain DHEC Division of EMS and Trauma ENDORSEMENT for Community Paramedic, I direct you to the requirements in EMS Regulation 61-7 § 116 A-G and H 1,2,3, and 4.

Once again, thank you for notifying our office of your intent to expand services in Calhoun County. If I can be of further assistance, please contact me.

Sincerely,

John D. Thivierge, EMS Section Manager
DHEC Division of EMS and Trauma
(803) 545-4489



CALHOUN COUNTY COUNCIL

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April 20, 2023

South Carolina Association of Counties
1919 Thurmond Mall
Columbia, SC 29201

Re: Letter of Support

Calhoun County Administration fully recognizes the efforts of Calhoun County EMS in regards to the Community Paramedicine Program. This program has, and will continue to be a great resource for the citizens of Calhoun County. Please accept this letter as our full support of their award endeavor.

Best regards,



John E. McLauchlin
Administrator