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# Community Paramedicine and the Geriatric ED

**Expert Panel Webinar**

Monday, January 22, 2024

3–4pm EST

Moderated by:



**Don Melady, MD, MSc(Ed)**  
Emergency Physician  
Mount Sinai Hospital, Toronto, Canada  
GEDC Faculty

# ***How could community paramedicine help your older patients?***

**220 Registrants across 10 Countries**



# How could community paramedicine help your older patients?

Avoid ED transfer

Assess medical AND social needs

Provide “anticipatory” care

Provide education for patients once in their home

Assess falls risk

ED at Home

Chronic disease monitoring

Assess access to care

Monitoring

Provide follow up when it’s hard to get to appointments

Limit the amount of time out of the home

Establish baseline

Follow up once they are in their home

Assess level of support and what needs there are

Improve transitions of care

Obtain reliable information about function and cognition



**gedcollaborative.com**

## Mission & Vision

A world where all emergency departments provide the highest quality of care for older patients.

We transform and evaluate interdisciplinary best practice in geriatric emergency medicine, and then build and distribute practical, evidence-based clinical curriculum and quality improvement tools that support sustainable, quality care for older adults.

<https://gedcollaborative.com/membership/>

## Membership

GEDC Members work together to transform ED care of older adults; catalyze action at local and national levels to support these care transformations; and evaluate the impact of these new models of care for older people.

- **Make your plan to become a GED**
- **Access to GEDC Community**
- **Participate in consulting services**
- **Access to education tools**
- **Implementation tools and training**
- **Evaluation resources**



**Join  
the  
GEDC**

# Meet Your Expert Panel

What questions  
do you have  
for our panelists?



**Jose Cabañas MD, MPH**

Chief Medical Officer, Wake County  
President, National Association of EMS Physicians  
Raleigh, North Carolina



**Neil Dinesh Dattani, MD**

Emergency Physician, William Osler Health System (WOHS)  
WOHS Clinical Lead,  
Peel Region Community Paramedicine Program  
Toronto, Canada



**Ann McDermott, MSc**

National Ambulance Service Community Paramedic  
Dublin, Ireland



**Michael Stern, MD**

Associate Professor of Clinical Emergency Medicine  
Chief, Geriatric Emergency Medicine  
Director, Geriatric Emergency Medicine Fellowship  
New York Presbyterian Hospital/Weill Cornell Medicine



**Maria Wesloh**

Lead Intermediate Care Technician VA ICT  
Detailed: Implementation Specialist  
VHA Office of Primary Care  
Air Force Medic  
Fayetteville, North Carolina

# Take away points: Jose Cabañas

1. The primary goal of community paramedicine is to enhance community health outcomes through a healthcare delivery model where EMS clinicians offer expanded services beyond the traditional role of an EMS system.
2. Identify existing health problems among a patient population across the community health system. Start small and tailor your program to the specific core needs of that patient population.
3. Collaboration is crucial for success and depends on the availability of resources available to meet the needs of patients accessing unscheduled care through the 911 system.

# Take away points: Neil Dinesh Dattani

1. Have a predictable and controllable stream of referrals at the outset of the program. This will support growth in the early stages.
2. Collaborate with organizations that share priorities with your program to establish clear use cases for your community paramedics. The "value add" of community paramedics with the right clinical partners will shine through. But if there isn't a clear link, the values and skills of community paramedics may seem redundant.
3. Have community paramedics with significant experience in the 911 stream. They will bring confidence and a broad understanding of the prehospital setting to your program.

# Take away points: Ann McDermott

1. Get the people right: Staff and stakeholders need to be engaged, flexible, good problem solvers, and good decision makers.
2. Develop a governance model that works for both the organisation(s) and the staff.
3. Look at research that Irish Regulator (PHECC) developed. Every site will vary based on local environment.



# Take away points: Maria Wesloh

1. SCOUTS is a Department of Veterans Affairs program driven by former military medics who go out to patients' homes for follow-up care. The visits can address functional decline or just a follow-up from a procedure or illness.
2. Our program targets Geriatric patients 65 years of age or older who have screened positive during our "Identifying Seniors at risk" questions. The ICT's will take a deeper dive into the issues by doing a full Geriatric Veteran screening after the positive screen.
3. The ICT's will visit the patient's home with a Licensed Independent Practitioner on an iPad conducting the needed patient care. If needed, physical therapy can be on the call also if accessing for falls risks where the ICT goes through the house identifying any risks to the patient.

# Take away points: Michael Stern

1. Community TELE Paramedicine – paramedics go to the home of high-risk, high-resource-utilization patients and interact in real-time with hospital-based emergency physicians. Most common diagnosis is advanced heart failure, often recently in the ICU.
2. The goal is 40% reduction in ED revisits and 25% reduction in hospital re-admission. Paramedics use a comprehensive visit approach: complete physical exams, medication administration, medication reconciliation, and ancillary services: lab draws, expanded home services, durable equipment order, etc.
3. Patient experience is highly favorable – specifically around decreased anxiety about disease and increased understanding of symptoms and a sense of appreciation for the hospital's coordinated efforts to keep them safe at home.

# Community Paramedicine Resources

## BLOG

### How Paramedics Can Make a Difference in Geriatric Care

January 22, 2024

Samantha Chiu

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#### WHAT MAKES PARAMEDICS UNIQUE?

As first responders, paramedics hold a unique position. Before the patient arrives at the doors of the ED, paramedics have seen and assessed them in their home. Entering into the patient's living space can provide vital insight into issues that aren't always obvious once the patient arrives at the hospital, but can lead to chronic ED visits and hospital re-admissions.

*Is there food in the fridge? Who does the patient call for help? Are there several medications present?* Even a limited time in a patient's home can provide important clues about these social drivers of health. In turn, these point to larger issues including a lack of access to primary care, a lack of social network, and confusion over multiple medications.

#### WHY COMMUNITY PARAMEDICINE?

Community paramedicine programs were created to address a number of issues that are familiar to many health care professionals. One of these is the high rate of re-admission for older patients, especially those with chronic conditions.

In rural settings, community paramedicine began because of a lack of access to health care. Instead of making long trips

<https://gedcollaborative.com/article/how-paramedics-can-make-a-difference-in-geriatric-care/>

## PODCAST

### How Paramedics Can Make a Difference in Geriatric Care

November 28, 2023

Dr. Christina Shenvi and Megan Corry discuss how geriatric specialty paramedic training has the potential to decrease ED readmission rates and enhance the care of older adults.

<https://gedcollaborative.com/podcast/how-paramedics-can-make-a-difference-in-geriatric-care/>

# Resources

## **Jose Cabañas**

<https://www.wake.gov/departments-government/emergency-medical-services-ems/about-us/ems-field-operations/advanced-practice-paramedics>

Falls paper: <https://www.acpjournals.org/doi/epdf/10.7326/M17-0969>

## **Neil Dattani:**

<https://www.peelregion.ca/paramedics/programs/community-paramedicine.asp>

## **Maria Wesloh:**

<https://marketplace.va.gov/innovations/scouts>

## **Michael Stern:**

<https://www.nyp.org/digital-health>

## **Ann McDermott:**

Pre-Hospital Emergency Care Council (PHECC) Community Paramedicine

Ireland [https://www.phecit.ie/PHECC/Clinical\\_Resources/Community\\_Paramedicine/Community\\_Paramedicine.aspx](https://www.phecit.ie/PHECC/Clinical_Resources/Community_Paramedicine/Community_Paramedicine.aspx)

AARP Videos: <https://gedcollaborative.com/article/brain-health-in-the-ed-videos/>

Paramedicine Podcast: <https://gedcollaborative.com/podcast/how-paramedics-can-make-a-difference-in-geriatric-care/>

Paramedicine Blog: <https://gedcollaborative.com/article/how-paramedics-can-make-a-difference-in-geriatric-care/>





## Q & A

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Ask your questions  
in the chat!

We will try to get to everyone



OUR NEXT GEDC  
EXPERT PANEL WEBINAR

## **A Guide to Amyloid-Related Imaging (ARIA) Abnormalities in Alzheimer's Disease**

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**March 25, 2024  
3-4pm EST**

Register now:

<https://gedcollaborative.com/event/a-guide-to-amyloid-related-imaging-abnormalities-in-alzheimers-disease-webinar/>





# Learn More: AARP Videos

## Dementia in the ED: Providing Better Care for Older ED Patients

A diagnosis of dementia affects every step of the ED process from assessment, treatment, to discharge planning. And what if a diagnosis isn't on the medical record? Watch the video to gain some tips and insights.



## Delirium in the ED: Serious, Costly, and Potentially Deadly

Delirium is a frightening experience for patients and caregivers and has serious medical consequences including increased risk of readmission and death. Watch the video to see why it's easy to miss delirium in the ED, and how we can take simple steps to identify delirium, and even prevent it from developing during an ED visit.



<https://gedcollaborative.com/article/brain-health-in-the-ed-videos/>



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We bring best practice into action.

# Join the GEDC

Scan the QR Code to access the  
GEDC membership application

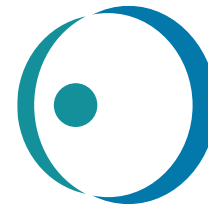




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