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2016 EXCELLENCE IN INNOVATION Awards Program

Project ID	HS-5
Title of Program	Cabarrus Community Paramedic Program
Program Category	Human Services
Submission Date	5/3/2016 3:58:05 PM
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County Manager	Mike Downs
Supervisor	Jonathan Marshall
Implementation Date	1/1/2015
FLSA Designation	Exempt
Project Team Members	Cabarrus County Community Paramedic Team Alan Thompson, EMS Director Dr. Craig Corey, Medical Director Justin Brines, EMS Specialty Services Supervisor Will Cannon, EMS Supervisor Bill Jamieson, EMS Relief Supervisor Ann Coffey, Community Paramedic Chip Long, Community Paramedic Mary Richardson (deceased), Paramedic

	<p>Dawn Newhall, Paramedic, Reserve Community Paramedic</p> <p>Andrea LeClair, Paramedic, Reserve Community Paramedic</p> <p>Scott Honeycutt, Paramedic, Reserve Community Paramedic</p> <p>Brandon Foutz, EMS Relief Supervisor</p> <p>Wendy Safrit, Paramedic</p> <p>Karla Brown, EMS Field Training Officer</p> <p>Michelle Russell, EMS Field Training Officer</p>
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Description of Productivity Improvement

The Community Paramedic Program strives for healthy outcomes among medically vulnerable patients and maximizes use of healthcare dollars by creating an environment of healing in the home, promoting community and patient relations, and facilitating the appropriate use of medical resources. Hospital readmissions have been reduced with a significant cost savings, unnecessary ambulance transportation has been reduced resulting in cost redirection, compliance with medication and discharge instructions have improved, home safety has improved, and partnerships have been established by EMS with the local hospital, human services, and healthcare partners.

Description of why this project was initiated

The healthcare system of today results in significant gaps impacting patient services and outcomes. Patients without primary care providers use EMS and the emergency department for basic healthcare needs. Hospital readmissions are observed at high levels due to lack of medical follow-up, lack of social support, and non-compliance with medications, discharge instructions, and secondary prevention. The Community Paramedic program is designed as an augmentation rather than replacement of existing healthcare services to fill the gaps. Community Paramedics focus on promotion of community and individual wellness, connecting patients with resources, encouraging proper utilization of medical services, reducing unnecessary ambulance transports, and reducing hospital readmissions.

Quantifiable results (sustainability, cost savings, cost avoidance and/or a higher level of service).

Indication of what resources were used and what was done with any accrued time savings

Stroke readmission rate decreased 21% (\$210,000 savings)
 Cardiovascular surgery readmission rate decreased 13%
 Visited 93% of cardiovascular surgery discharges
 Visited 100% of stroke discharges
 Repetitive and unnecessary EMS transports reduced (cost redirection of \$30,000)
 Conducted 256 home safety inspections

Performed 257 medication reconciliations
Conducted point of care education 243 times
Entered partnerships with multiple healthcare and human service partners to include hospital, division of human services, health alliance and programs such as community care network, community resource connection, and community free clinic.
Connected patients with non-healthcare services such as food, transportation, and support groups
Active with stroke survivor support group, traumatic brain injury support group, and hospital/community committees
Partnered with CHS-Northeast Hospital, the Cannon Foundation, and the Mary Richardson Memorial Fund to provide start up
(data is reflective of 1/1/15-12/31/15)

Other descriptive information

The program was implemented as a trial on 1/1/15 with full implementation on 7/1/15 with committed resources and personnel. The program has now grown to include high risk respiratory disease discharges and referrals from local public safety and human services organizations. The program continues to grow with higher patient volumes and impact to critical unmet needs.