# 2020 PROGRAMME
# 17th MEETING

**March 18, 2020**

**Virtual Meeting**

18/19 March 2020, Hinckley Island, UK

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

ALF 2020 Ambulance Leadership Forum

# WELCOME TO

# International Roundtable on Community Paramedicine

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Event supported by:

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WEDNESDAY March 18 2020

**MEETING OPENING**

14.00 *Welcome to England*
Steve Irving
Executive Officer AACE

14.10 *IRCP Welcome*
AACE: Martin Flaherty, Steve Irving [GBR]

Gary Wingrove FACPE CP-C, Mayo Clinic [USA]

*Passing of the IRCP Gavel*
Gary Wingrove, Chair, IRCP [USA]
Randy Mellow, President, PCC [CAN]
Steve Irving, AACE [GBR]

*Proposal by The Paramedic Foundation to host the 18th IRCP*

***IMPORTANT NOTE: The IRCP uses a standardized nomenclature of professional titles and agency names in order to reduce audience confusion. The actual local titles of the presenters, their program names and their agency may be different than listed in this programme.***

14.30 17.A.1 *Prevention Program facilitated by the Paramedic Service: A novel idea of the BRK KV Regensburg*
Andreas Bauer ACP: Chief of the Department of Education
Bayrisches Rotes Kreuz Kreisverband Regensburg [GER]

The paramedic service is currently one of the last resorts in escalation within the health care system in Germany. Patients who do not reach their primary care physician or have been insufficiently cared for on an outpatient basis no longer know how to help themselves. Therefore, they use the Paramedic resources, due to the paramedic service being obliged to follow up on the request for assistance. Regardless, whether it is necessary or not, patients are transported to an emergency room. This being done despite a variety of outpatient care services and other healthcare providers; patients are discharged from the emergency room on the same day after care because in most cases there was no life-threatening condition.

This practice causes immense cost that the health insurance companies and the existing health system have to bear. The increased demand for paramedic services must be countered with an innovative concept in order to counteract the many unjustified hospital transports and admissions.

Our approach is to expand the paramedic service in the area of "prevention" and “being proactive” meaningfully. We want to actively support citizens to stay in their familiar environment – their home – for as long healthy, safely and secure as long as possible.

Prevention is not a new strategy in Germany. If you take a look at other public safety authorities, prevention is an important part of daily work and provides relief for the emergency services. The fire brigade invests countless hours in preventive fire protection in order to prevent a fire from breaking out. The Paramedic service in Germany traditionally have not implemented efforts or processes to counteract the increasing annual call volume with innovative programming

In my presentation I will introduce the possibilities and chances of a Paramedic service - preventive program. The rescue service area of Regensburg is used as an example.

15.15 17.A.2 *Research Outcomes in CP- Do they paint the full picture?*
Diane Flint, ACP CCP DPA: Assistant Professor and Program Director
University of Maryland, Baltimore County [USA]

This session will discuss current research outcomes in CP and facilitate discussion of the impact of research results versus overall program outcomes. Participants should come prepared to discuss current research, their own or other research currently published, to further expound on the implications to international CP program.

16.00 17.A.7 *Not all Community Paramedics Are Created Equal*
John R Clark, JD MBA ACP FP-C CCP-C CMTE: Chief Operating Officer
International Board of Specialty Certification [USA]

The data for this presentation was drawn from a cross-sectional online survey designed to better understand the scope of practice between community paramedics practicing in a variety of countries, their own expectations regarding their ability to provide optimal patient care and their perception of their role compared to that of their traditional ambulance counterpart.

Community Paramedics were asked to respond to questions relating to their beliefs and expectations relating to paramedic scope of practice in community paramedicine environment using a four-point Likert scale for each. Descriptive statistics are used to describe responses to survey questions:
1. My current scope of practice is appropriate for the patients I transport.
2. I routinely perform assessments and critical thinking that is different than my ambulance counterparts.
3. My training requirements adequately address my scope of practice.
4. My counterparts recognizes the special skills and education I bring to the healthcare environment?
5. As a community paramedic, I believe that my scope of practice is broader than my paramedic counterparts working on a ground ambulance?
6. I am permitted to perform more skills than ambulance counterparts.
7. I am satisfied with my role in the community paramedic environment.

16.45 17.A.3 *Community Paramedics Tackle Mental Health Crisis*

Kevin Creek, CP-C ACP: Community Paramedic Supervisor
Eagle County Paramedic Services [USA]

Mental health calls are becoming more and more frequent for ambulance services around the world. Unfortunately, most of the time the emergency department is the only outlet emergency crews have in order to care for these patients. However, unless there has been some sort of ingestion or a physical attempt made, the emergency room is almost always the worst place they can be cared for. In Eagle County Colorado, Eagle County Paramedic Services has created a co-response model with Community Paramedics and mental health professionals to tackle this problem. In the event of a 911 call where mental health is the complaint, the patient will get a dual response from a Community Paramedic and a mental health crisis clinician. Once on scene, these providers will assess the patient from both the medical and mental health side and find the most appropriate course of action to take in order to deliver the best possible care. By doing so, most of the time it allows providers the ability to keep the patient out of the hospital and moved into a crisis stabilization program that looks at both mental and physical problems causing the crisis. In addition, following this sentinel event, both providers have the ability to follow the patient in the home over the coming weeks to work with them and assist them in the recovery process.

17.30 17.A.8 *COVID-19 response by a frontier tribal community paramedicine program in Laguna Pueblo, New Mexico, USA*

Chelsea White, MD ACP: Director
University of New Mexico Center for Rural and Tribal Paramedic Services [USA]

Since 2015, Laguna Fire Rescue (LFR) and Laguna Community Health and Wellness Department have operated a unique form of Community EMS on the Pueblo of Laguna Indian Reservation in New Mexico, USA. The program now operates as a collaborative effort between LFR, the Laguna Community Health Representatives (LCHRs) and Public Health Nurse, and the University of New Mexico Center for Rural and Tribal EMS. As COVID-19 has entered New Mexico, this team approach has become a flexible platform for response to the COVID-19 threat. Early efforts have involved development of an EMS-initiated non-transport protocol for patients, which includes provision for in-home follow up with patients who are not transported. Since the situation continues to be dynamic, this presentation will discuss the latest COVID-19 approaches in the Pueblo of Laguna and other tribal areas in New Mexico.

18.15 17.A.9 *Learning how to integrate care: Setting up a rotational model of Advanced Paramedic Practice through the North Wales Pacesetter Collaboration.*

Stella Wright
Welsh Ambulance Services NHS Trust [GBR]

Ambulance services are under pressure to retain paramedics as opportunities present across the NHS for this valuable group of staff. Rotational working is one means of providing multiple opportunities over a longer work-span. The team of Welsh Ambulance Services NHS Trust (WAST) Advanced Paramedic Practitioners (APP) in North Wales provided a focal point for the evaluation of an internal rotation.

Welsh Government Pacesetter funding enabled the formation of a collaborative team drawn from WAST, Betsi Cadwaladr University Health Board, Public Health Wales, NewMedEd and contributing Primary Care Clusters and Practices. Workforce planning provided the numbers of available APPs and a plan to recruit the back-fill. In each cluster, APPs would be deployed based on the requirements of their patient population (e.g. home visits, clinics) to work alongside the wider Primary Care Multi-Disciplinary team with the aim of providing safe care closer to home.

Funding secured time from GPs to act as clinical supervisors and an innovative education framework was commissioned from a team of GP Educators who deliver sessions every other week to the APP team to support them on their development.

With funding secured for year two, the team will ensure the project is learning from year one and developing the best model to meet the requirements of a modern APP, including the journey into non-medical prescribing. This presentation will outline the learning from the project so far, with the interim results of the evaluation from 1st June 2019 when the first APPs began their rotation into Primary Care.

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## VIRTUAL MEETING

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