



Community Paramedicine Needs Assessment

Below is a broad list of possible roles for community care practitioners (CCPs) based on general community needs.

A more accurate needs assessment must include input from county social services, county EMS records, primary care physicians, and hospital community outreach services.

1. Physical assessment and education of recently discharged patients with chronic conditions who:
 - a. Do not qualify for Home Care
 - b. Are uninsured or underinsured
 - c. Have socioeconomic issues that affect their ability/desire to be compliant with follow-up care
 - d. Are noncompliant with medications and care due to medical illiteracy
2. Adjunct to Home Care (i.e. establish venous access and administer Lasix for CHF patient – treat in home)
3. Home safety assessment
4. Assessment of 9-1-1 patients for referral to mental health facilities
5. Assessment of 9-1-1 patients for referral to detox facilities
6. In-house treatment of nursing home patients
7. In-facility treatment of clinic patients
8. Referral to dialysis center or primary care physician's office
9. Community health screening/vaccinations
10. Community education
11. Hospice
12. Low-acuity calls
13. Follow-up calls for EMS RMAs
14. Observation admission avoidance program

15. Backing up of MICUs on high acuity calls

Goals for Community Paramedicine in New Jersey

Now:

- Reduce readmission
- Decrease admission of repetitive patients
- Follow up calls to patients refusing EMS medical attention

In the Future:

- Low acuity 911 call triage (next day clinic or PMD visits, etc.)
- CCPs available to assist MICUs on high acuity calls
- Working with local Hospice agencies to ensure patients' wishes are carried out