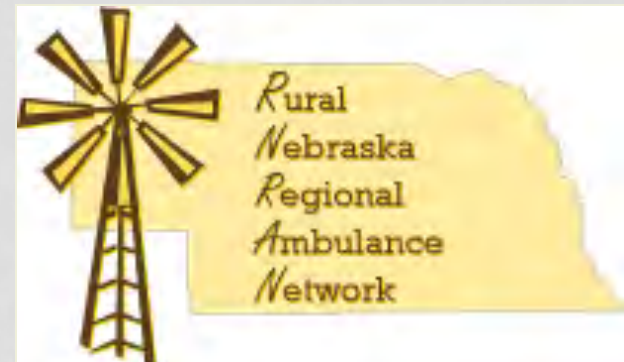


# AACE - IRCP

- Kenilworth, Warwickshire, England
- United Kingdom
- May 20-23, 2013

To The Rural Nebraska Regional Ambulance Network (RNRAN)



# PRESENTERS

**Randy Meininger**, ASM, Advanced Care  
Paramedic

President – RNRAN

President – Valley Ambulance Services, Inc.  
Scottsbluff, Nebraska - USA

**Julie Smith**, RN, BSN, MHA

Network Director – RNRAN

Critical Access Hospital HIT Specialist  
Kearney, Nebraska – USA

# OBJECTIVES

Nebraska – USA

RNRAN and the benefits of a network in rural  
Nebraska

Nebraska pilot Community Paramedic Program –  
Scottsbluff Nebraska

# USA - NEBRASKA

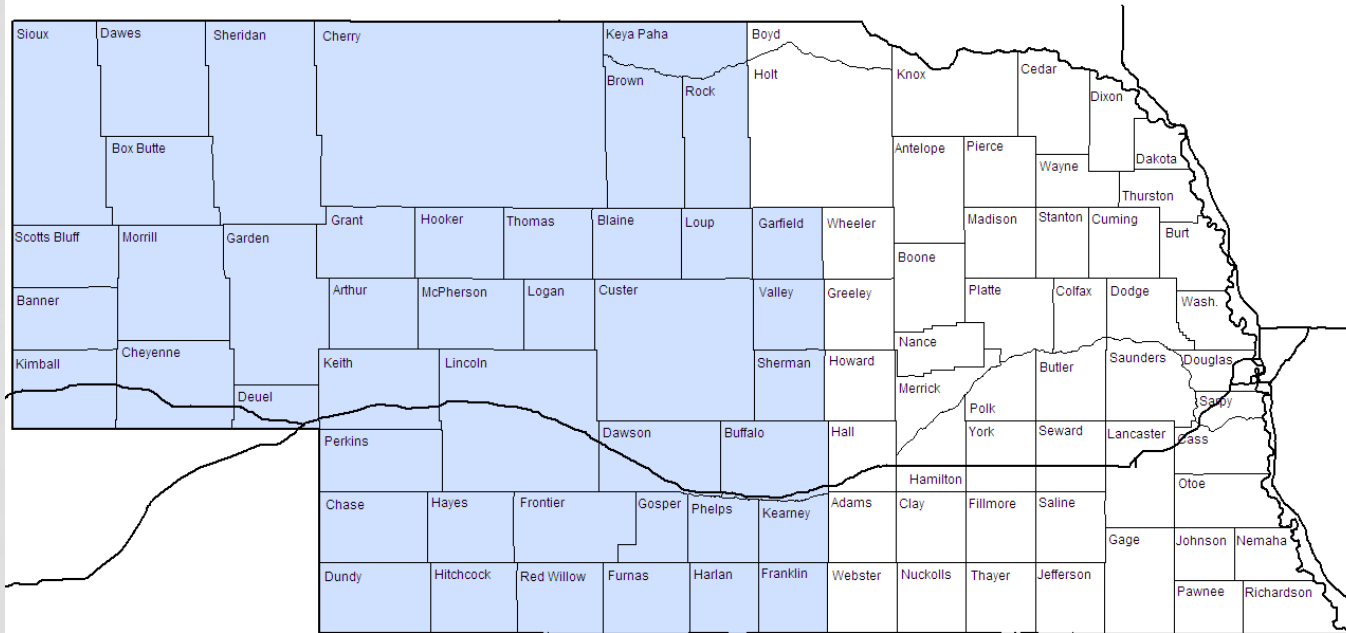
- Nebraska 1.8 Million People
- 77,824 sq. miles



# RNRAN

2008 – Received a 3 year HRSA (Health Resources and Services Administration) Network Development Grant through the Centers for Medicare and Medicaid (CMS)

# RNRRAN INITIAL NETWORK AREA





# NEBRASKA INFORMATION

50 of Nebraska's 93 counties

Includes Trauma Regions 3 and 4

33 counties designated as Medically Under  
served Populations

19 counties classified as Health Provider  
Shortage Areas for primary care

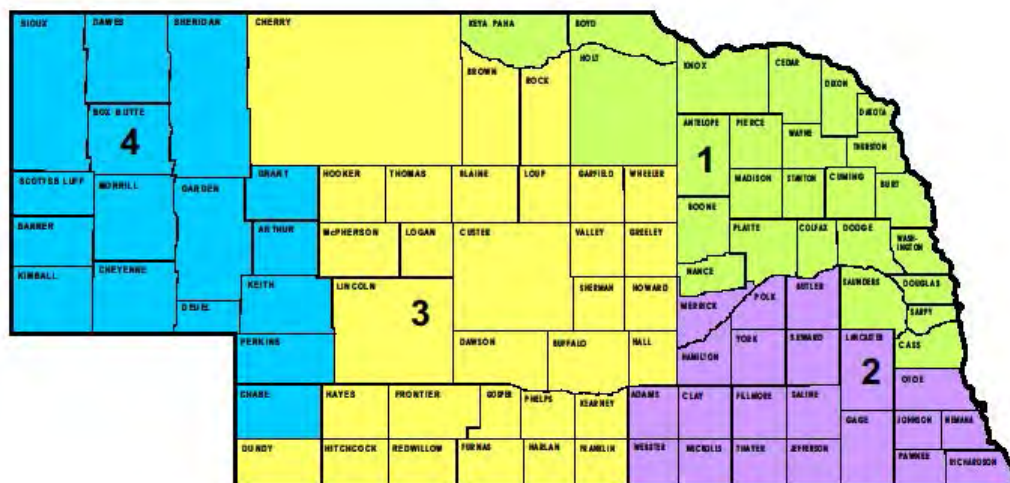
RNRAN area = 53,051 sq mi (70% of State)





# TRAMA REGIONS

## Nebraska Department of Health & Human Services EMS/Trauma Program Trauma System Regions



<http://www.dhhs.ne.gov/ems/emsindex.htm>

Map-91 Rev. 2/09

# DEMOGRAPHICS

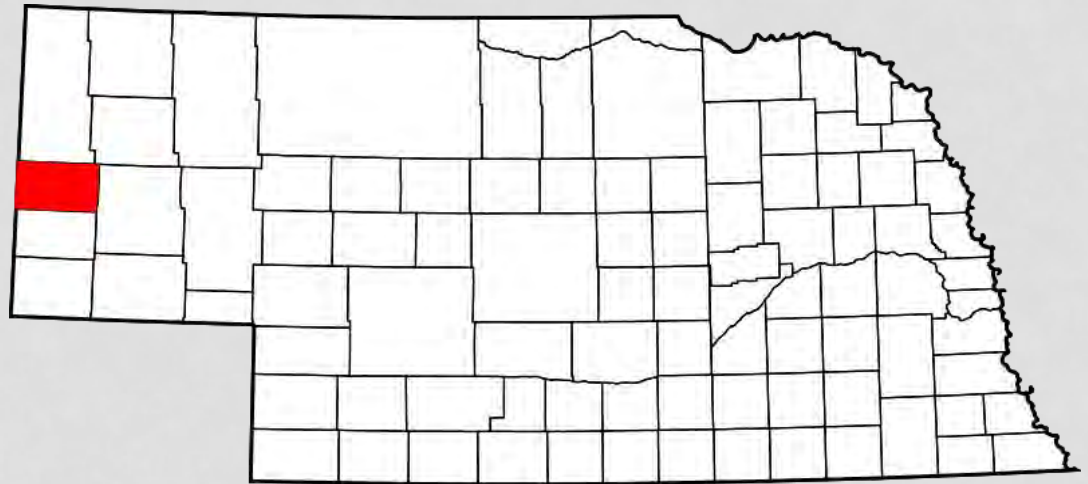
Scotts Bluff County - 739 sq mi or 1,915 km<sup>2</sup>

Scotts Bluff County Population :

**36,970 – 2010 Census**

**50 people /sq mile**

**19 people/km<sup>2</sup>**



# RNRAN MISSION STATEMENT

“To improve the quality of care by providing better coordination of ground and air ambulance transportation to the citizens of central and western Nebraska through an integrated and collaborative network of ambulance services, hospitals, dispatch agencies and any other interested entities.”

# RNRAN - ONGOING

The Network continues to be informed and educates stakeholders on legislative issues that may affect rural EMS services and rural health care

The Network has worked in conjunction with Nebraska's statewide efforts to explore and expand Community Paramedicine services

# RNRAN STAKEHOLDERS

The Stakeholders meet quarterly:

- EMS services – Paid and Volunteer
- Hospitals
- Home Health Agency
- Nebraska Department of Health and Humans Services - EMS
- Home Care – State Association
- NCEMSC and NCEMSI

# BENEFITS TO OUR MEMBERS

## North Central EMS Consortium

Provide a mechanism to achieve cost reduction for members by volume discounts through group purchasing



# BENEFITS TO OUR MEMBERS

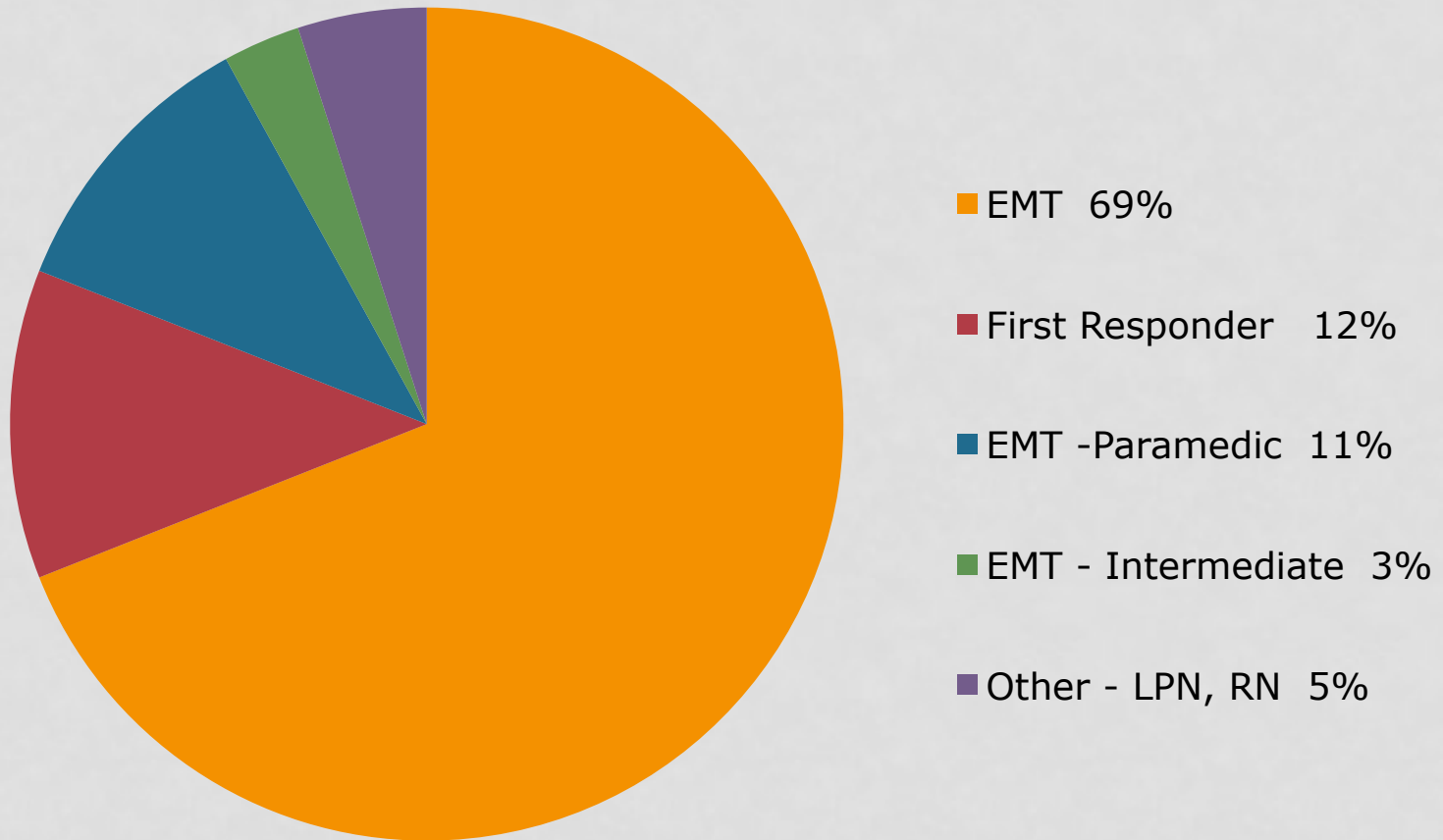
## **NCEMSI – North Central EMS Institute**

Provides a networking and collaboration of idea's, knowledge and lesson's learned with ongoing CP pilots and programs across the nation.

Provides education to legislative bodies to promote adoption of CP.

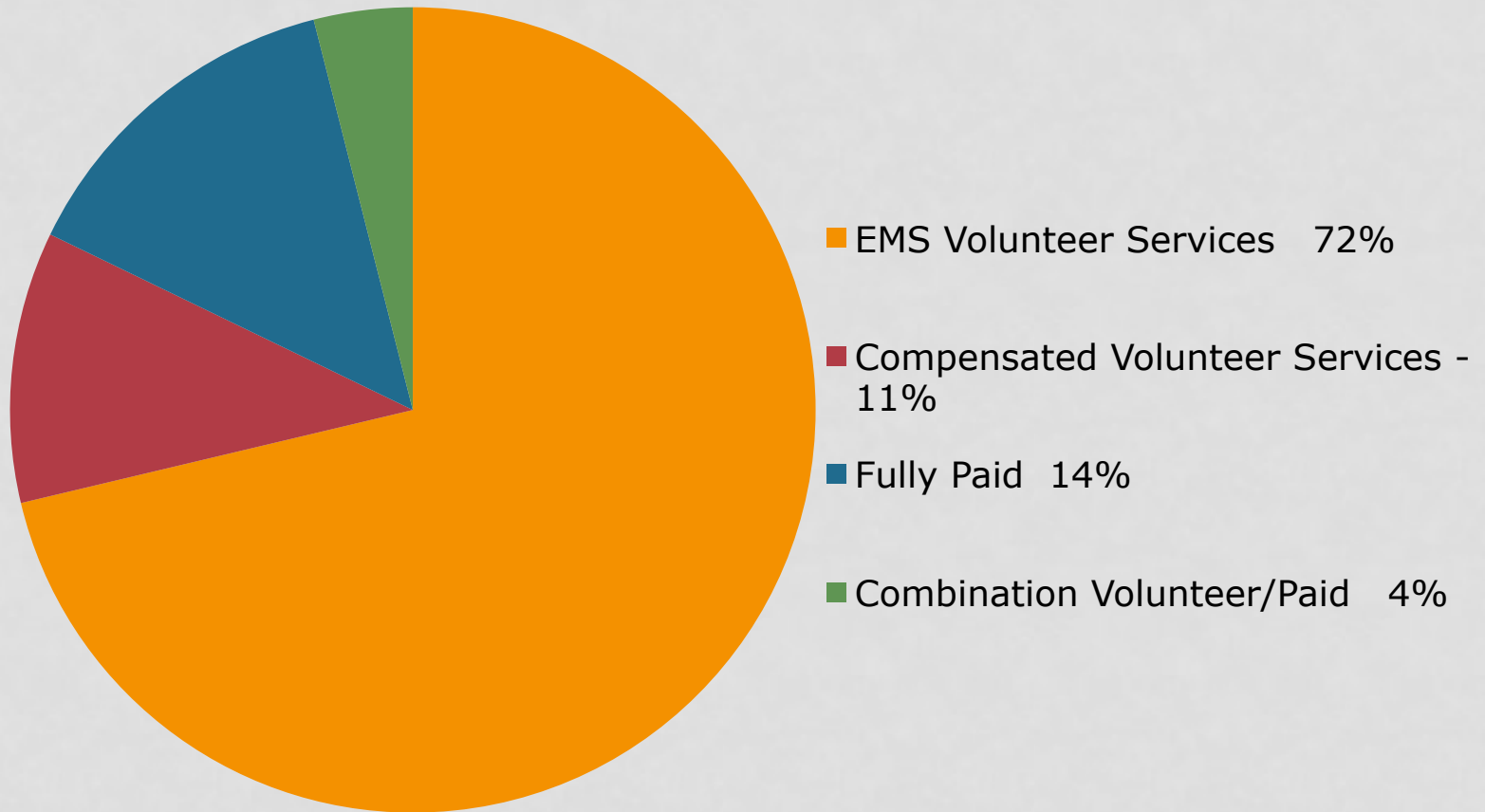


# EMS SERVICES



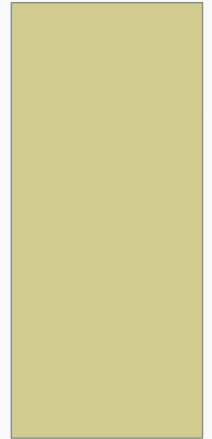


# EMS PERSONNEL



# HEALTH MONITORING AND TEACHING COMMUNITY PARAMEDIC PROJECT

VALLEY AMBULANCE-REGIONAL WEST MEDICAL  
CENTER



# PROJECT PURPOSE

- To reduce hospital readmissions for CHF, pneumonia patients
- To improve patient satisfaction with the discharge process:
  - discharge information
  - talking to patients about help after discharge
  - providing written discharge instructions

# READMISSION RATES



# QUALITY MEASURES

- Better patient understanding of discharge instructions
- Better patient health management resulting in reduced patient readmissions
- Better patient satisfaction with discharge process



# DESIRED OUTCOMES

- Patients verbalize understanding of discharge instructions by the end of home visits
- Reduction in readmissions for CHF and Pneumonia patients from baseline to completion of the project
- Improvement in patient satisfaction scores related to discharge process from baseline to completion of the project
- Monitoring  $STO_2$ ,  $SPO_2$ , THI



# STRATEGIES

- Provide information about the project to physicians, nurses, discharge planners, and seek input on the project and processes to be developed.
- Work with physicians, hospital nursing staff, and discharge planners to develop the process for identification, consent, and referral of these patients for the project.
- Work with Advanced Care Paramedics and homecare RNs to develop an assignment process to see the patient within 24 hours of discharge and weekly for a total of four visits.

# STRATEGIES CONTINUED

- Work with the Advanced Care Paramedics and homecare RNs to ensure buy-in and clear processes to focus the visits on health maintenance and teaching. The emphasis of the maintenance and teaching is on patient's learning self-care techniques to remain healthy.
- Advanced Care Paramedics and RNs will meet at weekly team meetings to discuss process, action sheets, strategies, and outcomes.



# STRATEGIES CONTINUED

- Outcomes data will be reviewed monthly with stakeholders, quarterly with physicians and leaders, every 6 month presentation to executives.



# PRIORITIES

- 1. Assess support for the project from physicians, staff, administration.
- 2. Focus on empowering the patient to self actualization of improved health through health monitoring and teaching.
- 3. Development of tools, processes, education, communication to accomplish goals.
- 4. To build measurements for success



# BARRIERS TO CHANGE

- New concept
- Lack of knowledge about current state
- Fear that the Advanced Care Paramedics would take over what the RNs do
- Advance Care Paramedics fear that the RNs would resent them, shut them out
- Advanced Care Paramedic scope of practice concerns on the part of RNs, homecare state association

# BARRIERS CONTINUED

- Physician fear that this would reduce clinic visits
- Administration concern that expenses won't be covered as these are not reimbursable visits



# EVALUATION

- The Compass model balanced scorecard format is used.
- Target for readmission rate reduction is 25% reduction from baseline
- Target discharge HCAHPS scores are 98<sup>th</sup> percentile ranking





# DATA – TO DATE

## **UPDATE:**

- 25 qualifying patients in the project.
- Control group of about 25 that did not qualify for the project or opted out of the program.

# PILOT - READMISSION RATE

- In the CP project - no readmissions.
- Control group: 3 patients that have been readmitted - 12% readmission rate



# PATIENT POPULATION

- We have 12 patients being visited by Home Care RNs and 13 are being visited by Advanced Care Paramedics.
- As of this date we have had no readmission.

# WHAT WE HAVE LEARNED

Partnerships are important – a network can accomplish more together than independently

Data is key!

Recognition of the value the Network provides is necessary to have buy in from partners

Use partners time wisely

# THE FUTURE

Work with Nebraska's efforts to create a Community Paramedicine program

Work with CAH hospitals to reduce 30 day hospital readmissions

Continue efforts to recruit partners and strengthen alliances to support the paradigm shift that is anticipated due to funding and workforce shortages

# THANK YOU! NEBRASKA THE GOOD LIFE

Randy Meininger – [MEININR@RWMC.net](mailto:MEININR@RWMC.net)

Julie Smith - [JSMITH@RNRAN.com](mailto:JSMITH@RNRAN.com)



# REFERENCES

- Rudisill, P. T., & Thompson, P. A. (2012). The American Organization of Nurse Executives system CNE task force: A work in progress. *Nursing Administration Quarterly*, 36(4), 289-298.
- Wentz, Scott, Finance Director, RWMC, (October 3, 2012), report of patients discharged from RWMC between January 2011 and August 2012 by address differentiating those within the city limits.
- Werner, R. M., & Dudley, R. A. (2012). Medicare's new hospital value-based purchasing program is likely to have only A small impact on hospital payments. *Health Affairs (Project Hope)*, 31(9), 1932-1940

# REFERENCES

- Berry, D., Costanzo, D. M., Elliott, B., Miller, A., Miller, J. L., Quackenbush, P., & Su, Y. (2011). Preventing avoidable hospitalizations. *Home Healthcare Nurse, 29*(9), 540-549.
- (Centers for Medicare and Medicaid Services (CMS), 2012) (Centers for Medicare and Medicaid Services (CMS), 2012) Hospital Readmissions
- Clark, D. D., Savitz, L. A., & Pingree, S. B. (2010). Cost cutting in health systems without compromising quality care. *Frontiers of Health Services Management, 27*(2), 19-30.
- Hines, Steven, PhD, Vice President Research, Health Research and Educational Trust, (2010) AHRQ Home > Special Interest > AHRQ's Knowledge Transfer/ Implementation Program > Implementing Re-Engineered Hospital Discharges (Project RED)>Reducing Avoidable Hospital Readmissions
- Hodges, P. (2009). Factors impacting readmissions of older patients with heart failure. *Critical Care Nursing Quarterly, 32*(1), 33-43.
- Regional West Medical Center internal reporting data from data analysis software, report run October 3, 2012.