



# Community Assistance Referral and Education Services



# What is It?

- Provides at risk patients with access to needed services in an engagement more appropriate than an ambulance and Emergency Department

# Program Process

Patient referrals come primarily from three sources:

- 1) Hospital referrals for high-risk re-admission patients
- 2) Field crew referrals
- 3) Community referrals

# Experience of Community Paramedicine in SW WA

81 y/o male referred by CCFR Crews for falls and failure to thrive. Appeared confused and unable to care for self.

- Client living alone and unable to drive, difficulty operating his smart phone, navigating Dr. appts, balance issues while walking and difficulty obtaining home services.
- CARES met with client and observed client's medications were scattered throughout bathroom, one medication noted to be in liquid form. Medication noted to be a potential cardiotoxic and mind-altering medication if taken improperly. CP concerned that client's current mental state of confusion may be due to incorrect medication dosing. CP contacted PCP's office, established an appt and arranged for friend on property to transport. PCP contacted with suggestions in switching to a pill form for ease of proper dosing. Client's medications organized in weekly pill sorting box, with friend reporting they will continue that regiment.
- Client given a seated 4-wheel walker from CARES (donated through Caring Closet). Grab bar installed in client's bathroom near toilet for standing/sitting assistance. Client's friend on property agreed to grocery shop for client and planned to bring meals to client in the evenings after being informed of client's malnutrition.
- Initial home visit with client involved client answering his door in a tattered T shirt and underwear. Client had appeared disheveled and confused at times.
- After medication was changed from liquid to pill for client's mentation improved drastically. Client attended his follow up PCP appts and was able to manage his cell phone due to mentation improving.
- CARES team second home visit showed client was caring for himself, was fully dressed and engaged in clear conversations. Client stated he was feeling 100% better, more alert and able to care for himself
- Client's residence had been cleaned, clear paths and bathroom clean. Client reported he had been cleaning, using his walker for stability. The client also relating he has been doing seated exercises to strengthen his weakened muscles. Client reported he felt mentally back to normal and had even been able to drive to the post office, appearing excited to have some independent abilities return.

- 45 y/o male referred by Hospital for sepsis, frostbite to toes w/ possible amputation, extensive history of illicit drug use, mental health issues, and homelessness.
- In and out of different shelters. Extensive assistance from SWACH noted in EHR dating back to 2021. Hospital discharged patient to hotel for 2 weeks.
- CARES assisted with assigning new PCP, scheduling follow-up PCP and ortho appts, arranging transportation, reconnecting with Recovery Cafe community worker, housing agency, wound care and future mental health appts. Provided education on proper use of medications. Client's wounds were dressed by CARES Community Paramedic during home visit.
- Client's ortho appt made for the next day after home visit and transportation arranged through CARES resources. Client attended his appt and subsequent appts made. Client was connected with his Recovery Cafe community worker and was assisted in finding temporary housing, transported to additional ortho appt and will be assisted with his future mental health appt. Mobile health was also arranged by case worker to visit with client at Recovery Cafe for intake paperwork. Client's daughter also involved in client's sober future and was supportive.
- Client's frost-bitten toes were deemed to not require amputation.



# Clark County Proposed Model

Clark-Cowlitz Fire and Rescue is the sole provider currently in SW Washington, launched in 2019

Opportunity for multiple FD's to form a collaborative that expands capacity to serve Clark County through a single aligned functional program

Aim is to expand without developing or perpetuating silos or fragmented approaches.

Expansion to be supported by the HealthConnect Hub Infrastructure to connect, coordinate and collaborate across FD's as well as across a larger network of partner agencies



# Experience of Community Paramedicine in SW WA

CARES / Community Paramedicine has been successful in SW WA

32 patient referrals from hospitals within CWFD ambulance service area since program inception

Data from 1/1/23 – 4/30/23 County Wide

- 41 CARES Referrals
  - 36 from CCFR Crews
  - 3 from CCFR Falls and Environmental Risk Reduction Program (FERRP)
  - 2 from Community Members
- 65 Referrals from Hospitals (Legacy and PeaceHealth Southwest)
  - 10% hospital re-admit rate reported by PHSW. Re-admits can be initiated by CARES.

# CWFD Joining the CARES Team

## Staff

**One 40hour FTE**  
**Paramedic or Nurse**

## Funding

**Employee total salary cost**  
**100% reimbursed from**  
**grant for two years**  
**Estimated TCC \$130,000**

## Costs possibly not Grant Covered

**Medical Equipment**  
**Vehicle**  
**Radio Equipment**  
**IT Equipment**



# CARES Impact on CWFD

- 30 patients/location responses of 3+ times in last 180 days
  - 814 unit responses to these location
  - 539 patient transports
  - 1107 hours time on task
  - During this time CWFD had 2500 unit responses to all calls
- 700 Low priority calls for service in last 12 months
- 506 patients seen but not transported
  - 275 hours on task on those 506 patients

# Program Benefits

Providing a more appropriate level of care to complex patients.

Increase unit hour availability for other emergencies

If we decrease 911 patient visits to low acuity repeat patients by 1/3:

- 740 more hours (30 days) available for other events per year
- Respond to these patients with a provider who has the knowledge, skills, and abilities to address their complex needs.
- Minimal one-time costs to start the program
- 740 hours for 4 employees = approximately \$150,000