Appendix A: The Paramedic Foundation Community Paramedic Survey

2015







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The Paramedic Foundation Community Paramedic Survey

Minnesota Department of Health Office of Rural Health and Primary Care Emerging Professions Program PO Box 64882

St. Paul, MN 55164-0882 Phone: 651-201-3838

http://www.health.state.mn.us/divs/orhpc/workforce/emerging/cp/index2.html





This project is part of a \$45 million State Innovation Model (SIM) cooperative agreement, awarded to the Minnesota Departments of Health and Human Services in 2013 by The Center for Medicare and Medicaid Innovation (CMMI) to help implement the Minnesota Accountable Health Model.

Upon request, this material will be made available in an alternative format such as large print, Braille or audio recording. Printed on recycled paper.







Welcome!

The Paramedic Foundation has been contracted by the Minnesota Department of Health to create a toolkit designed to assist Minnesota ambulance services in adopting and hiring community Paramedics.

This project is part of a \$45 million State Innovation Model (SIM) cooperative agreement, awarded to the Minnesota Departments of Health and Human Services in 2013 by The Center for Medicare and Medicaid Innovation (CMMI) to help implement the Minnesota Accountable Health Model. More information about the Minnesota Accountable Health Model – SIM Minnesota (http://mn.gov/health-reform/health-reform-in-Minnesota/index.jsp)

You have been identified as someone that has completed some Community Paramedic training. In this survey we will ask you about your training, whether you are employed as a CP, and if so the locations where you do your work and the kind of work you do. The results of the survey will be summarized and made available for download on the Internet. Your identity and how you answer any particular question will never be made public The Paramedic Foundation.

If you are not currently working as a Community Paramedic, this survey will take you approximately 3 minutes to complete. If you are working as a Community Paramedic, this survey will take you approximately 30 minutes to complete.

The link that brought you to this survey is unique to you. Please do not give the link to anyone else. If you know of someone that should complete the survey but did not get a link, please advise Anne Montera by email and she will send them their own unique link.

Which statement best describes you?

- I have completed the Community Paramedic course and I am working at least part time as a CP.
- I have completed the Community Paramedic course but am not working as a CP.
- I have completed part of the Community Paramedic course.
- I have not completed a Community Paramedic course but I am doing CP-like work.

I have completed part of the CP course.

Please tell us what barriers or challenges prevented you from completing Community Paramedic training. Select all that apply.

- I could not find clinical sites to complete the clinical portion
- After completing the didactic part of the course, I realized this work is not for me
- I am looking for an open position to apply for before I complete the clinical portion of the course
- Other (please specify)

I have completed the Community Paramedic course but am not working as a CP.

Please tell us why you are not working as a Community Paramedic

- There are no open positions at the ambulance service where I work
- I have not been able to find a Community Paramedic job anywhere
- After completing the course I realized community paramedicine is not for me
- Other (please specify)

Practice locations

Where do you provide your Community Paramedic services (choose all that apply)?

- In the patient's home
- In a shelter
- On the street (homeless)
- In a clinic
- In a hospital
- In a mobile unit/clinic
- In a long term care facility/skilled nursing facility
- In an assisted living facility
- In a behavioral health clinic or facility
- At health fairs
- At an employer's place of business
- At the office of the local public health department
- At a shopping mall
- Other (please specify)

The next part of this survey is called a "job analysis." It consists of a series of action statements and you will respond as to whether you do or do not perform tasks in your job as a Community Paramedic.

This practice analysis was developed and used by the board for Critical Care Transport Certification to design and develop their community Paramedic certification exam. We are grateful to them for allowing us to use their survey. By using their survey, not only can we summarize the experience of CPs in Minnesota, we will be able to compare your practice to the practice of other CPs throughout the country.

Qualifying Statement

For the purposes of this survey a Community Paramedic is defined as:

A paramedic who has completed a formal, standardized educational program and has demonstrated competency in the provision of health education, monitoring and services beyond the roles of traditional emergency care and transport primarily in an out-of-hospital setting of providing episodic patient evaluation, advice and treatment directed at preventing or improving a particular medical condition, within the scope of practice of the emergency medical services provider as specifically requested.

The Community Paramedic works in collaboration with medical or public health professionals with medical direction to improve the health and well-being of individuals by being patient advocates, care facilitators, health care liaisons, and resource coordinators.

Does the above definition describe you?

- Yes
- No

Directions

Survey Directions

Please use this survey to evaluate potential entry-level tasks that community paramedic (CP-C) providers may encounter as they fulfill their responsibilities. Base your ratings on your practice as a community paramedic.

A zero (0) rating should be used when the described task or skill is not considered part of your expected scope of practice as a community paramedic.

For tasks that you do perform, regardless of frequency, indicate your judgment of importance by choosing among values of 1, 2, 3, or 4.

Significance Scale

Considering both the importance and the frequency with which it is performed, how significant is this task to the safe and effective performance of your job as a community paramedic?

4 = Extremely significant
3 = Quite significant
2 = Somewhat significant
1 = Not significant
0 = Not performed

Some tasks may be more difficult to rate than other; use your best judgment to rate its significance. The significance of a task is not just related to how frequently it is performed. Through a task may be infrequently done, it may still be important to successful performance of the job. For example, a police officer infrequently fires his weapon while performing his job. However, firing a weapon properly and under appropriate circumstances is extremely significant to the job. Therefore, for a police officer, ratings of "Extremely significant" are justified for firearm-related activities.

If you have any questions about completing this survey, please contact:

Anne Montera, at amontera@paramedicfoundation.org

The Paramedic Foundation

970-471-3501

I. Community Based Needs

How important is each task to your role as a community paramedic?

Category	0=Not	1=Not	2=Somewhat	3=Quite	4=Extremely
	performed	significant	significant	significant	significant
Participate in the					
community's health					
assessment as it applies to					
the population's need					
Increase community					
awareness of health					
prevention and promotion					
Develop a network of					
resource for patient/client					
Identify social					
determinants affecting					
patient/client care (e.g.,					
individual, community,					
transportation, economics,					
environment, social					
support.)					
Identify cultural variables					
affecting patient/client					
care (e.g., Language,					
religions, sexual					
orientation, ethnicity,					
race)					
Identify medical variable					
affecting patient/client					
care (e.g., autism, physical					
disabilities, dementia, age)					
Identify mental health					
variables affecting					
patient/client care (e.g.,					
cognitive disorders, substance disorders,					
schizophrenia and					
psychotic disorders,					
anxiety)					
Identify special needs					
variables affecting					
patient/client care (e.g.,					
autism, abuse, neglect,					
malnutrition, PTSD,					
medical literacy)					
Operate within the					
financial framework to					
provide health care					
Determine patient/client					
service eligibility					
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II. Interdisciplinary Collaboration

How important is each task to your role as a community paramedic?

Category	0=Not	1=Not	2=Somewhat	3=Quite	4=Extremely
	performed	significant	significant	significant	significant
Participate in a plan of care					
to meet an individual's needs					
Coordinate health services					
for patients/clients					
Determine need for					
community resources (e.g.,					
Mental health, substance					
abuse, public health, social					
services)					
Participate in a plan of care					
to meet an individual's needs					
Coordinate health services for patients/clients					
Tor patients/clients					
Determine need for					
community resources (e.g.,					
Mental health, substance					
abuse, public health, social					
services)					
Provide referrals to					
community resources (e.g., Mental health, substance					
abuse, public health, social					
services)					
Collaborate with the health					
care team in the					
management of chronic					
disease (e.g., diabetes,					
asthma, coronary artery					
disease) Refer for needs matched					
time appropriate care					
Collaborate with health					
professionals to ensure					
continued care of the					
patient/client					
Communicate with health					
professionals to ensure					
continued care of the patient/client (e.g.,					
condition, reaction to					
interventions, significant					
incidents)					

Category	0=Not performed	1=Not significant	2=Somewhat significant	3=Quite significant	4=Extremely significant
Service as a patient/client advocate (e.g., program enrollments, liaison with health care professionals)					
Document patient/client visits and follow-up care in health care records					
Access patient/client electronic and/or paper medical records					
Evaluate related health records (e.g., lab results, medication list, most recent visit summary)					
Maintain patient confidentiality (e.g. HIPAA)					

III. Patient Centric Care

Please describe the tasks you perform during an encounter as a community paramedic.

Category	0=Not	1=Not	2Somewhat	3=Quite	4Extremely
	performed	significant	significant	significant	significant
Perform an initial					
comprehensive history and					
physical assessment exam					
Perform an ongoing					
comprehensive longitudinal					
history and physical					
assessment exam					
Perform well baby checks					
Perform post-partum visits					
Measure vital signs					
Administer breathing					
treatments					
Monitor wound care					
Change wound dressings					
Monitor intravenous therapy					
Administer intravenous					
therapy					
Manage chronic disease (e.g.,					
diabetes, asthma, coronary					
artery disease)					
Monitor chronic disease (e.g.,					
diabetes, asthma, coronary					
artery disease)					
Administer point of care					
testing (e.g., drug tests,					
glucose monitoring, INR, iSTAT)					

Category	0=Not performed	1=Not significant	2=Somewhat significant	3=Quite significant	4=Extremely significant
Manage patients/clients	periorinea	31g/illicant	31g/illicarit	31gmmeant	31g/m/cd/rc
experiencing an acute					
medical condition					
Manage patients/clients					
experiencing a transitional					
medical condition (e.g.,					
post-operative care,					
hospital discharge, home					
health discharge,					
rehabilitation)					
Use invasive monitoring for					
the purpose of clinical					
management (e.g.,					
Ventricular Assist Device,					
Pacemaker, AICD)					
Manage patient's status					
using laboratory values					
Manage patient's status					
using diagnostic tests (e.g.,					
pulse oximetry, chest					
radiography, capnography)					
Administer blood products					
Provide airway care (e.g.					
Stoma, Cric care)					
Manage mechanical					
ventilation (e.g.,					
CPAP/BIPAP)					

Please describe the tasks you perform during an encounter as a community paramedic.

Administer pharmacologic agents:

Category	0=Not	1=Not	2=Somewhat	3=Quite	4=Extremely
	performed	significant	significant	significant	significant
Intravenous					
Intramuscular					
PICC Lines					
PO					
Subcutaneous					
Trans-dermal					
Intranasal					
Rectal					

How frequently do you perform each task in your role as a community paramedic?

Manage patients with conditions related to the following systems:

Category	0=Not	1=Not	2=Somewhat	3=Quite	4=Extremely
	performed	significant	significant	significant	significant
Appearance (e.g., fever, weight loss)					
Eyes					
Ears, nose, mouth, throat					
Cardiovascular					
Respiratory					
Gastrointestinal					
Genitourinary					
Musculoskeletal					
Integumentary (skin and/or					
breast)					
Neurological					
Psychiatric					
Endocrine					
Hematologic/Lymphatic					
Allergic/Immunologic					

How frequently do you perform each task in your role as a community paramedic?

Perform minor medical procedures:

Category	0=Not	1=Not	2=Somewhat	3=Quite	4=Extremely
	performed	significant	significant	significant	significant
Suturing					
Feeding tube insertion					
Catheter replacement					
Tracheostomy tube					
replacement					
Wound Care					
Fluid replacement					

How frequently do you perform each task in your role as a community paramedic?

Category	0=Not	1=Not	2=Somewhat	3=Quite	4=Extremely
	performed	significant	significant	significant	significant
Maintain patient					
confidentiality (e.g. HIPAA)					
Prepare patient/client to					
navigate the health care					
system independently					
Communicate with					
patient/client to ensure					
continued care (e.g.,					
medication adherence,					
follow-up care)					

IV. Preventative Care and Education

How frequently do you perform each task in your role as a community paramedic?

Category	0=Not	1=Not	2=Somewhat	3=Quite	4=Extremely
	performed	significant	significant	significant	significant
Assess safety risks for the					
community paramedic (e.g.,					
unsafe situations, animals,					
diseases)					
Assess safety risks for the					
patient/client (e.g., disease,					
falls, environmental health					
hazards)					
Assess the safety of the					
work environment					
Educate on proper use of health care resources					
Provide oral health					
education and/or screening					
Educate on identified					
health care goals					
Perform a physical safety					
inspection (e.g., home,					
property, vehicle)					
Screen for chronic disease					
(e.g., diabetes, asthma,					
coronary artery disease)					
Provide basic oral health					
services (e.g., fluoride					
varnishing & oral health					
activities)					
Differentiate injury patterns					
associated with specific					
mechanisms of injury (e.g.,					
falls, elder abuse)					
Provide service with the					
local public health agency					
(e.g., immunization, disease					
investigation, TB-DOT)					
Provide service with the local social service and					
aging agencies (e.g., adult					
protection, child protection,					
senior services, housing)					
Participate in wellness					
clinics (e.g., immunization					
and screening)					
Assist in pandemic					
preparation for the					
community					
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How frequently do you perform each task in your role as a community paramedic?

Provide education for:

Category	0=Not	1=Not	2=Somewhat	3=Quite	4=Extremely
	performed	significant	significant	significant	significant
Chronic disease					
Medical condition					
Community resources					
Wellness and nutrition					
Medications					

How frequently do you perform each task in your role as a community paramedic?

Category	0=Not	1=Not	2=Somewhat	3=Quite	4=Extremely
	performed	significant	significant	significant	significant
Identify the impact that professional boundaries have on patient/client/family and provider health (e.g. ethics, compassion fatigue, stress)					
Apply coping methods to reduce stress					

Item Allocation

What percentages of items on the CP-C examination do you think should come from each of the following content areas? Please ensure the sum of your percentages is equal to 100%. Please only enter the number (e.g. "57" not 57%)

Examination area		Enter only the number of hours	
1.	Community based needs		
2.	Interdisciplinary collaboration		
3.	Patient centric care		
4.	Preventative care and education		

How well do you feel this survey covered the critical tasks of a community paramedic? Choose one:

- Completely
- Adequately
- Inadequately (please specify)

Are any significant tasks missing from the survey? If so, please list them here:

Background Information

Please answer the following questions. This information will be used to help analyze the data, and will only be used in a summary format.

In which state do you primarily work?

How many years has your community paramedic program existed? Please round to the nearest year.

How many years of experience do you have as a paramedic? Please round to the nearest year.

How many years of experience do you have as a community paramedic? Please round to the nearest year.

How long have you personally been providing community paramedic services?

- Less than six months
- Greater than six months but less than a year
- More than two years, but less than four years
- More than four years

How long have you personally been providing community paramedic services?

- Fewer than 10.
- Between 10 and 25
- Between 26 and 50
- Between 51 and 75
- Between 76 and 100
- More than 100

What is your job title? Select one.

- Administrator/Chief/Manager/Supervisor
- Medical Director
- Paramedic
- Community Paramedic/Mobile Integrated Health Professional
- Educator

What is the highest level of formal education you have attained? Select one.

- Less than high school diploma
- High school diploma or equivalent
- Associate degree
- Bachelor's degree
- Master's degree
- Doctorate degree

What level of education does your organization require? Select one.

- Less than high school diploma
- High school diploma or equivalent
- Associate degree
- Bachelor's degree
- Master's degree
- Doctorate degree

Which of the following do you hold? Select all that apply.

- EMT
- CCP-C
- FP-C
- AEMT (Intermediate)
- Nationally Registered Paramedic (NRP)
- Registered Nurse
- State paramedic
- Other (please specify)

Which of the following options most closely describes the community paramedic/mobile integrated health care program offered by your EMS agency? Select all that apply.

- In-home assessments and patient navigation services designed to reduce 911 or hospital utilization
- Treating and releasing patients on-scene, without transport to an Emergency Department
- Transporting patients to destinations other than Emergency Departments
- Triaging 911 calls to non-emergency alternatives (i.e. urgent care clinics, primary care offices or hospice agencies)
- Providing primary or specialty medical services in the home
- Other (please describe)

If you are a credentialed community paramedic, what region is your credential/endorsement held in? Select one.

- I am not a credentialed community paramedic
- Within the USA
- Within Canada
- Other

USA: What state is your credential/endorsement held in?

Canada: What province is your credential/endorsement held in?

What is your education/training background? Select one.

- I have not received formal training
- I received training provided by my EMS agency
- I received training arranged by my EMS agency, but provided by another organization (excluding colleges or universities)
- I received training through a college or university course

Did you receive college credit for your community paramedic education? Select one.

- Yes
- No

How many hours of clinical rotations did your community paramedic education include? Select one.

- None
- 1-10
- 11-40
- 41-80
- 81-120
- 121-160
- More than 160
- I don't know

How many hours of classroom time was your community paramedic education? Select one.

- None
- 1-10
- 11-40
- 41-80
- 81-120
- 121-160
- More than 160
- I don't know

Optional Demographics

The following questions are optional.

Which of the following best describes you? Select one or more.

Categories	Hispanic or Latino	Not Hispanic or Latino
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or other Pacific Islander		
White		
Other		

What is your sex?

- Male
- Female

Thank you for completing this survey. We will notify all participants when the survey results are made public by the Minnesota Department of Health.