

STEVE SISOLAK
Governor



JULIE KOTCHEVAR, Ph.D.
Administrator

RICHARD WHITLEY, MS
Director

IHSAN AZZAM, Ph.D., M.D.
Chief Medical Officer

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January 31, 2019

Director Rick Combs
Legislative Counsel Bureau
401 S. Carson St.
Carson City, NV 89701

Dear Director Combs:

Please find attached a report pursuant to NRS 450B.1996.2 on Community Paramedicine Services provided across the State of Nevada. Per the statute, please transmit this report to the members of the Legislature. Community paramedicine provided by five agencies including three rural hospitals and two Emergency Medical Services providers served a total of 559 people and prevented 139 visits to emergency rooms or hospitals. We are excited about this program and hope to see continued growth in people served in communities across Nevada.

Please contact me at jukotchevar@dhhs.nv.gov or 775-684-5959 if you have any questions, concerns or would like additional information.

Sincerely,

A handwritten signature in blue ink that reads "Julie Kotchevar".

Dr. Julie Kotchevar, Administrator
Division of Public and Behavioral Health, Department of Health and Human Services

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MEMORANDUM

January 29, 2019

TO: Julie Kotchevar, Administrator *JK*

THROUGH: Margot Chappel, Deputy Administrator *MC*
Karen Beckley, Bureau Chief *MS for*

FROM: Tina Smith, Emergency Medical Systems Program Manager *TS*

RE: Mandated Community Paramedicine Reporting; NRS 450B.1996.2

The Emergency Medical Systems Program is providing the following information in accordance with the Nevada Revised Statute (NRS) 450B.1996.2: Submission of a report summarizing the information received concerning community paramedicine services, to be reported to the Director of the Legislative Counsel Bureau on or before February 1, 2019. The information below was gathered from the reports submitted by the Emergency Medical Services (EMS) agencies providing community paramedicine services and covers community paramedicine services provided in 2018.

1. The number of patients provided community paramedicine services:
 - a. Humboldt General Hospital EMS: 4
 - b. Regional Emergency Medical Services Authority (REMSA): 203
 - c. East Fork Fire Protection District: 296
 - d. William B. Ririe Hospital: 33
 - e. Mount Grant General Hospital: 23

Total: 559

2. The type of community paramedicine services provided and number of patients receiving each service:

- a. Humboldt General Hospital EMS:
 - i. Medication compliance: 2
 - ii. Self-management of chronic condition: 2
 - iii. Chronic Obstructive Pulmonary Disease (COPD) management: 2
 - iv. Diabetes management: 1

- b. REMSA:
 - i. COPD: 84
 - ii. Congestive Heart Failure (CHF): 61
 - iii. Myocardial Infarction: 7
 - iv. Post Open-Heart Surgery Care: 9
 - v. Evaluation and referrals: 16

- c. East Fork Fire Protection District:
 - i. Behavioral Health services: 296

- d. William B. Ririe Hospital:
 - i. Monitor CHF Patient: 7
 - ii. Monitor COPD Patient: 7
 - iii. Monitor Diabetes: 4
 - iv. Medication Compliance: 20
 - v. Immunizations: 2

- e. Mount Grant General Hospital:
 - i. COPD Care: 12
 - ii. Diabetes Care: 11
 - iii. Home care for high utilizers: 4

3. An estimate of the number of transports, emergency room visits, admissions, or readmissions to a hospital that were avoided due the use of Community Paramedicine Services:

- a. Humboldt General Hospital EMS: 4
- b. REMSA: 75
- c. East Fork Fire Protection District: 40
- d. William B. Ririe Hospital: 10
- e. Mount Grant General Hospital: 10

Total: 139

4. A summary of the overall impact of providing Community Paramedicine Services:

- a. Humboldt General Hospital EMS has seen a reduction in the need of nonscheduled clinic visits and the persons receiving community paramedic services are leading healthier lives through education and the ability to self-manage their condition.
- b. REMSA has been able to lower the number of the unnecessary emergency room visits by having the ability to provide transport to alternate locations and using the community paramedicine program to help manage certain medical conditions. REMSA has also helped to lower the readmission of chronic heart failure patients by using the community paramedicine program to help manage the condition in the person's home.
- c. East Fork Fire Protection District reports a decline in the number of calls from persons that routinely call 911 for non-emergent reasons. This can be attributed to the use of the community paramedicine program to respond to non-emergent issues and the ability to manage those issues in the home. East Fork Fire Protection District through use of the Community Paramedicine program was able to get a severe alcoholic in to treatment. The individual did well in treatment and went from calling 911 two times a week to not needing to call for this particular issue.
- d. Mount Grant General Hospital patients have stated they feel better about their overall care with this service. Mount Grant found patients taking medications that were discontinued or taken at the wrong time and were able to assist them with home visits and education.
- e. William B. Ririe Hospital noted a patient in the high utilizer group was calling local EMS at least every 30 hours. This patient often refused transport after EMS arrived or if transported, left the emergency room against medical advice. Since home visits began, the patient has only had 2 transports over the past 4 months.

In 2018 there were three EMS agencies and two rural hospitals providing community paramedicine services; and 559 people utilized the community paramedicine program. A total of 139 admissions, readmissions, or unnecessary trips to the emergency room/hospital were avoided due to the use of community paramedicine services. The overall impact of the community paramedicine program is in the number of emergency room visits, hospital admissions, and hospital readmissions that were not needed due to the ability to manage health conditions in the home through education, self-care, and routine visits from a community paramedicine provider.