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TESTIMONY PROPOSED BILL NO: 800 AN ACT CONCERNING A MUNICIPAL PILOT PROGRAM ALLOWING EMERGENCY MEDICAL SERVICES PERSONNEL TO PROVIDE COMMUNITY-BASED PARAMEDICINE

PUBLIC HEALTH COMMITTEE

March 11, 2015

Good Day Senator Gerratana, Representative Ritter and esteemed members of the Public Health Committee

Thank you, for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA) related **PROPOSED BILL NO: 800 AN ACT CONCERNING A MUNICIPAL PILOT PROGRAM ALLOWING EMERGENCY MEDICAL SERVICES PERSONNEL TO PROVIDE COMMUNITY-BASED PARAMEDICINE.**

I am Mary Jane Williams Ph.D., RN current chairperson of Government Relations Committee for the Connecticut Nurses Association and professor emeritus from Central Connecticut State University. I speak in support of the **PROPOSED BILL NO: 800 AN ACT CONCERNING A MUNICIPAL PILOT PROGRAM ALLOWING EMERGENCY MEDICAL SERVICES PERSONNEL TO PROVIDE COMMUNITY-BASED PARAMEDICINE.** I am providing for you the American Nurses Associations Principles for Utilization of Community Paramedics which we feel are essential to guide the process.

Background

Over the past decade, emergency medical services (EMS) has piloted a new role, most often referred to as the community paramedic (CP). This expanded role builds on the skills and preparation of the emergency medical technician (EMT) and paramedic, with the intention of fulfilling the healthcare needs of those populations with limited access to primary care services.

Cuts in public health and community services funding have decimated programs, leaving unmet health needs. In many cases, CPs are filling a gap in services that had been performed by public health nurses and visiting nurses. Communities have used CPs for home assessment, consultation, and direct care, purportedly reducing unnecessary hospital admissions and readmissions. The EMS community describes other possible services that could be performed by the CP as public health, disease management, prevention and wellness, mental health, and oral health. Consistent with the traditional EMS model, CPs use protocols and work under the direction of a physician (medical director).

ANA believes that every patient deserves **access to safe, quality care from all healthcare providers**. Health care is evolving and is currently undergoing a significant transformation. ANA supports initiatives, which allow all members of the healthcare team to fully function consistent with their education and training in a cooperative manner.

Recommended standards and strategies for the registered nurse and the community paramedic apply when cooperating in various settings and across the continuum of care. It is essential to develop a common understanding of the community paramedic role and clarification of registered nurses' expectations of cooperation with this new role.

The significance of establishing the groundwork for cooperation is rooted in two major assumptions 1) there exists overlapping patient care responsibilities between healthcare team members. 2) Patient-centered care coordination is a core professional standard and competency for all registered nursing practice.

These assumptions assert that registered nurses and community paramedics will need to cooperate. Successful cooperation leads to the delivery of safe, quality care and transparency with regards to roles and functions.

Therefore, it is important to:

1) Establish minimum standards for education and training for the community paramedic, beyond the emergency services education and training required of EMTs and paramedics—that prepares the community paramedic to competently perform the expanded functions.

2) Reduce “role confusion” by identifying the community paramedic’s role within the health care team while distinguishing the registered nurses’ responsibilities.

3) Foster interdisciplinary cooperation through appropriate regulatory models.

NURSE refers specifically to a professional registered nurse. Nursing's Social Policy Statement: The Essence of the Profession (ANA, 2010; pg. 7) recognizes the value of clearly identifying the recipients of professional nursing care, be they individuals, groups, families, communities, or populations. The terms patient, client, person, population and community most often refer to individuals, whereas healthcare consumer can represent an individual or group.

COMMUNITY PARAMEDIC, ADVANCE PRACTICE PARAMEDIC and community health aide/worker*refer to an individual who lawfully engages in an expanded scope of paramedic or EMT practice to meet the needs of the local community and has successfully completed standardized education and training to competently perform those functions.

Essential to Patient Safety

Role Competence

As with all healthcare providers, the public has a right to expect community paramedics to demonstrate competence throughout their careers and in all healthcare settings. ANA's position is that competence is definable and can be evaluated. IT IS ESSENTIAL to measure Competence can be evaluated by implementing tools that retrieve objective and subjective information about an individual's knowledge and performance (ANA, 2010; pg. 25, 32). There should be a mechanism for maintaining and measuring continued competence.

Uniform education and clinical training from an accredited program in the higher education setting, consistent with the functions of the community paramedic role, should be required by state statute, rules, regulations. Accredited educational programs should include core components from social and behavioral sciences and social determinants of health such as:

- Cultural competency
- Community roles and resources
- Health assessment
- Personal safety
- Professional boundaries
- Clinical components that include sub-acute and semi-chronic patient needs

Interdisciplinary Teamwork

The community paramedic must be considered part of the interdisciplinary team. Given the role of registered nurses as coordinators of patient care (ANA, 2012), it is important that community paramedics communicate and cooperate with registered nurses. Regulatory models should not impose barriers to interdisciplinary communication or collaboration.

Accountability: Community paramedics should be accountable for self, to the community, and to a regulatory agency. Every effort should be made to ensure that the agency with oversight for CPs collaborates well with the agency or agencies that have oversight for other professionals with whom they will be cooperating and communicating as part of the healthcare team.

Evaluation: This emerging role of the community paramedic requires ongoing evaluation to determine effectiveness and inform healthcare providers and policy makers as to needed changes. Thus far, the focus in community paramedic demonstration projects has been on reduced costs through decreased emergency room visits, hospital admissions and readmissions. Evaluation should extend to include monitoring for improved patient outcomes and patient satisfaction and a decrease in adverse outcomes. (American Nurses Association, Essential Principles for Utilization of Community Paramedics, 2014)

In conclusion this is a new and evolving role designed to provide care in the community there are many issues that need to be addressed via education, interdisciplinary team-work and regulation. The evaluation of the process is essential to guarantee that the population served in the community receives quality, safe care. The Principles I have provided present a picture of the issues that are essential to the provision of safe care.

Therefore, I support in support of **PROPOSED BILL NO: 800 AN ACT CONCERNING A MUNICIPAL PILOT PROGRAM ALLOWING EMERGENCY MEDICAL SERVICES PERSONNEL TO PROVIDE COMMUNITY-BASED PARAMEDICINE.**

However, it is essential to patient safety that the recommended principles be incorporated into the pilot program design and implementation and that **appropriate nursing representation participate in this on going process.**

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