

URL: <http://legacy.reutershealth.com/archive/2012/01/19/professional/links/20120119clin009.html>  
Clinical

Extended care by paramedics cuts ambulance trips by nearly half

Last Updated: 2012-01-19 17:50:10 -0400 (Reuters Health)

By Rob Goodier

NEW YORK (Reuters Health) - A rare look at data from a Canadian extended-care paramedic program shows that specially-trained emergency responders have cut the number of ambulance trips for long-term care patients by nearly half, new research has found.

Extended-care paramedics are relatively new to emergency medicine, trained to screen elderly and long-term care patients. When possible, they treat those patients at home and reduce the work load in emergency rooms.

"Collaboration is key" to achieving such a reduction in patient transportation, said Jan Jensen, an advanced-care paramedic who led the research at Dalhousie University in Halifax, Nova Scotia.

"EMS administrators, physicians, paramedics and others should work with researchers very early in program development to include research in their plan and share their data, so the entire EMS community can gain a deeper understanding of alternative roles for paramedics," she told Reuters Health by email.

"Otherwise, systems are all operating in silos and we are not learning from each other," she added. "I cannot urge this strongly enough."

Jensen and her team presented their results January 12 at the annual meeting of the National Association of EMS Physicians in Tucson, Arizona.

The data for their presentation was collected over a three-month period from a single EMS center that serves 15 long-term care facilities. These facilities made 239 calls during that period. Specially-trained extended-care paramedics responded to 140 calls and took 42 of those patients (30%) to the hospital.

Standard paramedic crews responded to the remaining 99 calls and drove 77 patients (78.8%) to the hospital.

The extended-care paramedic crews reduced the absolute risk of transport to the hospital by 48.7%, the researchers point out.

The three main reasons for calling EMS were similar among patients handled by the extended-care crews and those managed by the regular paramedics: "sickness," falls, and breathing problems.

Of the 98 patients managed by the extended-care paramedics on-site, six were "bounce-backs," that is, they called EMS back within 48 hours of the first call for a related condition. Five had called EMS for "sickness" and one had complained of breathing problems.

The extended-care paramedics in this study took a two-week, in-house training course with Emergency Health Services Nova Scotia and the province's health department. They received training in geriatric care and assessment, and they spent clinical time in a teaching nursing home and with emergency doctors.

This kind of program is rare in EMS, but interest is growing, said Dr. Jon Studnek, Director of Prehospital Research at Carolinas Medical Center in Charlotte, North Carolina, who chairs the NAEMSP research committee.

"It is encouraging to see published data from extended-care paramedic programs such as this, as there is currently limited data available describing the efficiency and effectiveness of these types of programs," Dr. Studnek told Reuters Health.

He added, "While this was a small study methods such as those presented in this abstract could be replicated on a larger scale to answer important questions regarding the utility of ECP programs."

Copyright (c) 2012 Reuters Limited. All rights reserved. Republication or redistribution of Reuters content, including by framing or similar means, is expressly prohibited without the prior written consent of Reuters. Reuters shall not be liable for any errors or delays in the content, or for any actions taken in reliance thereon. Reuters and the Reuters sphere logo are registered trademarks and trademarks of the Reuters group of companies around the world.