

 <p>County of San Diego EMS A Division of San Diego County Fire</p>	COMMUNITY PARAMEDICINE	CP-908
	COMMUNITY PARAMEDICINE CASE MANAGEMENT	
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I. PURPOSE

To define the process of case management for community paramedics.

II. AUTHORITY

Health and Safety Code, Division 2.5, Sections 1797.172 and 1798. California Code of Regulations, Title 22, Division 9, Chapter 5, Sections 100181, 100192.

III. DEFINITIONS

Community Paramedicine Case Management: A collaborative process that assesses, plans, implements, treats, coordinates, monitors, and evaluates the options and services required to meet patients' needs. Case management interventions include safely assessing, treating, referring, and transporting enrolled patients who have accessed the 9-1-1 system but do not require transport to an emergency department because it is unreasonable or conflicts with a plan of care specifically designed to address the patient's non-emergent issues.

Community Paramedic: A paramedic licensed under Division 2.5 of the Health and Safety Code (HSC) who has:

1. completed the curriculum for community paramedic training,
2. received certification in one or more of the community paramedic program specialties described in Section 1815 of the HSC, and
3. is accredited to provide community paramedic services by CoSD EMS as a part of an approved community paramedic program.

Agency High-Utilizer Provider Plan: A document submitted by an agency, approved by CoSD EMS, and periodically updated that includes patient inclusion criteria, case management processes, quality assurance (QA)/quality improvement (QI) metrics, and a continuous QI plan.

High-Utilizer Patient: A patient defined as a frequent user of the 9-1-1 system per the agency's CoSD-approved community paramedicine case management plan.

IV. POLICY

- A. Patients must meet criteria in an approved Agency High-Utilizer Provider Plan to be eligible for community paramedicine case management services.
- B. If community paramedicine resources are unavailable, the patient shall be managed using the appropriate existing CoSD EMS policies and protocols.
- C. Community paramedics shall act within their scope of practice and within medical oversight at all times.
- D. All case-management data shall be captured for the agency's QA/QI review.
- E. The provider agency shall use QA/QI data to improve their case management processes per their approved plan. This data shall be made available to CoSD EMS.
- F. CoSD EMS may suspend an agency's community paramedicine program for failure to comply with this policy.