Community
Paramedicine:
Bridging Gaps in Care



# Agenda

Introduction

Community Paramedicine

Services

Hospital Discharge

Resources

## Who or what is Community Paramedicine?

A Community Paramedic supports existing health services by providing integrated health services in partnership with other health professionals. The Community Paramedic extends access to health services delivery in underserved and general populations, including primary care, public health, disease management, preventions, and wellness.



#### Community Paramedicine: Bringing Care Closer to Home

- At HGH EMS Rescue, we believe healthcare starts with wellness, prevention, and timely response.
- For over 35 years, we've served more than **19,000 residents** across rural Nevada and southern Oregon with **24/7 emergency care**—no matter the terrain or weather.
- Our Community Paramedic Program builds on this tradition by:
- Extending care beyond emergencies
- Connecting people to local services
- Supporting wellness at home
- Partnering with healthcare providers to fill gaps in primary care, disease management, and prevention
- We're here to make healthcare more accessible, more personal, and closer to home—especially for those in underserved rural areas.

### Our Services



Education about your medical conditions & discharge



Monitor vital signs



Pill box organization



**Immunizations** 



Wellbeing checks



Home safety assessment



Wound care and catheter replacement



Lab Work

#### We work incoordination with:



- Primary care providers
- Home care agencies
- Pharmacies
- Social Services
- Community Services
- Laboratory
- Interpreter services
- Food Bank

#### Referrals

Community Paramedicine is based off referrals.

- Only providers such as physicians, nurse practitioners, and physician assistants can make a referral
- Referrals can come from a primary care physician in office, an ER physician, or Hospitalist after admission

Community Paramedicine Referral Form Humboldt General Hospital Send completed referrals to opreferral@hajhospital.org



hone: 775.623.5222 Ext: 1687 ddress: 118 E. Haskell St Vinnemucca, NV 89445

Referral Criteria: An indiv	ridual may be referred who o	exhibits risk for 911 use, hos	oital readmissi	on, etc. Check	all categories that ap patient Discharge		
>4 911 calls in past 6 n Medical Condition(s):	nontris	n Inpatient >2 times in past 6			_	Other	
Diabetes Congestive Heart Failure (CHF) Chronic Obstructive Pulmonary Disease (COPD) Hypertension (HTN)							
Recent Miocardial Infarction (MI) Other:							
	<ul> <li>including patient signature, to you are interested in the progra</li> </ul>						
	rou are interested in the progra talb.	m and you are NOT being refer	ed by a nearthci	are provider, pa	lese call us directly to di	scuss pro gram	
BASIC INFORMATION	ON:						
Date of Referral:	Program End Date	Requested Date of Service			Patient Primary Languange		
Patient Name First:		Last: FIN:			DOB:	Gender:	
Physical Street Address:		City/State:			Zip Code:	Phone:	
DIAGNOSIS INFORMATION:					EVENTION ASSESSMENTS REQUESTED:		
Diagnosis 1:				☐ Nutritio	n		
Diagnosis 2:			Social I		Evaluation/ Social Support		
Diagnosis 3:				Home Safety Inspection (Fall hazards/ General Safety)			
Reason for visit:			Environmental Evaluation (Respiratory)		spiratory)		
	HECK ALL THAT AF						
Cardiovascular:  Blood Pressure Check		Respiratory:		General: Assessment/ History			
Blood Pressure Check  EKG 12 Lead		Asthma Meds/ Education/ Compliance					
		CPAP			Post MI Assessment/ Follow-Up		
Peripheral Intravenous Line Start/Assessment		MDI use			Medication Evaluation and Adherence		
F-II II-/ P+ Di		Nebulzer Usage/ Compliance Peak Flow Meter Education/ Usage			Post Injury/ Illness Evaluation Post Stroke Assessment/ Follow-Up		
Follow-Up/ Post Discarge:  Diabetic Follow-Up/ Education		Oxygen Saturation Check					
Neurological Assessme					unange		
	ent und Check (Provide details le;	Capnography Reading	fenerina eveni	lar needed's			
Blood draw / Labs (Att		exacust, rrequercy, type or o	лежену, зиррі	es riemen)			
VISIT REQUEST DE							
FISH REQUEST DE	I AL.						
B	_		_				
REFERRAL SOURCE:			PATIENT INFORMATION AND AUTHORIZATION:  Authorizing the referral source to share your personal information with HGH EMS. HGH will				
PCP Referral Acute Care Facility:					u regarding potential enrollment in the Community Healthcare Integrated		
0					Paramedicine Program.		
Contact Phone/Email:			Contact Phone/Email:				
		<u> </u>					
Name:		Name:					
Signature: Signature:							

## Hospital Discharge

- Review health history and obtain orders from provider
- Review discharge instructions and directions
- Organize and discuss new medications
- Review when to call provider and 911
- Follow up visits to assure continued wellness and prevent readmission



#### Resources

Community Paramedicine can connect patients to the following services:

- Transportation (RSVP, Senior center)
- Food (Food bank, meals on wheels)
- Medicaid or Medicare assistance
- Skilled facility placement assistance
- Home health and home making services

## Thank You!



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