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A Paramedic's Field Guide to Community Hospice

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Abstract

A capstone project focused on integrating hospice care with paramedicine through an existing emergency response system (EMS). This project aimed to serve as a training “field guide” for paramedics interested in supplementing hospice care needs within their community. The guide includes the variety of ways in which paramedic skills could assist with a hospice patient and their family, including patient assessment, pain relief, emotional support, and other comfort measures common in hospice care. The guide was submitted to my local EMS agency in Yolo County, CA with the intent of adding it to local paramedic scope protocols pending approval by the local medical director.

Keywords: hospice, supplement, paramedicine

Section 1: Introduction to your Capstone Project

As a paramedic working in the 911 emergency response system for close to a decade, I have had ample opportunity to recognize glaring gaps in the healthcare system in Yolo County, CA. My project was inspired by personal experiences on the ambulance in which I realized the benefits that the paramedic scope of practice could have for the hospice demographic. In summary, my project is a 'field guide' to supplemental hospice care written for responding paramedics, by a paramedic. To develop the guide, data was gathered from local EMS response agencies and fire departments to target the most significant needs of the community and to keep the parameters of the project realistic. This guide outlines the various methods that can be utilized within their scope to help hospice patients and their families, addressing both medical and emotional needs as well as resources available. My project was submitted to my local EMS system with the intent of adding supplemental hospice care to our current local paramedic protocols pending approval by the medical director during the biannual county protocol review and update.

Section 2: Elements coming together

Innovative Approach

I chose a project that would directly serve as relief to local hospice, hospital, EMS, and in-home services while simultaneously benefitting hospice patients and families. This guide's main objective is to educate paramedics in the field on the specifics of hospice care and the best ways for them to provide that care. These services may include comfort measures through end

of life such as pain control, oxygen administration, airway maneuvers, and body positioning as well as vital signs checks and emotional and resources support for patients and families. All areas of healthcare are currently facing shortages, and delays in hospice care have become commonplace in the county. Similarly, 911 EMS systems are often overutilized in situations where families cannot reach hospice services in a timely manner, are scared about the condition of their family member, or are anxious that their family member is in pain. This not only burdens our local systems but is a disservice to our community members. My guide addresses these current gaps and shortages in healthcare by bringing perspectives from primary care, palliative care, and emergency care to best serve hospice families and the community.

Emotional Intelligence

My work on this project strives to solve a problem within our community, revolving directly around the needs of multiple groups, including the patients, their families, the local hospice groups, and the hospital system. The main factor of this problems is that COVID pandemic has created a shortage of healthcare workers, leading to significant delays in hospice care and forcing families to look for help elsewhere, most prominently emergency rooms. A hospice patient returning to the emergency room is not only put in an unnecessarily uncomfortable situation, but also has their hospice status revoked when doing so and an alternate solution is needed for expedited care. I also adjusted my proposal to also consider the needs of the 911 EMS system within our community while also utilizing that same EMS system to help with the problem of hospice care delays. In doing so, I bring myself into the equation as a person who works within the local EMS system as a paramedic and so am personally invested in the

success of the project. I have always felt like my hands were tied when it came to helping people outside of short-term emergency situations in the ambulance. My project allows me the opportunity to fulfill my desire of helping people in a broader sense and allows me to utilize my skills in a new way and for a new purpose.

Creative Thinking

My approach on this project is unique mainly because it combines my own personal perspective as a field paramedic with the input of other facets of medicine that are practiced independently. These facets include traditional hospice care for patients, emotional support for families, and emergency medicine as necessary. For example, in traditional hospice, the need of the patient is the focus. While this is great for the patient, it does not include the ongoing needs of the families through the process, and often hospice services are not expedient. This limits potential comfort measures promised to the patient in hospice care until hospice staff are available. Emotional support is needed for families in an ongoing and persistent way, but unfortunately this need is often overlooked. Community paramedicine hospice would offer immediate support to family members with the capability to offer answers to questions that the family has about the patient's condition, which is often necessary for the family to obtain peace or closure. Adding the emergency medicine component is also ideal in my approach because it ensures adherence to a patient's final wishes outlined in their DNR orders. Often in these stressful situations, families will consider their own needs above that of their family member's in moments of panic, which sometimes leads to disregard of the patient's wishes. With emergency personnel present, the varying levels of patient care outlined by the patient's DNR form will be

adhered to and performed, and the family can be both fully informed and emotionally supported through the process while keeping the patient as comfortable as possible.

Your Innovative Solution

My capstone project is a guide to implementing supplemental hospice services into our community in Yolo County, CA utilizing existing paramedic resources in the area. This guide outlines the role of the paramedic in these instances by providing a methodical approach to supplemental hospice through community paramedicine within the California paramedic scope of practice. The solution here is more easily implemented when all involved parties are educated on the concept, which is where my field guide comes into play. The direct nature of the guide ensures that the main priorities for the move towards supplemental hospice care are highlighted. Currently, my guide is distributed at the county level, to local EMS agencies that employ paramedics including both fire and private EMS companies as well as management at the local EMS system YEMSA.

Section 3: Results

The Paramedic's Field Guide to Community Hospice was distributed electronically to the overseeing EMS agency, YEMSA, as well as the fire and private EMS services within Yolo County. Impact from this project was measured by feedback from management, EMS authority, medical director, and paramedic peers currently working in the field. After a series of questions were answered, the overwhelming feedback was that the guide was helpful to understanding hospice patients in the field and would make a positive addition to county protocols and would help EMS provide community outreach. The benefits to stakeholders from this project vary-

EMS companies responding to hospice calls, as well as YEMSA, benefit from positive public relations for this community effort, and paramedics in the field learn valuable information about a specific demographic. The hospice families within the community benefit from expedited care for their loved ones, emotional support for themselves, and the knowledge that their loved one is staying comfortable through their end-of-life process. Strained local emergency rooms and hospice care workers benefit from a reduced workload. From the time of distribution, the actual impact that my project had on stakeholders was increased awareness of the need for supplemental hospice care and increased interest in a solution by EMS authorities in a position to fully implement official hospice services by paramedics. The paramedics currently working in the EMS system of Yolo County, per their feedback, were able to gain knowledge about the nature of hospice and its patients, and some have told me that they have since started offering additional support and resources to hospice families who call 911.

Section 4: Conclusion

When I began this project, I envisioned that a guide such as this one would help educate local paramedics to better understand the hospice demographic and consider applying their skills in different ways to have a more positive outcome for hospice patients. My years of working in the field, however, made me skeptical about how my project would be received by the organizations that create the paramedic protocols and EMS authority in Yolo County. Prior discussions with management teams from both fire and private EMS companies gave me the impression that there was not a significant need for a community healthcare program through their agencies in a way that would make a meaningful impact on the community. However, since

the COVID pandemic stretched thin all facets of healthcare, coupled with an increase in longevity of geriatrics, the concept of implementing supplemental healthcare as a new solution has become not only a good idea, but a necessity. The actual results I received was positive feedback from YEMSA and local EMS authority management, and a statement that my guide would be featured during the biannual protocol review with the probability of permanently adding it to the local protocol and paramedic practice. My guide also had the expected outcome of positive feedback from coworkers and peers at the paramedic level, and the promise by many that they would take into consideration the information in my guide while providing treatment in the field. One significant anecdote from a coworker who made a point to offer additional emotional support and information to a hospice family on a recent call was that he received an outpouring of gratitude from many family members, as well as the patient themselves, for their compassion. I was proud to hear that my guide helped make such an impact on even one family and hope to hear additional stories like this in the near future. Despite these successes, I acknowledge that my project would be even better served by polling members of the community in order to gain an even better understanding of the needs of our community members when it comes to healthcare response.

Section 5: Appendix

[capstone project.docx](#)

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