

Challenging My Role

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Transcript

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Hi guys, my name is Luke Scarrow, and this is how I challenged my role as a paramedic and healthcare provider. I wanted to try to use my BAS/MDS capstone to try to influence or change a problem that I was having in my workplace. So, that led me to an action project.

When I started to research and develop the project, I centered this around an issue that I was starting to notice in my ambulance agency in particular. I started to notice that a lot of the emergency departments, and our ambulance agency in particular, were starting to get overrun and have high levels of call-volume. So, I started to start to look at why that could be.

And a lot of times, the patients that we were going on, were complaining of either chronic illnesses, that might have been better-served in a primary care or urgent care setting, and weren't truly emergency situations, or they had chronic illnesses that had developed so far that they actually started to turn into an emergency situation.

So, when I started to move forward, I turned to St. Luke's Health Needs Assessment, and the Ada County/Canyon County health rankings, to determine which two health issues I could try to influence.

St. Luke's Health Needs Assessment is something that they do every single year, and they determined that diabetes and hypertension were two of the highest health issues that the communities were facing in the area. So my approach was, how might I influence people's approach to their health and their chronic illnesses?

A lot of the times it seems like it was a reactionary approach, and I wanted to try to take the proactive approach to people's health, and try to change their mind about how they could view their own health and how they would utilize emergency services.

So, I thought, either I could treat as a paramedic as I normally do, and I could try to do more education at the back of the ambulance, or I could take a more proactive approach as a community health provider, which would involve me stepping out of my role as a paramedic and into the role of a community member health provider.

The actual project involved me going into local companies and holding blood pressure and blood glucose checks. I would try to involve my ambulance agency, the one that I work for, and represent them while also using a reserve program.

The reserve program is for EMTs and paramedics who are new and are looking for healthcare experience, and they volunteer their time, so I would use them to help educate the community members.

We would go into these local businesses, hold these blood pressure screenings and blood glucose screenings. That involved us sitting them down, I actually created a survey for them to fill out, and we'll go over some of the survey results.

They would get information pamphlets on how to address certain issues with diabetes and hypertension, what those symptoms could lead to, what they would look like. There was a lot of information in these pamphlets that would help patients feel more comfortable with the illnesses themselves.

And then I would check their blood pressure and their blood glucose readings, and write that down and give that to them, and that would be my education about the hypertension and the diabetes. And then, if they had abnormal results, I would provide a list of resources for them to establish definitive care outside of that screening and outside of an emergency setting.

That would mean they would have access to urgent cares in the area, emergency departments in the area, and then, sometimes primary care physicians that were accepting new patients, so they could establish care with them. So, some of the results that I had, this is from the survey itself.

The likelihood of the follow-up and the history of diabetes and hypertension were two of the questions that I asked in the survey. So you can see, I separated it by age-range. 31 through 55, 56 through 75, and 75 or older. The one that I want to look at first is the likelihood of a follow-up.

You see in the age ranges, blue being "not likely," orange being "likely," and gray being "very likely," we had a lot of people who were willing to follow-up after they had an abnormal result, and actually utilized the service that I provided by giving them information on where to follow-up at. A lot of these people didn't have a history of diabetes or hypertension, which is the one on the left.

You can see in the older two age-ranges, there was some established history of hypertension and diabetes that they knew of, but in the age-range of 31 to 55 where it starts to matter, there was no history of diabetes or hypertension. But you can see that they had abnormal results and were willing and likely to follow-up, which is the whole intention of this project.

So, the Canyon County community members is the first stakeholder that I identified. They directly were influenced and benefited from this project because they got a better idea of their health, they got free screenings, and free information and resources to use.

I identified Canyon County Ambulance, the ambulance agency that I work for, as another stakeholder, because as I performed this project, I represented them. This is a good PR opportunity for them to say, "Hey, we're investing in our community, and we care about your health outside of an emergency situation."

And then I also listed myself as a stakeholder in this. It is a step for me to graduate, but it is also a way for me to establish and really show how I've grown and performed as a BSU student in all of my areas of study. So, to finish off, this is a list of references that I used. And I really hope that you enjoyed this presentation. Thank you.

END OF TRANSCRIPT.