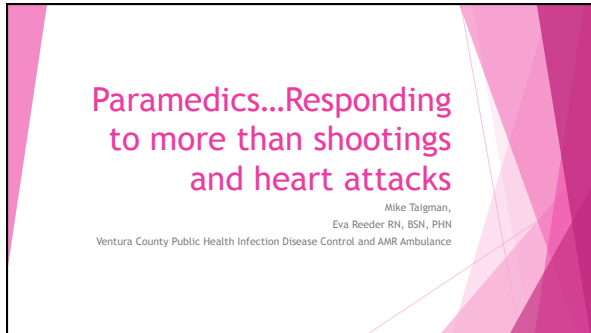
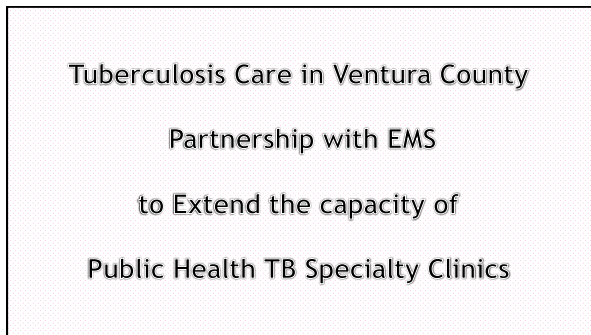


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Paramedics...Responding to more than
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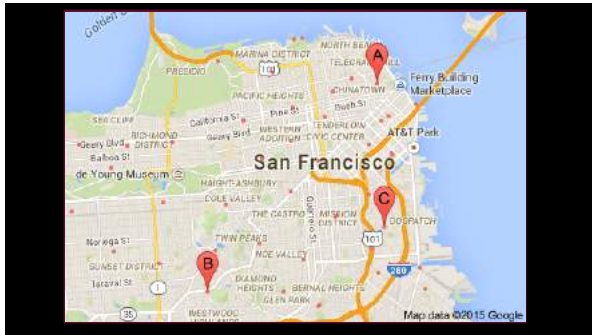
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10th in the State


2013 28 cases

2014 52 cases

2015 24 cases

DOT

- Extended DOT hours from 8-5 to
 - 24 hours a day
 - 7 days a week
 - 365 days a year
- Weekend, Holiday and Evening DOT available



DOPT/3HP program


- ▶ Increased our ability to reach patients who are further from the clinic
- ▶ Extended hours, nights, weekends, and holidays
- ▶ Ability to go to them
 - ▶ Previously was only an option for clinic patients
- ▶ Used as one of our incentives
 - ▶ Increased completion of treatment and compliance
- ▶ Increased clinical eyes in the community
- ▶ Working with professionals who excel in finding hard to find locations/individuals.

Management of side effects

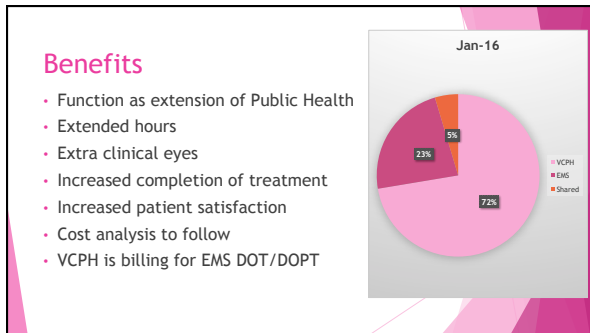
- ▶ Licensed personnel trained to spot subtle signs of possible SE and toxicity
- ▶ Ability to work off standing orders with RNs to administer treatments such as: Benadryl and Zofran
- ▶ Monitor patients with EKGs and vital signs in the field
- ▶ Collect lab work in field
- ▶ Transport patients when needed (happens very rarely!)

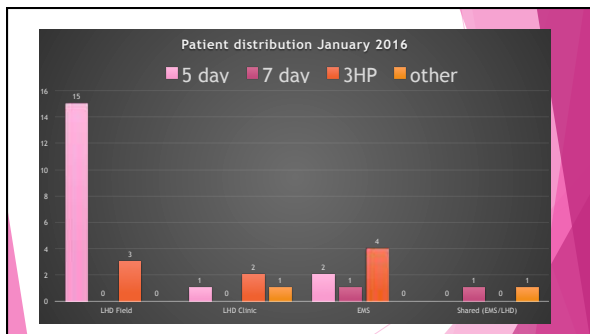
3HP Program

- Started using 3HP in VCPH Feb of 2013
- First 3HP had DOT by EMS
- 11 patients in 2014
- 31 patients in 2015



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Case Study

- ▶ 44 year old male
- ▶ Part-time homeless, lives off and on with wife and 2 year old or with his elderly mother
- ▶ history of heroin abuse as well as prescription drug dependence
- ▶ Patient seen in ER for clearance for detox facility
- ▶ 8/14/15 pos ppd 20mm induration, QFT drawn in ER
- ▶ History of multiple ER visit related to narcotic withdrawal
- ▶ 8/14/15 patient cleared by ER for detox facility in VC

Case Study Con't

- ▶ CMR received by VCPH, 8/14/15 QFT positive
- ▶ 7/29/15 CXR unable to locate in system
- ▶ 7/16/15 CXR shows LLL Infiltrates
- ▶ 8/28/15 CXR shows Right apical pleural scarring with LLL still seen
- ▶ Patient seen in TB clinic and reports fatigue, cough and SOB x 2 weeks
- ▶ Isolation initiated and sputum x 3 collected
- ▶ 9/3/15 Isolation DC AFB smear neg x 3
- ▶ Patient then lost to follow-up after multiple letters sent and phone calls

Case Study Con't

- ▶ 11/20/15 pt located and seen by MD, CX neg x 3, chronic smokes cough is only remaining symptom
- ▶ Hep C returns positive
- ▶ 3HP prescribed
- ▶ 11/23/15 patient no show to start 3HP
- ▶ 11/30/15 pt rescheduled to start at his home with EMS, EMS given address and unable to locate patient
- ▶ 12/11/15 patient scheduled to start 3HP at clinic, no show
- ▶ 12/11/15 PHN notified EMS to do home visit for possible patient location

Case Study Con't

- ▶ 12/11/15 EMS attempted mother home with no luck, but were given patients wife's address who provided a friend of patients cell number, EMS contacted friend and provided EMS number
- ▶ 12/15/15 Patient returned call and EMS located patient in a group home facility for recovering addicts
- ▶ 12/16/15 EMS met with client, 3HP started that day
- ▶ Patient has been on track with meds, blood draws and MD appts since
- ▶ Scheduled to complete 12 doses of 3 HP early March 2016

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