

Bridging the Gap Between the ED and Home: The Community Paramedic-led Transitions Intervention for Persons Living with Dementia

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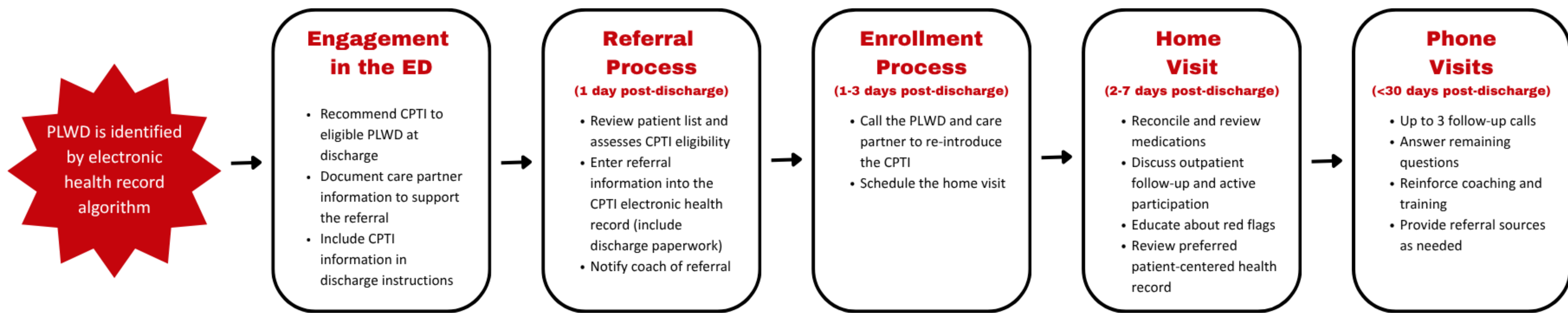
Background

- Persons living with dementia (PLWD) face elevated risks after emergency department (ED) care
- The Community Paramedic-led Transitions Intervention (CPTI) is designed to improve the ED-to-home transition
 - Coaching program for PLWD & their care partners
 - Includes 1 home visit & up to 3 follow-up phone calls over 30 days after discharge
- CPTI builds skills and confidence to manage health needs after ED discharge by focusing on four pillars:
 - Managing medications
 - Obtaining outpatient follow-up
 - Identifying warning signs for needed care: “red flags”
 - Maintaining a personal health record
- CPTI is being tested in a pragmatic trial at 40 U.S. sites
 - Emergency Departments Leading the Transformation of Alzheimer’s and Dementia care (ED-LEAD) study
- Implementation is supported by a comprehensive guide for site engagement, recommended workflows aligned with clinical decision support tools, CPTI-specific protocols, and centralized training

Methods

- Site-level "real time" data is collected and reviewed weekly
 - Demonstrates performance on key metrics
 - Drives a collaborative, iterative quality improvement process that supports high-fidelity program delivery and local adaptation
- Data presented to sites through graphical representation
 - Used to compare sites against each other
 - Used to understand cross-site variation
- Support provided to sites to improve performance, including organizational structure, processes, and training
- At the time of this analysis 32 sites have launched CPTI
 - Analysis is limited to sites have completed their 6-month implementation period
- We created box plots across key performance metrics to characterize intervention fidelity across 16 sites that have completed the CPTI (n=16)
- A patient may be referred to, decline, or receive, the CPTI more than once

Community Paramedic-led Transitions Intervention (CPTI) Workflow

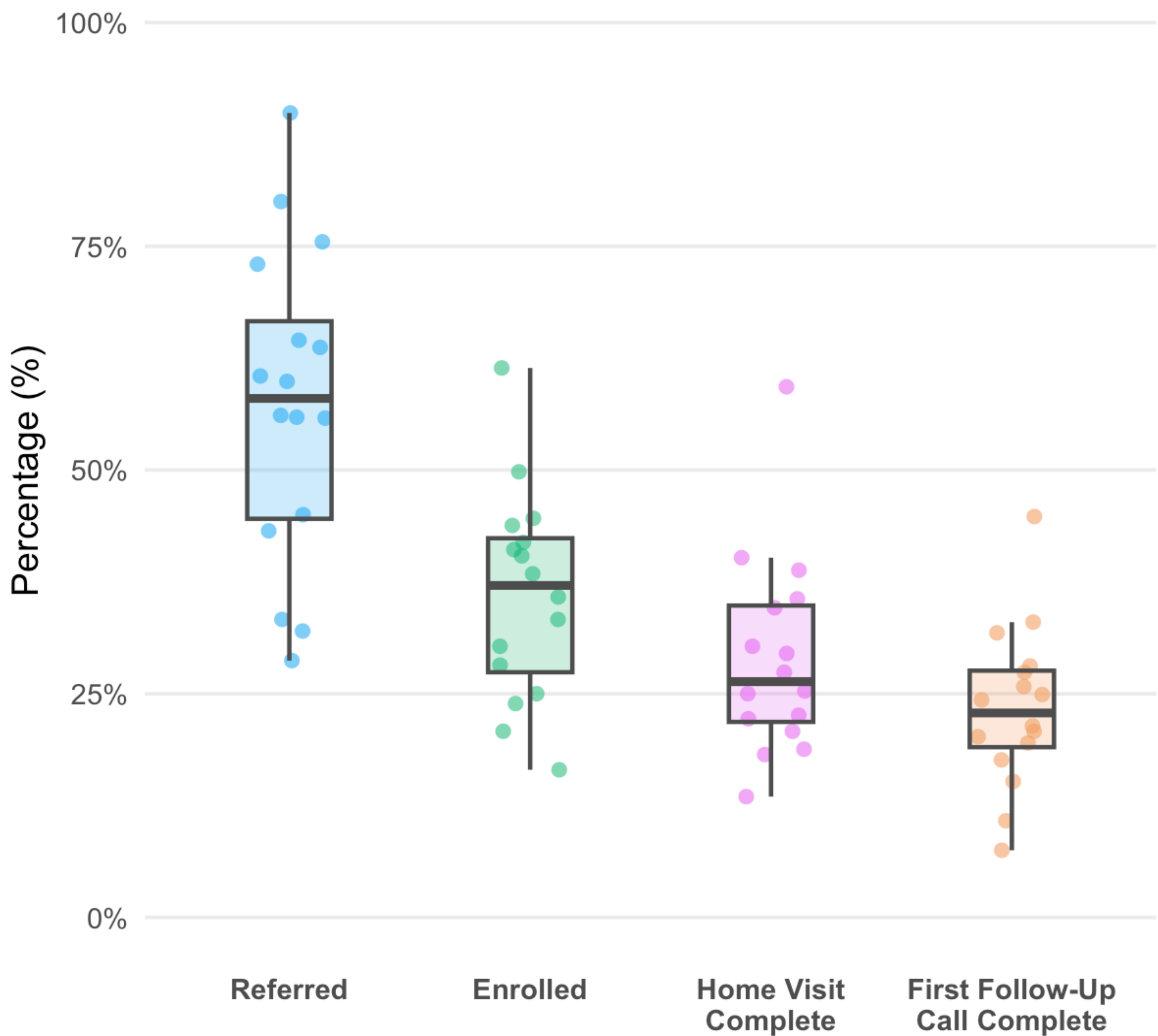


CPTI Intervention Fidelity by Key Intervention Milestones

Results

CPTI Intervention Fidelity by Metric

Individual site percentages with Median and Interquartile Range



- 16 sites that have completed the study with a total of 3,384 eligible patients discharged from the ED
 - Patients referred to CPTI
 - 2,086/3,384 or 58%
 - Referred dyads in enrolling in CPTI
 - 717/2,086 or 37%
 - Enrolled dyads completing the home visit
 - 585/717 or 82%
 - Enrolled dyads completing one follow-up call
 - 462/717 or 64%

Conclusion

- Early implementation data shows feasibility and successful integration into routine ED workflows
- Large variation across sites was observed in referral volume and delivery models, reflecting differences in local staffing and EMS–ED integration
- Enrollment is a key implementation challenge
- Paramedic coaches and participating dyads report the program is valuable and supportive
- Ongoing evaluation is needed to better understand factors that influence variation across sites to support broader dissemination

Funding Acknowledgement

Research reported in this publication was supported by the National Institute on Aging of the NIH under award number U19 AG078105-01A1. This research was also funded in part through the NIH/NCI Cancer Center Support Grant P30 CA008748.