WORK BOOK

ARIZONA TREAT & REFER CORE EDUCATION MODEL

Resources for High Quality Design and Delivery

A PARTNERSHIP OF

ARIZONA DEPARTMENT OF HEALTH SERVICES

ARIZONA Poison and Drug Information Center 1-800-222-1222

CENPATICO INTEGRATED CARE

Vitalyst HEALTH FOUNDATION

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INTRODUCTION

Treat & Refer ≠ Community Paramedicine

This document includes references to a variety of resources to support the design and delivery of a Treat & Refer education model.
TREAT & REFER IS SEPARATE FROM COMMUNITY PARAMEDICINE.
Treat & Refer events begin as an EMS encounter.

PART I

The **Treat & Refer Core Education Model** consists of the nine core Treat & Refer education modules, one recommended module for administrative medical directors and a stand-alone module to outline annual continuing education requirements.

Resource links are embedded to existing educational resources for refining local training delivery. Linked resources will support the design and delivery of core Treat & Refer education, while also clarifying details of required components. For example, all 12 required hours may not be applicable for all field personnel such as in the case where a specialized core team will provide patient follow-up.

As of this version, August 2017, all learning objectives listed under "Required for Initial Education" must be included in the design and delivery of the module. The amount of time spent on each learning objective is at the discretion of the Emergency Medical System (EMS) agency.

This document may be used to guide agency design and delivery of core Treat & Refer education required for agency recognition through the Arizona Department of Health Services Bureau of EMS and Trauma System (ADHS). Please defer to the current Treat & Refer Manual posted to the ADHS website. Please be aware, many resources included in this document go beyond the minimum required training for Treat & Refer Recognition and may not be relevant to an agency's core training model. Agency-specific protocols should be driven by a local needs assessment and subsequent design with Chief Executive/ Administrative Medical Director oversight. Additionally, several resources have been provided from Community Integrated Paramedicine programs which will require refinement for Treat & Refer use.

PART II

Designing a Treat & Refer Education Plan contains additional details about existing educational resources and may be referenced for more information to support local design and delivery of core Treat & Refer education. This document will be referred to throughout Part I as the "Education Plan" with appropriate page(s) bookmarked. Education requirements for starting an EMS Treat & Refer program in Arizona are presented, along with examples of the successful implementation of each of the requirements. Additional information useful to the educator designing and implementing the education curriculum is also included. For a more in-depth history of Treat & Refer, please refer to the Arizona EMS T&R Program - NAU Master's Capstone Project.

PART I: TREAT & REFER CORE EDUCATION MODEL

Compiled by: Matt Eckhoff, MPH & Mitchell Thomae, BS

Arizona Treat & Refer Recognition Core Education Requirements

	Core Module	Initial Hours	Yearly Continuing Education Hours	Training Plan Additional Examples
I.	Patient Transportation	0.5 REQUIRED	0.5 RECOMMENDED	Module I
II.	Transport Destinations	1 REQUIRED	1 RECOMMENDED	Module II
III.	Patient Risk Assessment	1 REQUIRED	1 REQUIRED	Module III
IV.	Medical Training & Education	3 REQUIRED	1 REQUIRED	Module IV
V.	Special Patient Populations	2 REQUIRED	1 REQUIRED	Module V
VI.	Patient Follow-up	1 REQUIRED	1 RECOMMENDED	Module VI
VII.	Medical-Legal Considerations, Definitions & Documentation	2 REQUIRED	1 REQUIRED	Module VII
VIII.	Information Exchange & Collaboration	1 REQUIRED	1 RECOMMENDED	Module VIII
IX.	Public Education	0.5 REQUIRED	1 RECOMMENDED	Module IX
X.	Administrative Medical Director Education	RECOMMENDED	RECOMMENDED	Module X
XI.	Continuing Education	—	4 REQUIRED	Module XI
	TOTAL HOURS	**REQUIRED: 12**	**REQUIRED: 4 RECOMMENDED: 4.5**	**See Examples**

Core Module I: Patient Transportation

TRAINING GOAL

Educate the provider of various transportation modalities to ensure the most appropriate method of transport is identified and can be recommended to the Treat & Refer patient

LEARNING OBJECTIVES

Required for Initial Education (0.5 hr)

- Define and discuss the various patient transport modalities
- Identify and discuss the abilities and limitations of each modality
- Identify and discuss the medical qualifications for each
- Discuss the importance and impact of referring to an in-network provider when that information is available

LEARNING METHODS/ACTIVITIES

- Administrative order familiarization (will guide module development)
- Didactic instruction
- Classroom discussions
- Oral presentations
- Role-play scenarios in learning lab simulations
- Student ride-alongs
- Preceptor orientation in field
- Identify and become familiar with transportation resources in the provider response area
- Limitations and capabilities of each modality

EVIDENCE OF LEARNING & DOCUMENTATION

- Written assessments
- Scenario evaluation
- Medical director and peer review feedback will evaluate the provider's competence in this area
- Post-test results will help determine competencies and weaknesses
- Preceptor orientation in the field

EVALUATION

- Written and scenario assessment, supervisor, medical director and peer review feedback

REQUIRED SKILLS

- Recognize common modalities in patient transportation services and the unique qualities of each
- Ability to conduct appropriate evaluative methods to choose the correct transportation service based on the current patient status and current challenges with patient transportation
- Demonstrate ability to apply the principles of patient transportation in real time through scenario-based learning and classroom discussion

This outline follows the *ARIZONA TREAT AND REFER PROGRAM* manual with minor modifications to reflect existing lesson planning.

Core Module I: Patient Transportation Detailed Lesson Plan (Required: 0.5 hr)

Minutes	Content Outline	Resources
5	**I. PRE-TEST**	
	Complete written pre-test	See Example Pre/Post Test, Example: Education Plan
	Grade pre-test and review during course	
5	**II. INTRODUCTION**	
	Confirm all students have signed in	
	Review training goal	See Module I Lesson Plan, pg 6
	Review learning objectives	See Module I Lesson Plan, pg 6
	Introductions (students/presenters)	
	What experiences and challenges have any of the students had with patient transportation?	
	What do the students expect might be common aspects of patient transportation management?	
10	**III. CORE CONTENT**	
	Define and discuss the various patient transport modalities	Outline available transportation options in service area. Consider: wheelchair van, taxi, stretcher van, private occupancy vehicle, dial-a-ride, crisis response Consider Arizona 2-1-1 to identify local resources See Surprise Fire-Medical Department (Surprise) and Chandler Fire, Health & Medical Department (Chandler) examples for non-ambulance transport algorithms. Education Plan, pgs 53-54 Identify operational impact of available transportation options, see Golder Ranch Fire District (Golder Ranch) example. Education Plan, pg 52
	Identify and discuss the abilities and limitations of each modality	Reference Surprise "Transportation Exam". Education Plan, pg 55-56
	Identify and discuss the medical qualifications for each modality	Outline Arizona Health Cost Containment System (AHCCCS) requirements for non-emergency medical transportation
	Discuss the importance and impact of referring to an in-network provider when that information is available	Health Insurance Marketplace Overview
5	**IV. REVIEW, SUMMARY, & CLOSURE**	
	Wrap-up and review core content objectives	Review local resources
	Review any remaining pre-test questions	
	Other Q&A	
5	**V. POST-TEST**	
	Complete written post-test	See Example Pre/Post Test, Example: Education Plan, pg 55-56
	Grade post-test and review	

Core Module II: Transport Destinations

TRAINING GOAL

Educate the provider of transportation destinations to include the emergency department (ED), urgent care, primary care provider, detox centers, dialysis centers, inpatient psychiatric treatment centers, community health centers and treatment at home with follow up from community paramedics

LEARNING OBJECTIVES

Required for Initial Education (1 hr)

- Define and discuss the various transportation destinations
- Identify various transport destinations in service area
- Identify and discuss the abilities and limitations of each
- Identify appropriate opportunities for alternative destinations
- Identify the operational impact of utilizing alternate destinations
- Discuss the financial impact to organization of utilizing alternative destinations

LEARNING METHODS/ACTIVITIES

- Administrative order familiarization
- Didactic instruction
- Classroom discussions
- Oral presentations
- Role-play scenarios in learning lab simulations
- Clinical rotations
- Preceptor orientation in field
- Identify and become familiar with patient destination options
- Become familiar with limitations and capabilities of each destination
- Included in Behavioral Health, Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF), Diabetes Mellitus (DM), Myocardial Infarction (MI), and Pneumonia (PNA) education

EVIDENCE OF LEARNING & DOCUMENTATION

- Written assessments
- Scenario evaluation
- Post-test results will help determine competencies and weaknesses
- Preceptor orientation in field

EVALUATION

- Written and scenario assessment, supervisor, medical director and peer review feedback
- Preceptor orientation with live feedback and case scenarios
- Feedback and discussion with program manager on education and preceptorship

REQUIRED SKILLS

- Recognize the differences within common patient destinations and the unique qualities of each destination
- Ability to conduct appropriate evaluative methods to choose the correct destination based on current patient status, different factors associated with primary and alternative destinations
- Demonstrate ability to apply the principles of identifying and selecting the appropriate destination in real time through scenario-based learning and classroom discussion
- Discuss the thought processes in choosing alternative destinations
- Demonstrate ability to apply the principles of patient transportation in real time through scenario-based learning and classroom discussion

This outline follows the *ARIZONA TREAT AND REFER PROGRAM* manual with minor modifications to reflect existing lesson planning.

Core Module II: Patient Transport Destinations Detailed Lesson Plan (Required: 1 hr)

Minutes	Content Outline	Resources
10	**I. PRE-TEST**	
	Complete written pre-test	
	Grade pre-test and review during course	
10	**II. INTRODUCTION**	
	Confirm all students have signed in	
	Review training goal	See Module 2 Lesson Plan, pg 8
	Review learning objectives	See Module 2 Lesson Plan, pg 8
	Introductions (students/presenters)	
	What experiences and challenges have any of the students had in selecting the appropriate patient destination?	
	What do the students expect might be common aspects of deciding the proper patient destination?	
20	**III. CORE CONTENT**	
	Define and discuss the various transportation destinations	Buckeye Fire, Rescue & Medical District (Buckeye) Transport Destinations presentation
	Identify and discuss the abilities and limitations of each destination	See Chandler 27-min video presentation
10	**IV. REVIEW, SUMMARY, & CLOSURE**	
	Wrap-up and review core content objectives	Review local resources
	Review any remaining pre-test questions	
	Other Q&A	
10	**V. POST-TEST**	
	Complete written post-test	
	Grade post-test and review	

Core Module III: Patient Risk Assessment

TRAINING GOAL

Educate the provider to assess the patient's living environments for immediate risks to patient's health, safety and well-being

LEARNING OBJECTIVES

Required for Initial Education (1 hr)

- Demonstrate the knowledge and skills required to properly assess a patient's home environment for safety hazards
- Familiarization with home safety assessment document
- Identify and describe community resources and referral processes available to the patient

LEARNING METHODS/ACTIVITIES

- Didactic instruction
- Classroom discussions
- Classroom instruction
- Case studies
- Oral presentations
- Role-play scenarios in learning lab simulations
- Identify and become familiar with district services

EVIDENCE OF LEARNING & DOCUMENTATION

- Written assessments
- Scenario evaluation
- Post-test results will help determine competencies and weaknesses
- Preceptor orientation in field

EVALUATION

- Written and scenario assessment, supervisor, medical director and peer review feedback
- Preceptor orientation with live feedback and case scenarios
- Feedback and discussion with program manager on education and preceptorship

REQUIRED SKILLS

- Recognize the common approaches to patient risk assessment
- Ability to select and utilize appropriate assessment methods while identifying common indicators of patient risk
- Demonstrate ability to apply the principles of risk assessment in appropriate situations
- Utilize appropriate safety assessment documents
- Recognizing the importance of destination selection based on the current status of the patient

This outline follows the *ARIZONA TREAT AND REFER PROGRAM* manual with minor modifications to reflect existing lesson planning.

Core Module III: Patient Risk Assessment Detailed Lesson Plan (Required: 1 hr)

Minutes	Content Outline	Resources
10	**I. PRE-TEST**	
	Complete written pre-test	
	Grade pre-test and review during course	
10	**II. INTRODUCTION**	
	Confirm all students have signed in	
	Review training goal	See Module III Lesson Plan, pg 10
	Review learning objectives	See Module III Lesson Plan, pg 10
	Introductions (students/presenters)	
	What experiences and challenges have any of the students had with assessing patient risk?	
	What do the students expect might be common aspects of patient risk assessments?	
20	**III. CORE CONTENT**	
	Demonstrate the knowledge and skills required to properly assess a patient's home environment	Falls and environmental hazard screening: Centers for Disease Control and Prevention (CDC) Stopping Elderly Accidents, Deaths & Injuries (STEADI) Toolkit Rio Rico Medical & Fire District (Rio Rico) Fall Assessment Green Valley Fire District (Green Valley) Safety and Health in Motion (SHiM) Program
	Familiarization with home safety assessment document	Satellite Beach Fire Department Fall Prevention Resources
	Identify and describe community resources and referral processes available to the patient	Consider Arizona 2-1-1 to identify local resources for safety hazard mitigation Inventory of local Community Risk Reduction resources/referral process Arizona Falls Prevention Coalition Resources
10	**IV. REVIEW, SUMMARY, & CLOSURE**	
	Wrap-up and review core content objectives	Review local resources
	Review any remaining pre-test questions	
	Other Q&A	
10	**V. POST-TEST**	
	Complete written post-test	
	Grade post-test and review	

Core Module IV: Medical Training & Education

TRAINING GOAL

Strengthen the provider's existing knowledge base of various disease processes and pathologies to better recognize, correctly treat, and recommend the most appropriate transport disposition and modality through online, offline or telemedicine medical direction

LEARNING OBJECTIVES

Required for Initial Education (3 hrs)

- Demonstrate differential diagnosis for illnesses covered under Treat & Refer algorithms
- Successful completion of a behavioral health training to facilitate effective screening and referral
- Review the basic principles of Behavioral Health, Diabetes, COPD/CHF, Respiratory distress* and the dialysis patient
- Demonstrate knowledge of proper application of Administrative Orders for Behavioral Health Transfer and other conditions as defined by administrative medical director
- Broadened review of pharmacology consistent with the Treat & Refer targets
- Demonstrate enhanced patient assessment and communication techniques for explaining transport & disposition menu items to the patient
- Demonstrate techniques in motivational interviewing
- Demonstrate the "teach-back" method
- Explore techniques in patient activation and engagement
- Identify, define and describe Basic Life Support (BLS) and Advanced Life Support (ALS) provider roles within Treat & Refer

LEARNING METHODS/ACTIVITIES

- Didactic instruction
- Classroom discussions
- Classroom instruction
- Case studies and scenario discussion
- Clinical rotations
- Skills lab instruction
- Oral presentations
- Role-play scenarios in learning lab simulations
- Identify and become familiar with district services
- Participation in Behavioral Health, COPD, CHF, DM, MI, PNA, and Pharmacology Phacts classroom delivery

EVIDENCE OF LEARNING & DOCUMENTATION

- Written assessments
- Scenario evaluation
- Post-test results will help determine competencies and weaknesses
- Preceptor orientation in field
- Clinical evaluation
- Return demonstrations within skills lab

EVALUATION

- Written and scenario assessment, supervisor, medical director and peer review feedback
- Preceptor orientation with live feedback and case scenarios
- Feedback and discussion with program manager on education and preceptorship

REQUIRED SKILLS

- Ability to correctly identify medical and behavioral health issues
- Distinguish different approaches on diagnosing and assessing the patient's health status
- Understand the different variables and dynamics within health
- Identify the proper Treat & Refer algorithm used on the diagnosed condition
- Understand the importance of patient history, medication reconciliation, and pre-existing conditions
- Ability to engage and "teach-back" to the patient to better treat and properly refer the patient

* Specified as COPD/CHF in the *ARIZONA TREAT AND REFER PROGRAM* manual

This outline follows the *ARIZONA TREAT AND REFER PROGRAM* manual with minor modifications to reflect existing lesson planning.

Core Module IV: Medical Training & Education Detailed Lesson Plan (Required: 3 hrs)

Minutes	Content Outline	Resources
20	**I. PRE-TEST**	
	Complete written pre-test	Various pre/post-test examples from Rio Rico
	Grade pre-test and review during course	
20	**II. INTRODUCTION**	
	Confirm all students have signed in	
	Review training goal	See Module IV Lesson Plan, pg 12-13
	Review learning objectives	See Module IV Lesson Plan, pg 12-13
	Introductions (students/presenters)	
	What experiences and challenges have any of the students had with implementing and deciding proper medical treatment?	
	What do the students expect might be common aspects of medical diagnosis and assessment?	
120	**III. CORE CONTENT** (driven by Treat & Refer protocols; behavioral health protocol required at a minimum, may add additional Treat & Refer protocols with additional training documentation)	
Required for Initial Education	Demonstrate differential diagnosis for illnesses covered under Treat & Refer algorithms	See Buckeye Medical Care Presentation
	Successful completion of a behavioral health training to facilitate effective screening and referral	Golder Ranch designed plan in Education Plan, pg 78 Pima County Crisis Protocols See guideline examples, Education Plan, pg 77 Health Services Advisory Group (HSAG) Behavioral Health Webinar Series: (6 hrs through 2017, previous sessions archived) 1) Behavioral Health Basics 2) Understanding Common Disorders 3) De-escalation Techniques 4) Community & Behavioral Health Resources 5) Voluntary vs. Involuntary Treatment 6) Medication & Medical Issues
	Review the basic principles of Behavioral Health, Diabetes, COPD/CHF, Respiratory distress* and the dialysis patient	Behavioral Health Overview: see above HSAG resources Diabetes Overview: Rio Rico Module & West Valley Community Paramedicine Consortium Education COPD Overview: Rio Rico CHF Overview: Rio Rico

* Specified as COPD/CHF in the *ARIZONA TREAT AND REFER PROGRAM* manual

(CONTINUED)

Core Module IV (Continued)

Minutes	Content Outline	Resources
	III. CORE CONTENT (Continued)	
	Demonstrate knowledge of proper application of administrative orders for behavioral health transfer and other conditions as defined by administrative medical director e.g., COPD, CHF, DM, PNA and MI	Arizona Emergency Medical Systems, Inc. (AEMS) approved protocols Behavioral Health Transfer: Examples in Education Plan, pg 77-81 Other Administrative Orders included in Education Plan, pgs 63-66
	Broadened review of pharmacology consistent with Treat & Refer targets	Pharmacology by Treat & Refer Target Condition(s): Arizona Poison & Drug Information Center Behavioral Health, Dementia: Rio Rico Diabetes: Rio Rico & West Valley Community Paramedicine Consortium Education Cardio-pulmonary: Rio Rico
	Demonstrate enhanced patient assessment and communication techniques for explaining transport & disposition menu items to the patient	
	Demonstrate techniques in motivational interviewing	0.5 hour free motivational interviewing course from AZTrain
	Demonstrate the "teach-back" method	0.75 hour course, contact HSAG Toolkit Always Use teach-back
	Explore techniques in patient activation and engagement	Health behavior change—diabetes/general: Rio Rico
	Identify, define and describe BLS and ALS provider roles within Treat & Refer	See example Treat & Refer protocols throughout Education Plan
20	**IV. REVIEW, SUMMARY, & CLOSURE**	
	Wrap-up and review core content objectives	Review local resources
	Review any remaining pre-test questions	
	Other Q&A	
20	**V. POST-TEST**	
	Complete written post-test	
	Grade post-test and review	

Core Module V: Special Patient Populations

TRAINING GOAL

Strengthen the provider's existing knowledge base of patients of special populations, their specific disease processes, correctly treat and recommend the most appropriate means of transportation for the patient through online/offline protocols and telemedicine medical direction

LEARNING OBJECTIVES

Required for Initial Education (2 hrs)

- Assessment of special patient populations and corresponding pathologies
- Assessment of the developmentally disabled patient and those requiring chronic-care and their corresponding pathologies
- Review of medical technologies for chronic care patients, in-home treatment technologies

LEARNING METHODS/ACTIVITIES

- Administrative order familiarization
- Didactic instruction and laboratory learning
- Classroom discussions
- Oral presentations
- Role-play scenarios in learning lab simulations
- Case studies
- Clinical rotations
- Skills lab instruction
- Completion of a human nutrition and biology course through accredited community college
- Participation in smoking cessation class

EVIDENCE OF LEARNING & DOCUMENTATION

- Written assessments
- Scenario evaluation
- Clinical evaluation
- Return demonstration within skills lab
- Presentation of transcript reflecting a "B" grade from accredited community college
- Post-test results will help determine competencies and weaknesses

EVALUATION

- Written and scenario assessment, supervisor, medical director and peer review feedback
- Preceptor orientation with live feedback and case scenarios
- Feedback and discussion with program manager on education and preceptorship

REQUIRED SKILLS

- Ability to correctly identify different conditions which diversify the patient from a normal case
- Familiarize with common chronic conditions and recognize the risks and dangers that surround them
- Identify potential environmental hazards within patient's home that may exacerbate the problems or cause new ones
- Understand and implement the different algorithms necessary in treating special, chronic conditions
- Implement medical treatment based on the pathologies of conditions which place the patient in a special population
- Understand the importance and role of nutrition in special patient populations

This outline follows the *ARIZONA TREAT AND REFER PROGRAM* manual with minor modifications to reflect existing lesson planning.

Core Module V: Special Patient Populations Detailed Lesson Plan (Required: 2 hrs)

Minutes	Content Outline	Resources
20	**I. PRE-TEST**	
	Complete written pre-test	
	Grade pre-test and review during course	
20	**II. INTRODUCTION**	
	Confirm all students have signed in	
	Review training goal	See Module V Lesson Plan, pg 16
	Review learning objectives	See Module V Lesson Plan, pg 16
	Introductions (students/presenters)	
	What experiences and challenges have any of the students had with special patient populations?	
	What do the students expect might be common aspects of special patient populations?	
50	**III. CORE CONTENT**	
Required for Initial Education	Assessment of special patient populations and corresponding pathologies	Special Patient Populations Presentation Buckeye Common In-home Devices: Dependable Home Health Human Nutrition & Biology: Pima Community College-Food Science and Nutrition 127 Green Valley Community Integrated Healthcare Program training
	Assessment of the developmentally disabled patient and those requiring chronic-care and their corresponding pathologies	
	Review of medical technologies for chronic care patients, in-home treatment technologies	
15	**IV. REVIEW, SUMMARY, & CLOSURE**	
	Wrap-up and review core content objectives	Review local resources
	Review any remaining pre-test questions	
	Other Q&A	
15	**V. POST-TEST**	
	Complete written post-test	
	Grade post-test and review	

Core Module VI: Patient Follow-up

TRAINING GOAL

Educate the provider to the various methods of patient follow-up, its importance, and the specific components required for being a Treat & Refer provider

(may be taught specifically to providers who will be performing patient follow-up activities)

LEARNING OBJECTIVES

Required for Initial Education (1 hr)

- Patient follow-up thresholds required for Treat & Refer
- Learn the specific data to collect when performing patient follow-up
- Who can perform follow-up within the specific agency participating in Treat & Refer
- How to utilize patient follow-up information to improve the Treat & Refer program

LEARNING METHODS/ACTIVITIES

- Didactic instruction and laboratory learning
- Classroom discussions
- Oral presentations
- Role-play scenarios in learning lab simulations
- Case studies
- Participation in COPD, CHF, DM, MI, and PNA classroom delivery

EVIDENCE OF LEARNING & DOCUMENTATION

- Written assessments
- Preceptor orientation in field
- Case scenario evaluations
- Post-test results will help determine competencies and weaknesses

EVALUATION

- Written and scenario assessment, supervisor, medical director and peer review feedback
- Preceptor orientation with live feedback and case scenarios
- Feedback and discussion with program manager on education preceptorship

REQUIRED SKILLS

- Implement the necessary measures to ensure the patient received proper treatment and is adequately recovering
- Understand and utilize the different methods of data collection in patient follow-up
- Identify the standards and procedures required for patient follow according to the Community Integrated Healthcare Program
- Ability to identify the appropriate follow-up method whether it is in-home or over the phone
- Successfully maintain patient comfortability and relationship through follow-up methods with Treat & Refer program

This outline follows the *ARIZONA TREAT AND REFER PROGRAM* manual with minor modifications to reflect existing lesson planning.

Core Module VI: Patient Follow-up Detailed Lesson Plan (Required: 1 hr)

Minutes	Content Outline	Resources
10	**I. PRE-TEST**	
	Complete written pre-test	
	Grade pre-test and review during course.	
10	**II. INTRODUCTION**	
	Confirm all students have signed in	
	Review training goal	See Module VI Lesson Plan, pg 18
	Review learning objectives	See Module VI Lesson Plan, pg 18
	Introductions (students/presenters)	
	What experiences and challenges have any of the students had with patient follow-up?	
	What do the students expect might be common aspects of patient follow-up?	
20	**III. CORE CONTENT**	
	Patient follow-up thresholds required for Treat & Refer	Chandler Overview in Education Plan, pgs 69-72 *ADHS Treat and Refer Program* manual, pg 5
	Learn the specific data to collect when performing patient follow-up	*ADHS Treat and Refer Program* manual, pg 13 Buckeye Medical Care Presentation, slides 11-16
	Who can perform follow-up within the specific agency participating in Treat & Refer	See Chandler Overview in Education Plan, pgs 69-72 (Delivered only to those performing follow-up require training)
	How to utilize patient follow-up information to improve the Treat & Refer program	*ADHS Treat and Refer Program* manual, pgs 13-14
10	**IV. REVIEW, SUMMARY, & CLOSURE**	
	Wrap-up and review core content objectives	Review local resources.
	Review any remaining pre-test questions	
	Other Q&A	
10	**V. POST-TEST**	
	Complete written post-test	
	Grade post-test and review	

Core Module VII: Medical-Legal Considerations, Definitions, & Documentation

TRAINING GOAL

Educate the provider to the legal considerations of Treat & Refer, clearly define all associated terms and concepts, and review of methods for legally sound documentation practices

LEARNING OBJECTIVES

Required for Initial Education (2 hrs)

- Legal considerations of referring a patient to an alternative destination other than the ED
- Legal considerations of transporting a patient in a vehicle other than an ambulance
- How Treat & Refer is one cog of the Community Integrated Paramedicine (CIP) wheel
- Define Treat & Refer
- Review scope of practice and how it pertains to Treat & Refer patient interactions
- Define treat and release
- Review medical/legal considerations in EMS
- Review components of legally sound and accurate patient care reports and charting within the Health Information Exchange (HIE) program as it becomes available
- Considerations when patients refuse Treat & Refer plans of care

LEARNING METHODS/ACTIVITIES

- Didactic instruction
- Classroom discussions
- Oral presentations
- Role-play scenarios in learning lab simulations
- Case studies
- Scenario review
- Online learning

EVIDENCE OF LEARNING & DOCUMENTATION

- Written assessments
- Preceptor orientation in field
- Case scenario evaluations
- Post-test results will help determine competencies and weaknesses

EVALUATION

- Written and scenario assessment, supervisor, medical director and peer review feedback
- QA/WI of written reports
- Feedback and discussion with program manager on education preceptorship

REQUIRED SKILLS

- Identify the medical-legal considerations, definitions and documentation necessary to successfully operate and implement the Treat & Refer program
- Understand legal complications due to mismanaged and overlooked medical-legal considerations and documentation
- Ability to successfully suggest treatment and recognize when a patient feels uncomfortable or unwilling to participate
- Realize the variables of patient compliance and why they are a big factor in Treat & Refer

This outline follows the *ARIZONA TREAT AND REFER PROGRAM* manual with minor modifications to reflect existing lesson planning.

Core Module VII: Medical-Legal Considerations, Definitions & Documentation Detailed Lesson Plan (Required: 2 hrs)

Minutes	Content Outline	Resources
20	**I. PRE-TEST**	
	Complete written pre-test	
	Grade pre-test and review during course	
10	**II. INTRODUCTION**	
	Confirm all students have signed in	
	Review training goal	See Module VII Lesson Plan, pg 20
	Review learning objectives	See Module VII Lesson Plan, pg 20
	Introductions (students/presenters)	
	What experiences and challenges have any of the students had with medical-legal considerations, definitions and documentation?	
	What do the students expect might be common aspects of medical-legal considerations, definitions and documentation?	
50	**III. CORE CONTENT**	
	Legal considerations of referring a patient to an alternative destination other than the ED	Buckeye Medical-Legal Presentation Buckeye Documentation Presentation "DACHARTE" documentation Chesterfield Fire & EMS
	Legal considerations of transporting a patient in a vehicle other than an ambulance	
	How Treat & Refer is one cog of the CIP wheel	
	Define Treat & Refer	
	Review scope of practice and how it pertains to Treat & Refer patient interactions	
	Define treat and release	
	Review medical/legal considerations in EMS	
	Review components of legally sound and accurate patient care reports and charting within the HIE program as it becomes available	
	Considerations when patients refuse Treat and Refer plans of care	
20	**IV. REVIEW, SUMMARY, & CLOSURE**	
	Wrap-up and review core content objectives	Review local resources
	Review any remaining pre-test questions	
	Other Q&A	
20	**V. POST-TEST**	
	Complete written post-test	
	Grade post-test and review	

Core Module VIII: Information Exchange & Collaboration

TRAINING GOAL

Educate the provider to the necessity of accurate and timely exchange of information for data collection. Educate the provider to accessibility options for information sharing with collaborative partners within the patient's healthcare team while ensuring adherence to Health Insurance Portability and Accountability Act (HIPAA) and other patient centered regulations

LEARNING OBJECTIVES

Required for Initial Education (1 hr)

- Data collection parameters for Treat & Refer through Electronic Patient Care Records (ePCR)/Arizona Prehospital Information and EMS Registery System (AZ-PIERS) and other data systems
- Overview of HIE program
- Importance of collaborating with partners within the patient's healthcare team
- HIPAA legislation

LEARNING METHODS/ACTIVITIES

- Didactic instruction
- Classroom discussions
- Oral presentations
- Role-play scenarios in learning lab simulations
- Case studies
- Participation in the Community Paramedicine classroom delivery

EVIDENCE OF LEARNING & DOCUMENTATION

- Written assessment
- Case scenario evaluations
- Demonstrated competence in use of ePCR/AZ-PIERS and HIE programs/software
- Preceptor orientation in field

EVALUATION

- Written and scenario assessment, supervisor, medical director and peer review feedback
- Preceptor orientation with live feedback and case scenarios
- Feedback and discussion with program manager on education and preceptorship

REQUIRED SKILLS

- Ability to input and obtain information and data collected during patient visit
- Recognition of HIPAA regulations
- Successfully collect patient health information without violating HIPAA regulation
- Ability to inform patients about their rights to protect and distribute their health information under HIPAA law
- Familiarity with patient information exchange
- Generate hardcopy report
- Appropriately request the patient's permission for physician access to their electronic record

This outline follows the *ARIZONA TREAT AND REFER PROGRAM* manual with minor modifications to reflect existing lesson planning.

Core Module VIII: Information Exchange & Collaboration Detailed Lesson Plan (Required: 1 hr)

Minutes	Content Outline	Resources
10	**I. PRE-TEST**	
	Complete written pre-test	
	Grade pre-test and review during course	
10	**II. INTRODUCTION**	
	Confirm all students have signed in	
	Review training goal	See Module VIII Lesson Plan, pg 22
	Review learning objectives	See Module VIII Lesson Plan, pg 22
	Introductions (students/presenters)	
	What experiences and challenges have any of the students had with information exchange and collaboration?	
	What do the students expect might be common aspects of information exchange and collaboration?	
20	**III. CORE CONTENT**	
Required for Initial Education	Data collection parameters for Treat & Refer through ePCR/AZ-PIERS and other data systems	*ADHS Treat and Refer Program* manual, pg 12 Local ePCR review: Buckeye overview
	Overview of HIE program	Arizona Health Information Exchange Infographic: Rio Rico
	Importance of collaborating with partners within the patient's healthcare team	Buckeye Arizona Health-E Connection Presentation
	HIPAA legislation	Communication Planning: Rio Rico/Arizona Poison & Drug Information Center (AZPDIC), see slides 25-29
10	**IV. REVIEW, SUMMARY, & CLOSURE**	
	Wrap-up and review core content objectives	Review local resources
	Review any remaining pre-test questions	
	Other Q&A	
10	**V. POST-TEST**	
	Complete written post-test	
	Grade post-test and review	

Core Module IX: Public Education

TRAINING GOAL

Educate the provider to maintain a dialogue with the public of how Treat & Refer meets the Institute for Healthcare Improvement (IHI) Triple Aim

LEARNING OBJECTIVES

Required for Initial Education (0.5 hr)

- Patient education and teaching of various transportation options based on patient conditions
- Patient education and teaching of various treatment facilities based on patient condition

LEARNING METHODS/ACTIVITIES

- Didactic instruction
- Classroom discussions
- Oral presentations
- Role-play scenarios in learning lab simulations
- Case studies
- Review of ePCR/AZ-PIERS and HIE programs/software
- Participation in Behavioral Health, COPD, CHF, DM, MI, and PNA classroom delivery

EVIDENCE OF LEARNING & DOCUMENTATION

- Written assessment
- Case scenario evaluations
- Preceptor orientation in field
- Post-test results will help determine competencies and weaknesses

EVALUATION

- Written and scenario assessment, supervisor, medical director and peer review feedback
- Preceptor orientation with live feedback and case scenarios
- Feedback and discussion with program manager on education and preceptorship

REQUIRED SKILLS

- Ability to successfully demonstrate and educate the patient on the importance of Treat & Refer, treatment based facilities based on patient conditions
- Identify patient education barriers and overcome them successfully through patient-centered interactions
- Ability to recognize and understand the importance of the IHI's Triple Aim
- Understand the benefits, history, and importance of Community Paramedic programs

This outline follows the *ARIZONA TREAT AND REFER PROGRAM* manual with minor modifications to reflect existing lesson planning.

Core Module IX: Public Education Detailed Lesson Plan (Required: 0.5 hr)

Minutes	Content Outline	Resources
5	**I. PRE-TEST**	
	Complete written pre-test	
	Grade pre-test and review during course.	
5	**II. INTRODUCTION**	
	Confirm all students have signed in	
	Review training goal	See Module IX Lesson Plan, pg 24
	Review learning objectives	See Module IX Lesson Plan, pg 24
	Introductions (students/presenters)	
	What experiences and challenges have any of the students had with public and patient education?	
	What possible implications could arise in public and patient education?	
10	**III. CORE CONTENT**	
Required for Initial Education	Patient education and teaching of various transportation options based on patient conditions	
	Patient education and teaching of various treatment facilities based on patient condition	
5	**IV. REVIEW, SUMMARY, & CLOSURE**	
	Wrap-up and review core content objectives	Review local resources.
	Review any remaining pre-test questions	
	Other Q&A	
5	**V. POST-TEST**	
	Complete written post-test	
	Grade post-test and review	

Core Module X: Recommended Education Framework for Administrative Medical Directors

TRAINING GOAL

Educate the administrative medical director of the need for increased involvement and oversight of agencies providing Treat & Refer services. Explore online medical direction, offline protocols, and telemedicine opportunities as they become available

LEARNING OBJECTIVES

Supplement current medical direction knowledge base with special focus on the following topics:

- Healthcare equity
- Improving patient activation and engagement
- Medical research on alternate destination selection, safety and economics
- Healthcare literacy
- Team-Based care principles
- Social and economic determinants of health
- Characteristics of frequent users of the healthcare system

Attend one (1) National Association of EMS Physicians (NAEMSP) Medical Directors course for new Medical Directors

LEARNING METHODS/ACTIVITIES

Recommended:

- Synchronous* and asynchronous** accreditation courses
- NAEMSP Medical Direction course

Alternatives:

- Suggested readings
- Federal Emergency Management Agency United States Fire Administration (FEMA USFA) USFA Medical Directors Handbook

EVIDENCE OF LEARNING & DOCUMENTATION

- Documentation of EMS Board Certification or Emergency Medicine Fellowship***
- Statement of attestation on file with ADHS

REQUIRED SKILLS

- Identify healthcare disparities, social determinants of health and inequities in target population and use them to shape healthcare delivery
- Ability to actively engage patient
- Utilize medical research to select alternate destinations, enforce safety and improve economics
- Understand the healthcare literacy
- Utilize team-based care principles to provide holistic and complete medical treatment for the patient

This outline follows the *ARIZONA TREAT AND REFER PROGRAM* manual with minor modifications to reflect existing lesson planning.

* Synchronous courses are real-time where student and instructor are participating at the same time (in-person or online.)

** Asynchronous courses are where instructors provide materials, assignments, and assessments that can be accessed at any time.

*** Terminology pending update 4.26.17 to reflect completion of Emergency Medicine Residency.

Core Module X: Recommended Education Framework for Administrative Medical Directors

Content Outline	Resources
RECOMMENDED CORE CONTENT Beyond meeting Administrative Medical Direction requirements outlined in: Arizona Administrative Code, Title 9, Chapter 25, Article 2 (R9-25-201)	
Health equity	See *ADHS Treat and Refer Program* manual, pg 9
Improving patient activation and engagement	Synchronous and asynchronous accreditation courses, see *ADHS Treat and Refer Program* manual, pg 27
Medical research on alternate destination selection, safety, and economics	NAEMSP Medical Director Course
Healthcare literacy	FEMA USFA Medical Directors Handbook
Team-based care principles	
Social and economic determinants of health	
Characteristics of frequent users of the healthcare system	

Core Module XI: Annual Continuing Education (All topics)

TRAINING GOALS

See Core Modules I-X

LEARNING OBJECTIVES

REQUIRED FOR CONTINUING EDUCATION (4 hrs)

Core Module III: Patient Risk Assessment (1 hr)

- Demonstrate the knowledge and skills required to properly assess a patient's home environment for safety hazards
- Familiarization with home safety assessment document
- Identify and describe community resources and referral processes available to the patient

Core Module IV: Medical Training & Education (1 hr)

- Review the history and origin of Treat & Refer within EMS, to include a broad overview of the Treat & Refer process for new providers
- Review strategies for team-based care principles
- Demonstrate understanding of social and economic determinants of health

Core Module V: Special Patient Populations (1 hr)

- Assessment of special patient populations and corresponding pathologies
- Assessment of patients suffering from abuse and assault and their corresponding pathologies

Core Module VII: Medical-Legal Considerations, Definitions, & Documentation (1 hr)

- Legal considerations of referring a patient to an alternative destination other than the ED
- Legal considerations of transporting a patient in a vehicle other than an ambulance
- How Treat & Refer is one cog of the CIP wheel
- Define Treat & Refer
- Review scope of practice and how it pertains to Treat & Refer patient interactions
- Define treat and release
- Review medical/legal considerations in EMS
- Review components of legally sound and accurate patient care reports and charting within the HIE program as it becomes available
- Considerations when patients refuse Treat & Refer plans of care

RECOMMENDED FOR CONTINUING EDUCATION (4.5 hrs)

Core Module I: Patient Transportation (0.5 hr)

- Discuss reimbursement considerations
- Demonstrate patient teaching of most appropriate transport method

Core Module II: Transport Destinations (0.5 hr)

- Demonstrate patient teaching of most appropriate destination for various conditions
- Demonstrate use of Physician Finder resources for patients with no Primary Care Provider (PCP) or Behavioral Care Provider (BCP)

(CONTINUED)

Core Module VI: Patient Follow-up (1 hr)

- Patient follow-up thresholds required for Treat & Refer
- Learn the specific data to collect when performing patient follow-up
- Who can perform follow-up within the specific agency participating in Treat & Refer
- How to utilize patient follow-up information to improve the Treat & Refer program

Core Module VIII: Information Exchange & Collaboration (1 hr)

- Data collection parameters for Treat & Refer through ePCR/AZ-PIERS and other data systems
- Overview of HIE program
- Importance of collaborating with partners within the patient's healthcare team
- HIPAA legislation

Core Module IX: Public Education (1 hr)

- Educating the public on the importance of increased efficiency of patient transports to meet the IHI's Triple Aim
- State/region wide training packets for physician groups and receiving agencies

LEARNING METHODS/ACTIVITIES

- Didactic instruction
- Classroom discussions
- Classroom instruction
- Case studies
- Oral presentations
- Role-play scenarios in learning lab simulations
- Identify and become familiar with district services

EVIDENCE OF LEARNING & DOCUMENTATION

- Written assessments
- Scenario evaluation
- Post-test results will help determine competencies and weaknesses
- Preceptor orientation in field

EVALUATION

- Written and scenario assessment, supervisor, medical director and peer review feedback
- Preceptor orientation with live feedback and case scenarios
- Feedback and discussion with program manager on education and preceptorship

REQUIRED SKILLS

- Recognize the common approaches to patient risk assessment
- Ability to select and utilize appropriate assessment methods while identifying common indicators of patient risk
- Demonstrate ability to apply the principles of risk assessment in appropriate situations
- Utilize appropriate safety assessment documents
- Recognizing the importance of destination selection based on the current status of the patient

This outline follows the *ARIZONA TREAT AND REFER PROGRAM* manual with minor modifications to reflect existing lesson planning.

Core Module XI: Annual Continuing Education: All Topics Detailed Lesson Plan (Required: 4 hrs, Recommended: 4.5 hrs)

Minutes	Content Outline	Resources
	I. PRE-TEST	
	Complete written pre-test	
	Grade pre-test and review during course.	
	II. INTRODUCTION	
	Confirm all students have signed in	
	Review training goal	See Module XI Lesson Plan, pgs 28-29
	Review learning objectives	See Module XI Lesson Plan, pgs 28-29
	Introductions (students/presenters)	
	What experiences and challenges have any of the students had with assessing patient risk?	
	What do the students expect might be common aspects of patient risk assessment?	
	III. CORE CONTENT *(italic indicates beyond required education)*	
Required CE	**Patient Risk Assessment (1 hr)** Demonstrate the knowledge and skills required to properly assess a patient's home environment for safety hazards. Familiarization with home safety assessment document Identify and describe community resources and referral processes available to the patient	See Core Module III, pg 10-11
	Medical Training & Education (1 hr) Review the history and origin of Treat & Refer within EMS, to include a broad overview of the Treat & Refer process for new providers Review strategies for team-based care principles Demonstrate understanding of social and economic determinants of health	See Buckeye Medical Care Presentation, Slides 3-6
	Special Patient Populations (1 hr) Assessment of special patient populations and corresponding pathologies Assessment of patients suffering from abuse and assault and their corresponding pathologies	Special Patient Populations Presentation Buckeye Adult Protective Services: Arizona's Vulnerable Adults Info

(CONTINUED)

Annual Continuing Education (Continued)

Minutes	Content Outline	Resources
	Medical-Legal Considerations, Definitions, & Documentation (1 hr) Legal considerations of referring a patient to an alternative destination other than the ED Legal considerations of transporting a patient in a vehicle other than an ambulance How Treat & Refer is one cog of the CIP wheel Define Treat & Refer Review scope of practice and how it pertains to Treat & Refer patient interactions Define treat and release Review medical/legal considerations in EMS Review components of legally sound and accurate patient care reports and charting within the HIE program as it becomes available Considerations when patients refuse Treat & Refer plans of care	
Recommended CE	***Patient Transportation (0.5 hr)*** Discuss reimbursement considerations Demonstrate patient teaching of most appropriate transport method	
	Transport Destinations (0.5 hr) Demonstrate patient teaching of most appropriate destination for various conditions Demonstrate use of Physician Finder resources for patients with no PCP or BCP	Driven by medical direction and local resources See example, Surprise inventory Consult HealthFinder Consult your local regional behavioral health authority for crisis response access number Consider coveraz.org to support patient linkage to health insurance Look up your local federally qualified health center or rural health clinic to find affordable primary care access
	Patient Follow-up (1 hr) Patient follow-up thresholds required for Treat & Refer Learn the specific data to collect when performing patient follow-up Who can perform follow-up within the specific agency participating in Treat & Refer How to utilize patient follow-up information to improve the Treat & Refer program	*ADHS Treat and Refer Program* manual, pg 13

(CONTINUED)

Annual Continuing Education (Continued)

Minutes	Content Outline	Resources
	Information Exchange & Collaboration (1 hr)	
	Data collection parameters for Treat & Refer through ePCR/AZ-PIERS and other data systems	
	Overview of HIE program	
	Importance of collaborating with partners within the patient's healthcare team	
	HIPAA legislation	
	Public Education (1 hr)	
	Educating the public on the importance of increased efficiency of patient transports to meet IHI's Triple Aim	IHI's Triple Aim
	State/region wide training packets for physician groups and receiving agencies	Mobile Integrated Healthcare Data Crosswalk: Rio Rico (pg 17, fig 2)
10	**IV. REVIEW, SUMMARY, & CLOSURE**	
	Wrap-up and review core content objectives	Review local resources.
	Review any remaining pre-test questions	
	Other Q&A	
10	**V. POST-TEST**	
	Complete written post-test	
	Grade post-test and review	

Module XII: Template Treat & Refer Protocols

Treat & Refer Protocols approved by the Valley Medical Directors group and AEMS Board of Governors (BOG) from AEMS RED Book – Treat and Refer Off-lines

PROTOCOLS

Module XII: Template Treat & Refer Protocols

- Initial Medical Care
- Release by Patient Post Treatment
- Referral (Non-Ambulance Transport)
- Adult Protocols
    - Nausea/Vomiting
    - Allergic Reaction
    - Mild Respiratory Distress
    - Diabetes Mellitus Refusal without a Patch
    - Seizures
- Behavioral Health Patient Management
- Pediatric Protocols
    - Nausea/Vomiting
    - Allergic Reaction
    - Respiratory Distress

The following pages include examples from the AEMS RED Book – Treat and Refer Off-lines. (2016, October 01). Retrieved August 08, 2017, from http://www.aems.org/images/pdf/redbook/chapter-3-2.pdf?date=2017-03-23

Treat and Refer Off-lines are to help assist patients in receiving an appropriate level of care. These off-lines do not pertain to patients currently in a health care facility with a higher level of care, i.e. Urgent Care, Clinic, Physician Office, etc. Transportation decisions for these patients require communication with the Provider and if the Paramedic's conclusion differs from the on scene Provider, the Paramedic must call for a high risk refusal to the base hospital.

Initial Medical Care

- Initial medical care is that care routinely provided to every patient, and that is individually listed in nearly every treatment algorithm. While only certain key elements are included in each algorithm, it is understood that every appropriate element of initial medical care is to be included in the care of the patient. Initial medical care shall include:
- **EMT and Paramedic**
  - Ensure scene safety
  - Take appropriate Body Substance Isolation (BSI) precautions
  - Initial assessment
  - Position patient appropriately
  - Loosen or remove clothing, as appropriate
  - Stabilize fractures and dress soft tissue injuries
  - Obtain history related to the event
    - SAMPLE History - **S**igns and symptoms, **A**llergies, **M**edications, **P**ertinent medical history, **L**ast oral intake, **E**vents leading to the call
    - OPQRST History – **O**nset, **P**rovokes/Palliates, **Q**uality, **R**adiation, **S**everity, **T**ime
    - Document exceptions to survey, pertinent negatives
  - Vital signs (to include pulse, respirations, BP, pulse oxymetry, and skin temperature)
    - Repeated at least every 10 minutes for non-critical patients

- **Paramedic Only**
  - Attach ECG monitor. Attach ECG strip to patient care report as indicated with patient condition.
  - Obtain 12 Lead ECG, when indicated or deemed appropriate per patient history or presentation. When a 12 Lead ECG is obtained, a copy must be provided when transferring care.
  - Establish vascular access when indicated

Release by Patient Post Treatment

Documentation

Reports shall include:

- Patient name, age
- Date of birth (DOB)
- Medical history
- Two complete sets of vital signs
- Chief complaint
- Mental status exam findings (speech, gait, appropriate behavior, cooperative, follows instructions/commands)
- Physical exam findings
- Reason for release
- Signed release form
- Advice given
- Patient understands risks of release
- Patient understands possible outcome if advice is not followed

Release Form Signatures

- Witnessed by law enforcement officer, family member, or friend if possible
- If a minor is refusing, parent/legal guardian/signed designee accepting care for child must sign
- If patient/adult refuses to sign, they would not be eligible for Treat and Refer protocols

Follow up Guidelines

- A valid contact number for the patient must be obtained prior to leaving the patient.
- If the patients condition deteriorates from the previous contact, the patient will be advised to be transported to the most appropriate facility for further medical evaluation.

Reference the following normal range when determining patient's ability to sign release without Medical Control. The following VS should be present at time of release/refer:

	Adult	Child
• Temp*	< 103	< 103
• Respirations	10 to 20	20 to 30
• BP	90 to 160 systolic 60 to 110 diastolic	age appropriate BP N/A
• Pulse	60 to 110	age appropriate HR

*(If fever is suspected)

Referral (Non-Ambulance Transport)

(On-line medical direction required for patients 2 - < 4 y/o)

Exclusion criteria = patients < 2 y/o

Initial medical care

↓

Is patient experiencing a medical emergency requiring intervention?

Yes → Refer to appropriate off-line

No → Reassess patient. If vitals are within normal range*, and patient is absent of the following high risk criteria, refer patient to follow up with additional medical care**.

- New onset abdominal pain
- A danger to self or others
- Altered mental status (altered for patient) or impaired judgment
    - Including patients with dementia or cognitive impairment
- Any acute cardiac arrhythmia
- Chest pain, suspected cardiac etiology or anginal equivalent
- Electrocution
- Head Injury
    - LOC; on blood thinning medication including aspirin; greater than 70; vomiting; or cognitive impairment
- Foreign body ingestion causing any airway obstruction
- Inability to walk (not normal for patient)
- Overdose or poisoning
- TASER with abnormal 12-lead
- Submersion/near drowning incidents
- Patient has other significant medical conditions***

*Normal range per page 2 of Treat and Refer Off-lines..
**Medical care includes, but is not limited to, PCP, Specialist, Urgent Care, Emergency Room, etc.
***May include, but is not limited to: immunodeficiency, organ transplant, renal failure, etc.

Nausea / Vomiting
(Adult patients ≥ 15 y/o)

Initial Medical Care

↓

Establish vascular access if needed

↓

Consider administration of **Ondansetron**
4-8mg IV or IM.
If given IV, slow over 2-5 minutes.

May give **Ondansetron** Oral Dissolving Tablet
4-8 mg PO

PO dose may be given by ODT tablet or giving IV solution PO

↓

IV Fluid bolus 20 ml/kg as indicated, up to 1 L NS
Monitor response.
Reassess vital signs.
If patient remains symptomatic, proceed with off-line protocols.

No complaint of:
- **Abdominal pain**
- **Chest pain**
- **Anginal equivalent**

No patient history of
- **Renal Failure**
- **CHF**

AEMS RED Book- Treat and Refer Off-lines

Mild Allergic Reaction
Adult (Patients ≥ 15 y/o)

Initial medical care

↓

Establish vascular access if needed
Do not delay treatment while establishing vascular access

↓

Acute Mild Allergic Reaction
Itching, isolated urticaria, nausea, no respiratory distress

↓

Consider **Diphenhydramine (Benadryl)**
IV/IM: 50 mg

↓

Consider **Methylprednisolone (Solu-Medrol)**
IV/IM: 125 mg

↓

If signs or symptoms or respiratory distress, refer to **off-line protocols.**

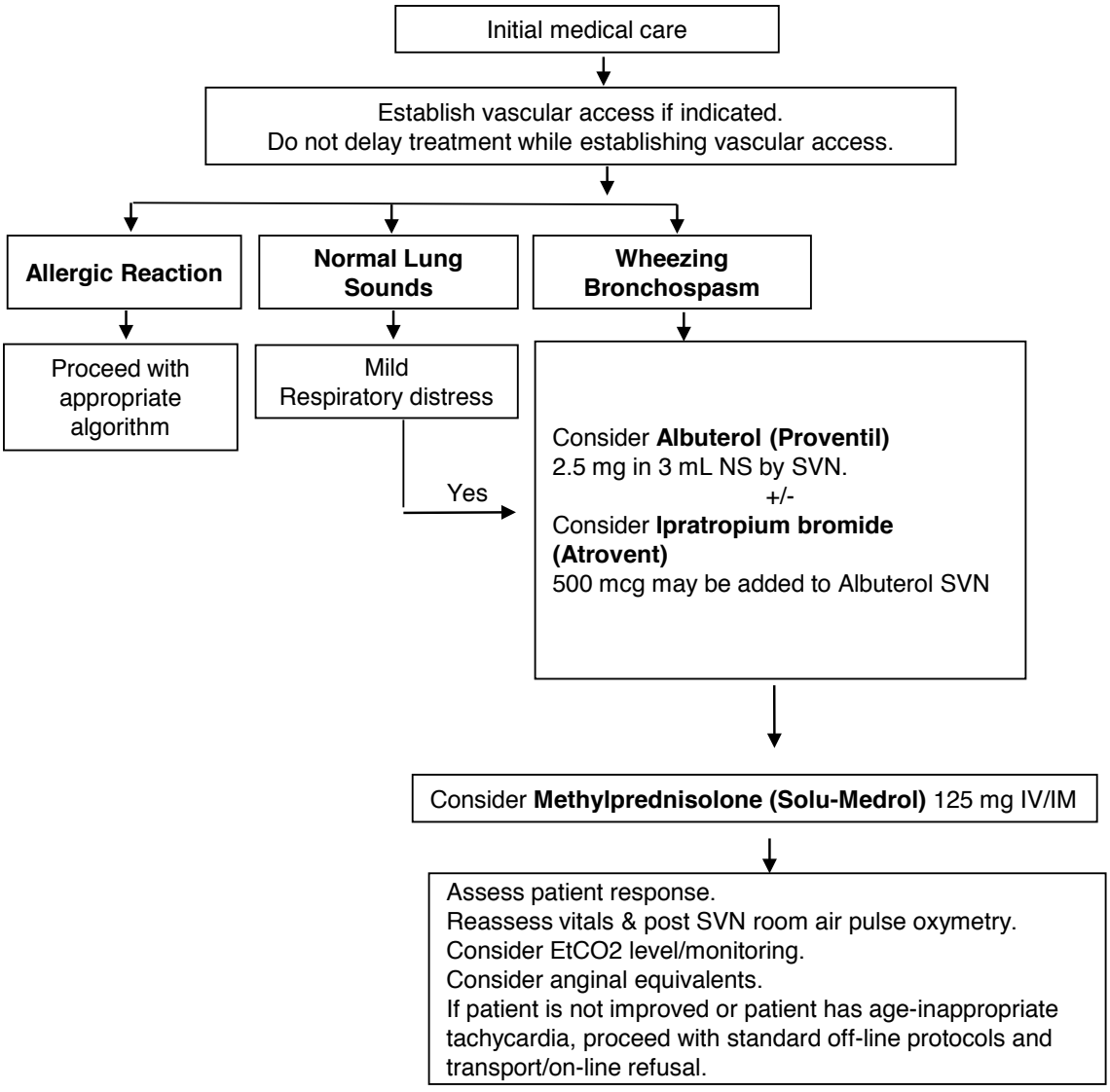
↓

Assess patient response.
Reassess vitals.
If VS remain stable, patient is eligible for release.
If patient has age-inappropriate tachycardia, refer to off-line protocols.

Exclusion Criteria:
Severe Distress: Stridor, bronchospasm, severe abdominal pain, respiratory distress, tachycardia, shock, generalized urticaria.
Angioedema: edema of lips, tongue or face

October 1, 2016

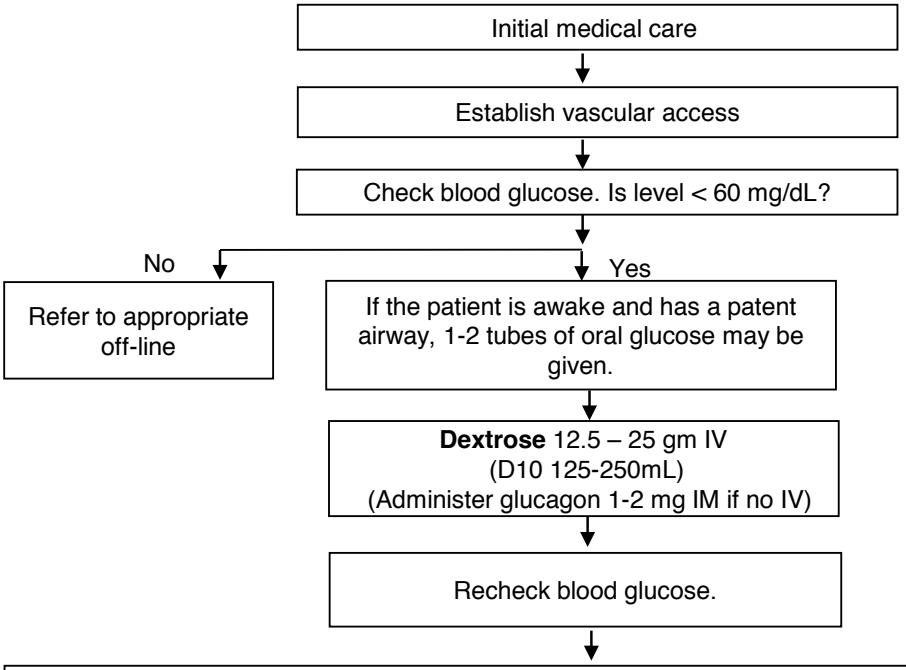
Mild Respiratory Distress
Adult (Patients ≥ 15 y/o)



Diabetes Mellitus Refusal without a Patch

Adult (Patients ≥ 15 y/o)

This protocol is used for diabetic patients with altered mental status, refusing transport, without a refusal patch. A **glucose** check is required on all patients with altered mental status.



On line medical direction is required for high risk refusal for the following patients:
Use of long-acting insulin agents (Lantus, Levemir, NPH)
Complicating factors (seizure, concern for intentional overdose, fever, other medical complaints)
Use of oral diabetic medications, specifically sulfonylureas (glipizide, glyburide, glucotrol, diabeta, glimepiride, amaryl, diabinese, tolinase, micronase, orinase, tol-tab, glycron, duatact, glynasel prestab, glucovance, avandaryl, chlorptopamide, metaglip, tolbutamide, tolazamide etc.)

The following patients may refuse without on-line medical direction, if all of the following are met:
History of diabetes mellitus
Return to normal mentation within 10 min of glucose or glucagon administration
Post treatment glucose > 80
Tolerates PO and has eaten a snack before EMS departure
Normal Vital Signs
No complicating factors

DM Refusal without a Patch

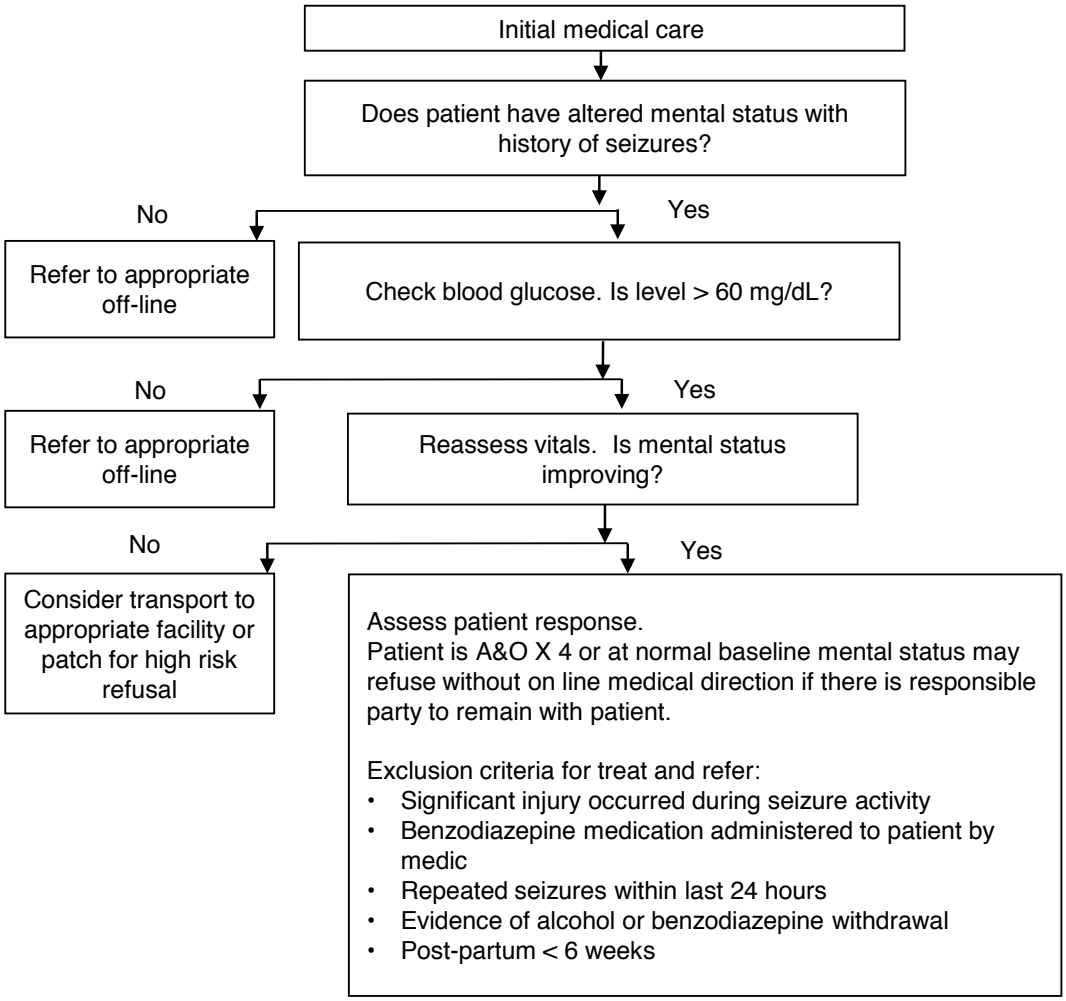
Adult (Patients ≥ 15 y/o)

Seizure

Exclusion Criteria: Pregnancy or Trauma-related

Adult (Patients ≥ 15 y/o)

This protocol is used for patients with a known seizure disorder, refusing transport, without a patch.

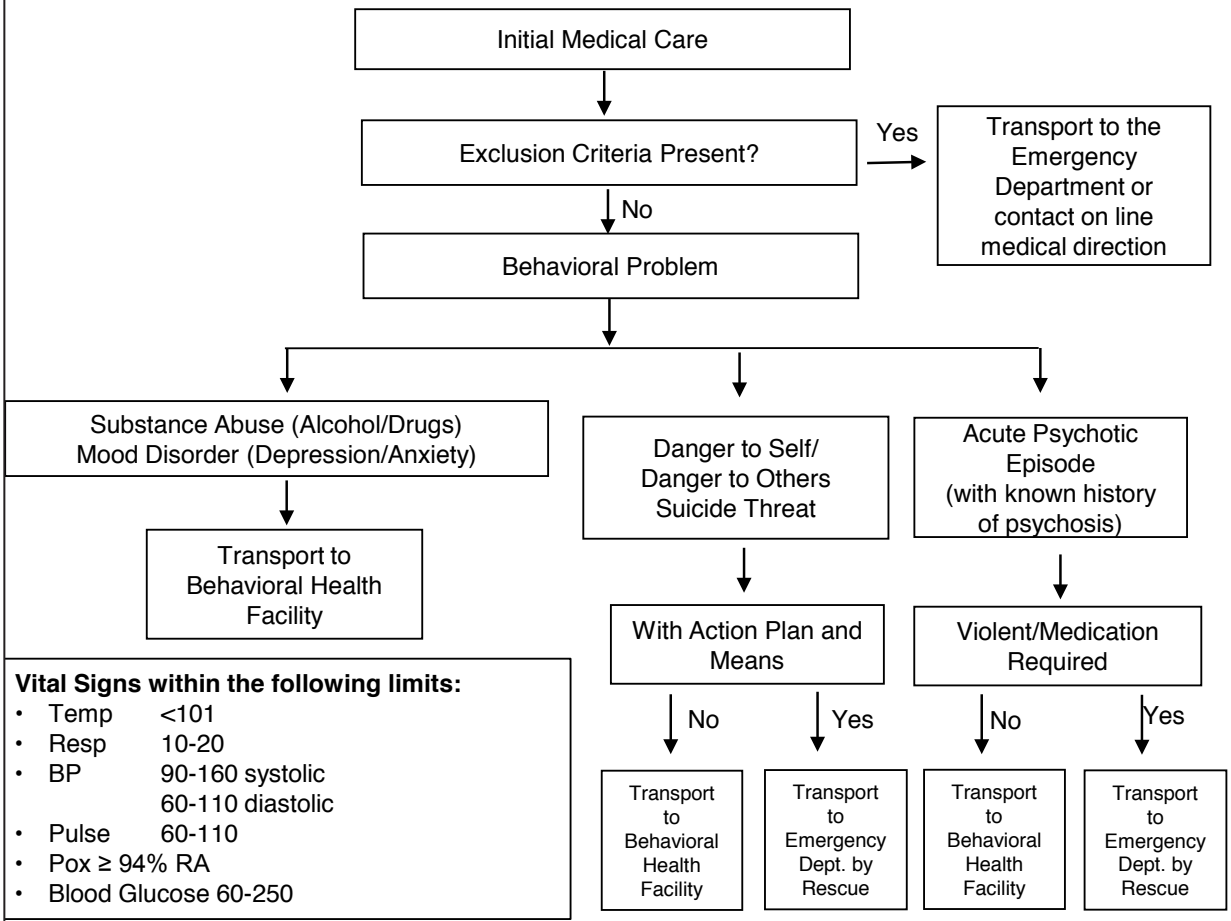


AEMS RED Book- Treat and Refer Off-lines

Behavioral Health Patient Management

Adult (18-59 y/o)

Patients ≥ 60 require on-line medical direction



Vital Signs within the following limits:

- Temp <101
- Resp 10-20
- BP 90-160 systolic
  60-110 diastolic
- Pulse 60-110
- Pox ≥ 94% RA
- Blood Glucose 60-250

****Transfer to Behavioral Health Facility must be <u>voluntary</u> ****

Exclusion Criteria for Transfer to Behavioral Health Facility:

- Current complaint of Chest Pain
- Hypoperfusion
- Any new medical condition or complaint requiring medical evaluation
- Any new injury or wounds requiring medical evaluation
- Any known or suspected toxic ingestion
- Need for medical IV for any reason
- Medication administration by EMS
- Trauma
- Combative/violent
- Unable to perform activities of daily living due to medical or physical limitations
- Pregnant > 20 weeks

When in doubt contact on-line medical direction.

October 1, 2016

Behavioral Health Facilities

Community Bridges
- 623-643-9680
- 824 N. 99th Avenue Suite
  Avondale, AZ 85323
  877-931-9142

Maricopa Crisis Hotline
- 602-222-9444

Recovery Innovations RRC West
- 11361 N 99th Ave
- Peoria, AZ 85345
- (602) 636-4605

Aurora Behavioral Health System
- 6015 W Peoria Ave.
- Glendale, AZ 85302
- (480) 345-5400

Nausea / Vomiting

Pediatric (≥ 4 y/o and ≤14)
(or contact on-line medical direction for patients < 4 y/o)

Initial Medical Care

↓

May give **Ondansetron** Oral Dissolving Tablet or give PO

<40kg - 0.1 mg/kg
>40kg - 4 mg

PO dose may be given by breaking ODT tablet or giving IV solution PO

↓

Assess patient response. Reassess vitals to determine if within normal range.

Exclusion criteria: dry mucous membranes, decreased urine output.

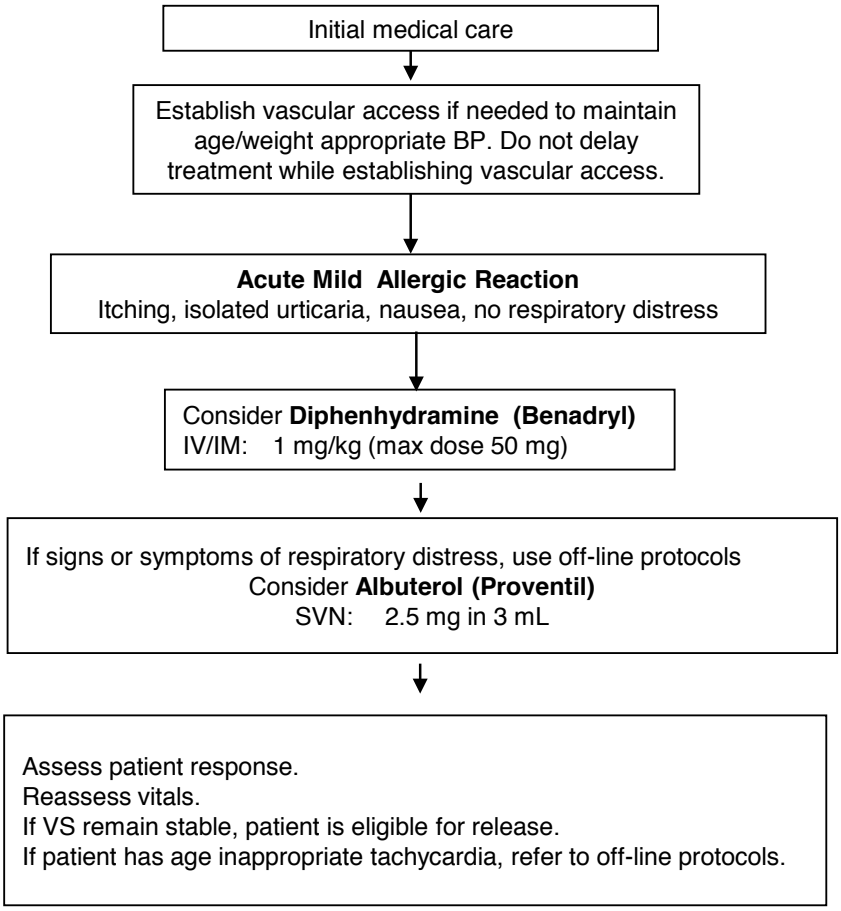
No complaint of:
- **Abdominal pain**

No patient history of
- **Renal Failure**
- **CHF**
- **Congenital Heart disease**

Mild Allergic Reaction

Pediatric (≥ 4 y/o and ≤14)

(or contact on-line medical direction for patients < 4 y/o)



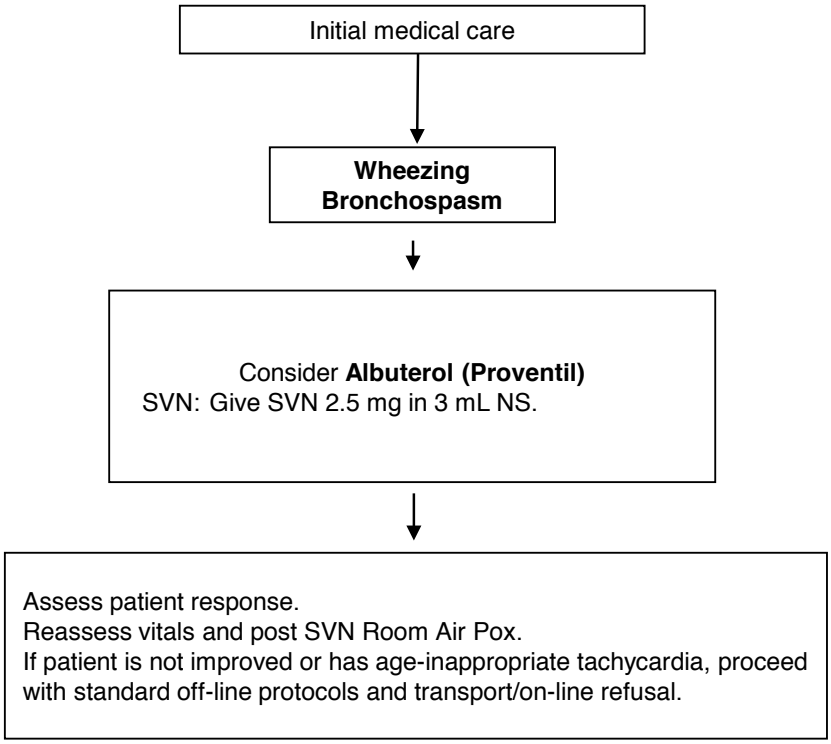
Exclusion Criteria:

SEVERE DISTRESS:
Stridor, bronchospasm, severe abdominal pain, respiratory distress, tachycardia, shock, generalized urticaria.
Angioedema: edema of lips, tongue or face

Respiratory Distress

Pediatric (≥ 4 y/o and ≤14)

(or contact on-line medical direction for patients < 4 y/o)



PART II: DESIGNING A TREAT & REFER EDUCATION PLAN

Compiled by: Daniel Judkins, MS, MPH

Introduction

Staff education is an essential part of designing and implementing a Treat & Refer program for an Emergency Medical System (EMS) agency. In Arizona, specific requirements have been developed by the Arizona Department of Health Services (ADHS). These requisites and several additional education-related requirements, including behavioral health, are explained in *ARIZONA TREAT AND REFER PROGRAM: A monitored, community-specific, and clinically grounded effort to enhance the healthcare continuum for Arizonans* (2016) manual (referred to as *Manual*, http://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/community-paramedicine/treat-and-refer-recognition-program-manual.pdf). The *Manual* presents the requirements in ten separate tables, each of which features five elements: training goal, learning objectives, learning methods/ activities, evidence of learning and documentation, and evaluation.

This report presents ten education requirements and follows each one with specific examples of how that requirement was successfully implemented. The examples are drawn from the first three EMS agencies in Arizona to have their Treat & Refer program recognized by ADHS. Some additional information that should prove helpful is also included in the Appendices: 1) principles of adult learning, 2) critical thinking, 3) problem-based learning, 4) teaching and learning methods, and 5) additional resources.

By following the education requirements carefully and completely, examining the successfully-implemented examples, and modifying those examples to match local circumstances and resources, the educator can plan and implement the education component of a Treat & Refer program with confidence. Careful record-keeping of successful completion of the education program and evidence of each individual staff member's competency will insure that the EMS agency's education component successfully meets all requirements.

The required Treat & Refer relevant education may be stand-alone, a part of the normal Emergency Medical Care Technician (EMCT) continuing education program or an element of community paramedicine (CP) education curriculum.

Brief Overview: Starting a Treat & Refer Program

What is Treat & Refer? Historically a call to 911 for a medical problem results in an EMS response, on-scene assessment, treatment and transport in an ambulance to an emergency department (unless the patient refuses transport). This programmed approach regularly fails to meet the patient's actual need for continuing medical services, which are highly variable. While many patients do in fact need ambulance transport to a hospital emergency department (ED), some do not. Some patients may have their needs appropriately managed by a primary care provider in a medical office setting (immediately or soon), in an urgent care center located remotely from a hospital, by referral to a CP program, by a behavioral care team (on scene or at a behavioral care facility), or at another care destination. Additionally, if transport is needed to a care destination, the patient may not require any treatment or monitoring during transport, so an ambulance may not be necessary. In each case, a Treat & Refer interaction is a direct result of a 911 call for EMS response.

A Treat & Refer program, after on-scene assessment, aligns treatment needs with multiple care options, including scheduled in-home care or by selecting an appropriate care-provider destination and using an appropriate transport vehicle. Choosing the level of medical care needed, the location that such care is provided and the transport vehicle type are all based on the patient's actual medical needs. The historical "one size fits all" approach to EMS response gives way to a system where *actual* patient needs are directly addressed and matched with the resources required. The patient will likely be better served and, in many cases, costs will be lower.

The Treat & Refer patient population consists of those individuals who have accessed the EMS system and whose illness or injury did not require ambulance transport to an ED, but were managed by matching the care level needed with the appropriate care provider, destination and transport method.

This more flexible approach for EMS response, as implemented in Arizona, does not represent a change in the scope of care provided by the EMCT, but rather a change in service delivery structure.

The basic requirements[1] for gaining recognition from ADHS for a Treat & Refer program in Arizona are:

- Demonstrated executive-level support and active management involvement (agency chief/CEO, plus medical director)
- Competency-based education for participating EMS personnel
- Administrative medical director education that is specific for Treat & Refer medical oversight
- Evidence-based protocols, Treat & Refer algorithms and standing orders for each complaint or disease process targeted by the agency's Treat & Refer program. This must include behavioral health assessments and referrals
- Processes which, for each Treat & Refer patient served, document:
  - appropriate clinical and/or social assessment
  - a treatment/referral plan for accessing services to meet patient needs (social, behavioral, healthcare)
  - patient follow-up efforts regarding treatment plan adherence
  - assessment of patient satisfaction
- An effective performance monitoring and improvement program that includes:
  - administrative review of a sample of Treat & Refer interactions to ensure protocol compliance
  - use of a performance/quality measurement tool
- Comprehensive data collection, including active participation in the Arizona Prehospital Information & EMS Registry System (AZ-PIERS) that includes:
  - compliance with data submission requirements
  - demonstrated data quality
- Follow-up with the individuals served, that includes:
  - 100% of cases with documented follow-up attempts/efforts
  - minimum success rate of 30% follow-up achieved

1 *Emergency Medical Services & Trauma System*. Retrieved March 24, 2017, from Arizoan Department of Health Services: http://www.azdhs.gov/preparedness/emergency-medical-services-trauma-system

Additional details and particulars about implementation of the above requirements may be found in the *Manual*[2], particularly pgs 6-14.

There are some common elements of a Treat & Refer program and a Community Paramedicine program, especially in the area of education. Some EMS agencies may choose to implement these programs independently and others may choose to offer both programs. Agencies who offer both programs may choose to implement both simultaneously or may choose to start one program first, followed by subsequent implementation of the other program. All of these approaches are feasible.

The remainder of this report will focus on the requirements for the education program elements necessary for a quality Treat & Refer program that meets the requirements of ADHS for official recognition.

Approaches to a Basic Treat & Refer Education Program

High-quality education programs for EMS professionals, and for CP and Treat & Refer programs particularly, are likely to have certain key features:

- Thoughtfully designed by a competent educator with a strong clinical background
- Based on the principles of adult learning (see Appendix 1: Principles of Adult Learning)
- Promotes higher order critical thinking skills (see pg 51, and Appendix 2: Critical Thinking)
- Takes a "problem solving" approach (see Appendix 3: Problem Solving Education)
- Considers available resources and staffing implications while selecting the best teaching/learning methods for the content/skill
- Is presented by expert educators who are enthusiastic, value student involvement, use case scenarios and medical problem solving techniques, promote critical thinking, and are adept at using high-quality audio-visual materials (such as text lean and image rich PowerPoint presentations)

The ADHS Treat & Refer education requirements are broken down in the *Manual** as follows:

- Patient Transportation
- Transport Destinations
- Patient Risk Assessment
- Medical Training & Education
- Special Patient Populations
- Patient Follow-up
- Medical-Legal Considerations, Definitions & Documentation
- Information Exchange & Collaboration
- Public Education
- Recommended Educational Framework for Administrative Medical Directors

The successful Treat & Refer Education Program must cover all ten topics.

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* Note that the table of contents of the *Manual* lists Table 1 as for "EMCTs and Medical Directors" while the heading at the top of page 18 lists it as for "Paramedics." The listing in the Table of Contents ("EMCTs and Medical Directors") is the correct heading. The use of the term "Paramedics" is an error as the Treat & Refer program is not restricted to paramedics, but is available to all EMCTs within defined scope of practice.

2 ARIZONA TREAT AND REFER PROGRAM: A monitored, community specific, and clinically grounded effort to enhance the healthcare continuum for Arizonans. (2016, May 19). Retrieved March 4, 2017 from Arizona Department of Health Services: http://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/community-paramedicine/treat-and-refer-recognition-program-manual.pdf

For each of the elements, the *Manual* outlines the goal, learning objectives, select learning methods/activities, evidence of learning and documentation, and evaluation. Each of these five education elements will be considered in the section below.

Each of the education topics will then be considered individually with successful, real-life examples and recommendations for each. The examples and recommendations should be carefully considered, and evaluated in light of the unique circumstances, resources, and goals of the individual EMS agency contemplating Treat & Refer implementation. The characteristics of the patient population served often vary significantly from one EMS agency to another, and should be evaluated to customize the education program for the particular EMS agency.

Five Required Education Domain Elements

GOAL

The educational goal for each of the ten required topics is defined. The goals should guide the development and implementation of each topic.

LEARNING OBJECTIVES

Learning objectives are most useful when they are stated in terms of objective, measurable, behavioral outcomes. They are valuable to the education plan in planning the content of the curriculum, the selection of teaching methods, and in the evaluation of student learning outcomes. Most of the learning objectives presented in the *Manual* are general and lack some of these measurable features. For example, the objective "Identify and discuss the abilities and limitations of each [patient transport] modality" uses the two verbs "identify" and "discuss." While these two verbs are somewhat useful in measuring a student's learning, other specific verbs are stronger in this situation and define learning objectives that are both easier to measure and also involve higher levels of critical thinking. For instance, this specific objective would be more useful and easier to measure if it were re-worded: "List at least six patient transport modalities, assess their strengths and limitations and choose the best transport option for a given patient scenario." While this re-written objective is actually three different ones (and are best stated separately), the verbs chosen lead to an enhanced ability to evaluate the learner's success. By re-wording "identify modalities" to "list at least six modalities," the learning objective is stronger in that it clearly is calling for a recall of knowledge ("list") and it defines the minimum number of modalities that should be listed (more measurable). The verbs "assess" and "choose" call for the student to evaluate the various options. Evaluation is the highest of the six standard levels of critical thinking ability:

- knowledge,
- comprehension,
- application,
- analysis,
- synthesis, and
- evaluation.

The skilled educator strives for student attainment of higher levels of achievement on this ascending scale of critical thinking skills. And it is always a good idea to carefully craft learning objectives to make student learning evaluation easier. Learn more about writing learning objectives from Bloom's Taxonomy of Learning[3].

LEARNING METHODS/ACTIVITIES.

Selecting appropriate teaching and learning methods/activities is an important skill of the EMS educator. There are a number of implications to selecting the best methods. Certain methods are easier and cheaper, but less likely to be as effective. Specific methods are associated with certain critical thinking skill levels. Some methods, although associated with improved student learning, may require more resources and may have significant staffing implications. The educator should carefully consider the various learning methods, and select those most useful for the particular situation. See Appendix 4, Teaching/Learning Methods.

3 Bloom's Taxonomy of Measurable Verbs. (n.d.) Retrieved from Society of Automotive Engineers Interantional: http://www.sae.org/training/seminars/instructorzone/measurable_verbs_for_learning_objectives.pdf

DOCUMENTATION

Documentation of evidence of learning and student evaluation is the combined fourth and fifth steps of a successful Treat & Refer education plan. Documenting the competency of each individual EMCT that will be involved with the Treat & Refer program is the bottom line goal of the education plan. Competency can be documented for each student through a variety of methods:

- Documentation that a minimum of 12 hours of initial Treat & Refer education has been completed
- An additional minimum of 4 hours of Treat & Refer-relevant continuing education annually is also required
- Documentation that the education includes a module on a behavioral health assessment protocol designed to facilitate appropriate referral for treatment
- Written tests, which may include standard written paper tests, pre- and post-tests, and computerized testing association with computer learning modules
- Evaluation of student performance in clinical situations
- Return demonstrations by the student in a skills lab
- Documented supervisor, medical director and peer review feedback on competence (this may include relevant findings for the individual from the on-going performance improvement program)
- Records of student performance and competence should be well organized, complete, easily accessible and clear in the documentation of competency
- Competency in specific clinical skills and ability to make appropriate referral decisions for the targeted clinical diagnostic categories of the program is strongly recommended. Consider writing objective and measurable competency standards.

Treat & Refer Education Topics and Design/Delivery Resources

No. 1 of 10 Required Education Topics for Treat & Refer Program

INITIAL AND RECERTIFICATION EDUCATION FRAMEWORK FOR [PARAMEDICS*] EMCTS AND MEDICAL DIRECTORS

Exhibit 1: Initial and Recertification Education Framework for Paramedics

Patient Transportation	
Training Goal	*Educate the provider of various transportation modalities to ensure the most appropriate method of transport is identified and can be recommended to the treat and refer patient.*
Learning Objectives	**Required for Initial Education (0.5hrs)** • Define and discuss the various patient transport modalities • Identify and discuss the abilities and limitations of each modality • Identify and discuss the medical qualifications for each • Discuss the importance and impact of referring to an in-network provider when that information is available **Recommended for Continued Education (0.5hrs)** • Discuss reimbursement considerations • Demonstrate patient teaching of most appropriate transport method
Learning Methods/Activities	• Didactic instruction • Classroom discussions • Oral presentations • Role-play scenarios in learning lab simulations • Student ride-alongs • Identify and become familiar with transportation resources in the Provider response area. • Limitations and capabilities of each.
Documentation / Evidence of Learning	• Written assessments • Scenario evaluation
Evaluation	Written and scenario assessment, supervisor, administrative medical director and peer review feedback will evaluate the providers competence in this area.

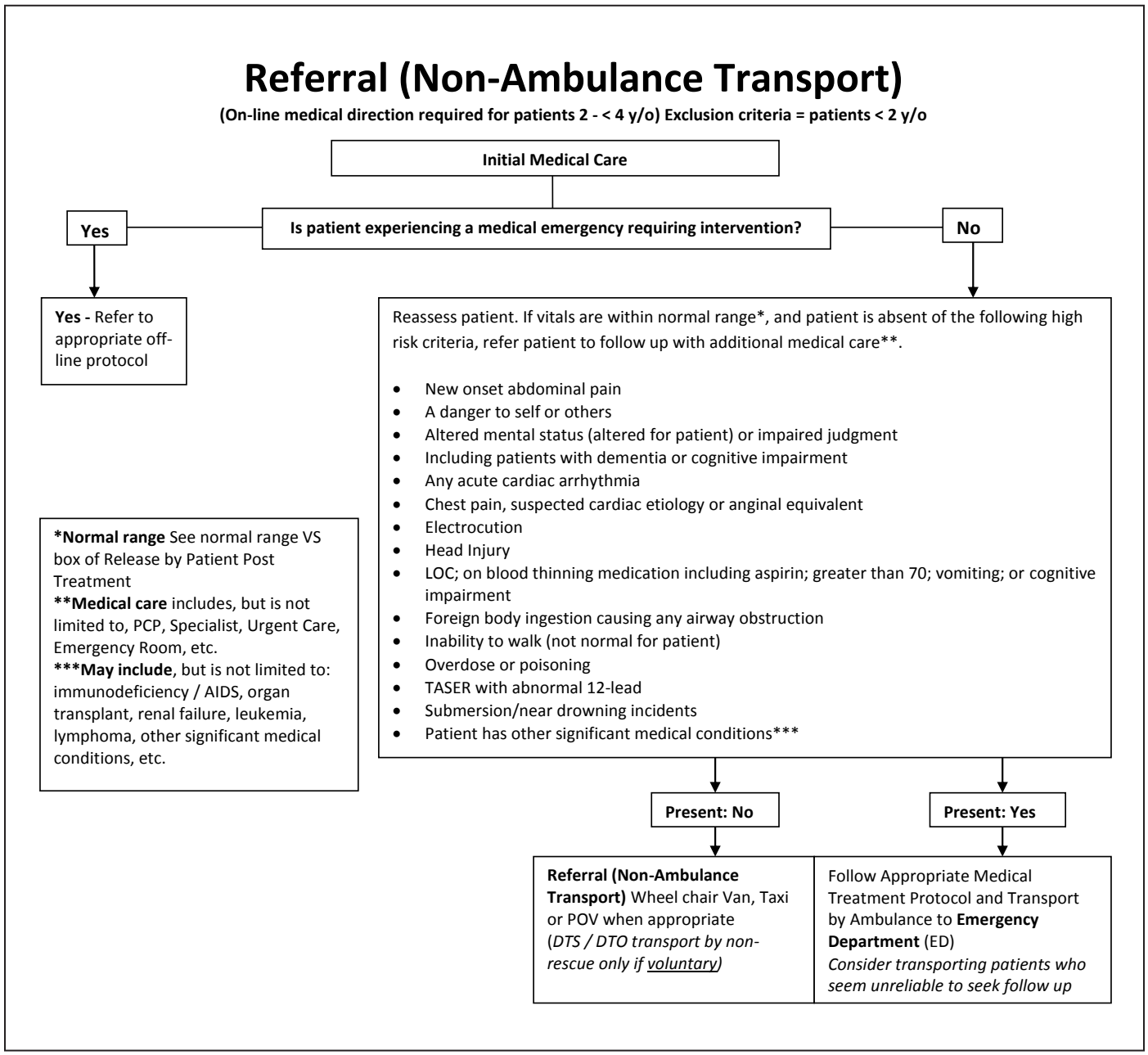
From: *ARIZONA TREAT AND REFER PROGRAM: A monitored, community specific, and clinically grounded effort to enhance the healthcare continuum for Arizonans,* Phoenix: ADHS BEMSTS, 2016, p. 18.EMS Council and MDC Approved: May 19, 2016.

See an example of a curriculum design used by Golder Ranch Fire District (Golder Ranch) to meet this education requirement on "Patient Transportation." Note the similarities in format to the ADHS education requirement.

Patient Transportation	
Training Goal	*Educate providers on the most appropriate method of transportation for CIHP participants.*
Hours of Education	1.0
Learning Objectives	1. Identify available transportation options available in service area 2. Identify operational impact of available transportation options 3. Identify appropriate opportunities for alternative transportation
Learning Methods/Activities	1. Included in Behavioral Health, COPD, CHF, DM, MI, PNA education 2. Administrative Order Familiarization 3. Classroom discussion
Documentation/Evidence of Learning	1. Written Assessment 2. Preceptor Orientation in field
Evaluation	1. Preceptor orientation with live feedback and case scenarios. 2. Feedback and discussion with program manager on education and preceptorship

* Note that the table of contents of the *Manual* lists Table 1 as for "EMCTs and Medical Directors" while the heading at the top of page 18 lists it as for "Paramedics." The listing in the Table of Contents ("EMCTs and Medical Directors") is the correct heading. The use of the term "Paramedics" is an error as the Treat & Refer program is not restricted to paramedics, but is available to all EMCTs within defined scope of practice. At *ARIZONA TREAT AND REFER PROGRAM: A monitored, community specific, and clinically grounded effort to enhance the healthcare continuum for Arizonans,* Phoenix: ADHS BEMSTS, 2016, p. 18-27.EMS Council and MDC Approved: May 19, 2016.

Example of a decision algorithm for non-ambulance patient transport, as used by Surprise Fire-Medical Department (Surprise). Such an algorithm, along with a classroom presentation of transport alternatives and related issues may constitute the core of the minimum half-hour of "Patient Transport" required education. After a presentation, such as a PowerPoint slide show, students could be given several case scenarios requiring a non-ambulance patient transport decision, and they could select options from a list of choices, based on the transport decision algorithm.



Another example of a "Patient Transport" standing order/decision algorithm, this one from Chandler Fire, Health & Medical Department (Chandler).

Chandler Fire, Health & Medical - Treat and Refer Off-lines

Referral (Non-Ambulance Transport)

(≥ 2 y/o)

Initial medical care

Is patient experiencing a medical emergency requiring intervention?

Yes

Refer to appropriate Standard Treatment Protocol

No

Reassess patient. If vitals are within normal range*, and patient is absent of the following **high risk criteria**, refer patient to follow up with additional medical care** (TNR).

- If the patient has abnormal vitals or any of the criteria listed below, the patient should be transported or a high-risk refusal.

- A danger to self or others
- Altered mental status (altered for patient) or impaired judgment
- Any acute cardiac arrhythmia
- Chest pain, suspected cardiac etiology or anginal equivalent
- Electrocution
- Head Injury
    - LOC; on blood thinning medication including aspirin; age less than 2 or greater than 70; vomiting; or cognitive impairment
- Foreign body ingestion causing any airway obstruction
- Inability to walk (not normal for patient)
- Overdose or poisoning
- TASER with abnormal 12-lead
- Submersion/near drowning incidents
- Patient has other significant medical conditions: *May include, but is not limited to: immunodeficiency, organ transplant, renal failure, etc*.

*Normal range per page 2 of Treat and Refer Off-lines..
**Medical care includes, but is not limited to, PCP, Specialist, Urgent Care, Emergency Room, etc.

Page 3

Updated 8/29/2016

Referral (≥ 2 y/o)

Below and continued on the following page is an example of a written exam used by Surprise to measure competency.

TRANSPORTATION EXAM

1. Which of the following lists are considered available patient transport modalities?

a) Wheelchair van, Stretcher van, Taxi, POV, Dial-a-Ride, CM unit

b) Ambulance, Non-Emergency transport, Inter-facility Transport

c) Advanced Practice Paramedic Unit, Nurse Car, Ambulance

d) Bicycle, Skateboard, roller blades, Ambulance

2. What are the limitations and abilities of Non-Emergency Stretcher Van transport modality?

a) The AHCCCS member must need to be transported by stretcher and must be physically unable to sit or stand and any other means of transportation is medically contraindicated

b) The AHCCCS member must not need to be transported by stretcher and must be physically able to sit or stand and any other means of transportation is not medically contraindicated

c) The AHCCCS member must only request to be transported by stretcher and must be physically fit and any other means of transportation is denied

d) AHCCCS must only have stretcher van available and the patient must be visibly sick and in need of a stretcher

3. What are the limitations and abilities of Non-Emergency Wheelchair Van transport modality?

a) The AHCCCS member must require transportation by wheelchair and must be physically unable to use other modes of ambulatory transportation

b) The AHCCCS member must not require transportation by wheelchair and must be physically able to use other modes of ambulatory transportation

c) The AHCCCS member must deny all other means of transportation and must be physically able to use other modes of ambulatory transportation

d) AHCCCS must deny transportation and be unable to offer other modes of ambulatory transportation

4. A Taxi is a vehicle that has been issued and displays a special taxi license plate pursuant to ARS 28-2515?

a) Yes

b) No

5. What is the benefit of using an In-Network Provider?

a) The patient and insurance company may be able to save money by paying a lower negotiated rate

b) The patient and insurance company will be required to pay a higher premium

c) The patient and insurance company will receive a gift basket with every ride

d) The patient and insurance company will have no benefit when using an In-Network provider transport

6. What are the medical qualifications of Non-Emergency transport?

a) A patient, who meets criteria, has stable vital signs, has no exclusionary criteria, and is willing to use the service

b) A patient, who meets criteria, has abnormal vital signs, has exclusionary criteria, and is willing to use the service

c) A patient, who is actively receiving IV fluids, is a little altered due to treatment and is willing to use the service

d) A patient who needs suctioning and is willing to take the risk

7. Can a wheelchair van transport a patient who is actively receiving IV fluids?

a) No

b) Yes

8. Is a head injury considered exclusionary criteria for transport in a Non-Emergency Transport?

a) Yes

b) No

9. If a patient cannot transfer himself/herself in/out of their own wheelchair, should they be transported in a Non-Wheelchair ride?

a) No

b) Yes

10. What is the definition of a Healthcare Institution?

a) Means every place, institution, building or agency, whether organized for profit or not, that provides facilities with medical services, nursing services, behavioral health services, health screening services, other health-related services, supervisory care services, personal care services or directed care services and includes home health agencies as defined in section 36-151, outdoor behavioral health care programs and hospice service agencies.

b) Community residential setting as defined in section 36-551

c) A friendly neighbor, relative, or spouse as defined by patient

d) A casino, park, mall, Movie Theater or other recreational facility

11. Does AHCCCS cover medically necessary non-emergency transportation within certain limits for all members based on member age and eligibility, as specified in the Arizona Administrative Code R9-22-211?

a) Yes

b) No

12. Should the vehicle being used for patient transport be visibly safe for the patient and also reliable?

a) Yes

b) No

No. 2 of 10 Required Education Topics for Treat & Refer Program

Transport Destinations	
Training Goal	*Educate the provider of transport destinations to include the emergency department, urgent care, primary care provider, detox centers, dialysis centers, in-patient psych treatment centers, community health centers and treatment at home with follow up from community paramedic.*
Learning Objectives	**Required for Initial Education (1hrs)** • Define and discuss the various transport destinations • Identify and discuss the abilities and limitations of each **Recommended for Continued Education (1hr)** • Demonstrate patient teaching of most appropriate destination for various conditions • Demonstrate use of Physician Finder resources for patients with no PCP or BCP (if available)
Learning Methods/Activities	• Didactic instruction • Classroom discussions • Oral presentations • Role-play scenarios in learning lab simulations • Clinical rotations • Identify and become familiar and patient destination options. • Become familiar with the capabilities and limitations of each.
Documentation / Evidence of Learning	• Written assessments • Scenario evaluation
Evaluation	Written and scenario assessment, supervisor, administrative medical director and peer review feedback will evaluate the providers competence in this area

From: *ARIZONA TREAT AND REFER PROGRAM: A monitored, community specific, and clinically grounded effort to enhance the healthcare continuum for Arizonans,* Phoenix: ADHS BEMSTS, 2016, p. 19.EMS Council and MDC Approved: May 19, 2016.

Below are a curriculum outline and resources for the "Transport Destinations" topic.

Transport Destinations	
Training Goal	*Educate the provider of transport destinations to include the emergency department, urgent care, primary care provider, detox centers, dialysis centers, in-patient psych treatment centers, community health centers and treatment at home with follow up from a Community Integrated Paramedic*
Hours of Education	1.0
Learning Objectives	1. Identify various transport destinations in service area 2. Identify appropriate opportunities for alternative destinations 3. Identify operational impact of utilizing alternate destinations 4. Discuss financial impact to organization of utilizing alternative destinations
Learning Methods/Activities	1. Included in Behavioral Health, COPD, CHF, DM, MI, PNA education 2. Administrative Order Familiarization 3. Classroom discussion
Documentation/Evidence of Learning	1. Written Assessment 2. Preceptor Orientation in field
Evaluation	1. Preceptor orientation with live feedback and case scenarios. 2. Feedback and discussion with program manager on education and preceptorship

GOLDER RANCH SAMPLE CURRICULUM FOR "TRANSPORT DESTINATIONS."

Chandler produced an excellent 27 minute video by Joshua Zeidler, DO discussing the different capabilities of three entry points for medical care: 1) Doctor's office/Primary Care Providers, 2) Urgent Care, and 3) Emergency Room. A physician and a nurse from a doctor's office, as well as a doctor from an Urgent Care are also interviewed about their varying capabilities.

This video, in addition to a presentation and small group case scenarios, would be an excellent way to fulfill the 1 hour minimum "Transport Destinations" education requirements.

An EMS agency might choose to re-do a similar video featuring their own administrative medical director, particularly if that director wishes to emphasize particular issues about choosing among referral destinations.

To be included in the education for treatment destination options is a list of local facilities. This could be prepared as a laminated handout for future use in the field, as was done by Surprise. The handout itself could be effectively used during the classroom small group discussion, asking students, after a case presentation, to select specific facility destinations from the list.

URGENT CARE FACILITIES	LOCATION
Nextcare Urgent Care: (602) 530-6189	**Hours: Mon-Fri: 9am-8pm and Sat-Sun: 9am-5pm** 14800 W. Mountain View Blvd. Ste. 190, Surprise, AZ 85374
Banner Urgent Care (623) 223-1820	**Hours: Sun-Mon: 8am-9pm** 15521 W Bell Rd, Surprise, AZ 85374
Express Urgent Care: (623) 322-5900 Press 7	**Hours: Open Daily 7a-7p** 16578 W Greenway Rd Ste 105, Surprise, AZ 85388
Express Urgent Care: (623) 322-5900 Press 1	**Hours: Open Daily 7a-7p** 10249 W Thunderbird Blvd, Sun City AZ 85351
Express Urgent Care: (623) 322-5900 Press 2	**Hours: Open Daily 7a-7p** 13755 N Litchfield Rd Ste 105 Surprise AZ 85379
FastMed Urgent Care Center: (623) 215-0082	**Hours: Mon-Sat: 8am-8pm and Sun: 8am-4pm** 12775 W. Bell Rd., Ste. 100, Surprise, AZ 85378
Med Post Urgent Care: (623) 584-3303	**Hours: Mon-Friday 8am-8pm, Sat/Sunday 9am-5pm** 16840 W. Waddell Rd Surprise, AZ 85388
Med Post Urgent Care: (623) 362-1971	**Hours: Mon-Friday 8am-8pm, Sat/Sunday 9am-5pm** 21471 N. Lake Pleasant Pkwy Peoria AZ 85382
Nextcare Urgent Care: (888) 381-4858	**Hours: Mon-Fri: 8am-7pm and Sat-Sun: 8am-4pm** 20470 N. Lake Pleasant Rd. Ste. 102, Peoria, AZ 85382
Alliance Urgent Care: (623) 334-2818	**Hours: Mon-Fri: 8am-8pm and Sat-Sun: 8am-6pm** 8422 W. Thunderbird Rd. Ste. 103, Peoria, AZ 85381
Surprise Family Urgent Care: (623) 236-8287	**Hours: Mon-Fri: 9am-7pm and Sat-Sun: 9am-4pm** 17014 W. Bell Rd. Ste. 100, Surprise, AZ 85374
West Valley Urgent Care: (623) 815-9073	**Hours: Mon-Fri: 8am – 8pm Sat: 9am-6pm Sun: 9am-4pm** 14811 W. Bell Rd. Ste. 101, Surprise, AZ 85374
MOBILE MEDICAL	**ECG, VASULAR ULTRASOUND, X-RAY, TELEMEDICINE**
MD24 House Call (623) 374-7774, (888) 632-4758	**Hours: Mon-Fri 730am-430pm, Sat-Sun Closed** 14780 W Mountain View Blvd. Suite 110, Surprise, AZ 85374
TRANSPORTATION	**LOCATION**
Northwest Valley Connect (623) 282-9300	www.NorthwestValleyConnect.org , PO Box 9303, Surprise, AZ 85374 Website provides service to include Rider, Purpose, and Level of Service

NON-HOSPITAL PATIENT TREATMENT DESTINATIONS, SURPRISE FIRE DEPARTMENT.

ENTRY POINTS FOR MEDICARE CARE

Doctors Office – Primary Care Providers

- 9am-5pm
- Physicians, Mid-levels, Medical Assistants
- EKG, Basic POC Testing – UA, Strep, Pregnancy
- I&D, Wound Care – Glue, Minor Suturing

Urgent Care

- 8am-9pm (varies, but this is typical)
- Physicians, Mid-levels, Medical Assistants, RNs
- Above, Plus X ray, CBC, CMP, Trop, D-dimer
- Above, Plus Suturing, Splinting, Nasal Packing

Emergency Room

- 24/7
- Physicians, Mid-levels, RNs, ER Techs
- Above, Plus CT, MRI, Hospital-based Lab
- Above, Plus Procedural Sedation, Reduction of Fractures/Dislocation, Surgery

INFORMATION COVERED IN THE TRANSPORT DESTINATION VIDEO (CHANDLER) SHOWING SOME OF THE DIFFERENCES IN CAPABILITY AMONG THE THREE MEDICAL CARE ENTRY POINTS.

No. 3 of 10 Required Education Topics for Treat & Refer Program

Patient Risk Assessment	
Training Goal	*Educate the provider to assess the patients living environment for immediate risks to patient's health, safety and well-being.*
Learning Objectives	**Required for Initial Education, (1hr)** **Required for Continued Education (1hr)** • Demonstrate the knowledge and skills required to properly assess a patient's home environment for safety hazards. • Identify and describe community resources and referral processes available to patient
Learning Methods/Activities	• Didactic instruction • Classroom discussions • Oral presentations • Role-play scenarios in learning lab simulations • Case studies • Clinical rotations
Documentation / Evidence of Learning	• Written assessments • Scenario evaluation
Evaluation	Written and scenario assessment, supervisor, administrative Medical Director and peer review feedback will evaluate the providers competence in this area

From: *ARIZONA TREAT AND REFER PROGRAM: A monitored, community specific, and clinically grounded effort to enhance the healthcare continuum for Arizonans,* Phoenix: ADHS BEMSTS, 2016, p. 20.EMS Council and MDC Approved: May 19, 2016.

The following examples show education curriculum for "Patient Risk Assessment," from Golder Ranch, and a home safety checklist from Surprise. Patient Risk Assessment will not be indicated in the majority of Treat & Refer patient encounters.

Patient Risk Assessment	
Training Goal	*Educate the provider to assess the patients living environment for immediate risks to patient's health, safety and wellbeing*
Hours of Education	1.0
Learning Objectives	1. Familiarization with home safety assessment document 2. Identify services available from the District to mitigate certain hazard types i.e. lack of smoke detectors, address numbering, residential lock boxes etc.
Learning Methods/Activities	1. Classroom instruction 2. Review of District services 3. Classroom discussion
Documentation/Evidence of Learning	1. Written Assessment 2. Preceptor Orientation in field
Evaluation	1. Preceptor orientation with live feedback and case scenarios. 2. Feedback and discussion with program manager on education and preceptorship

GOLDER RANCH FIRE DISTRICT EXAMPLE.

SURPRISE FIRE-MEDICAL HOME ASSESSMENT FORM

☐	**Address visible from the street?**	Assists 911 responses
☐	**Outdoor areas clear to navigate?**	Level, clutter, hand rails, holes
☐	**Adequate outdoor lighting?**	Bulbs/switches, flashlights, walkways lit
☐	**Door locks working?**	Dead bolt, cracked, code known
☐	**Floors Easy to walk on?**	Slip resistant shoes, throw rugs/mats secure
☐	**Rooms and hallways easy to navigate?**	Space, electrical cords, glass doors marked
☐	**Lighting adequate throughout residence?**	Bulbs/switches work, nightlights, flashlights
☐	**Stairways safe?**	Handrails secure, Stair tread deep enough
☐	**Phones working?**	Charged, service present, functional, ICE numbers
☐	**Window locks working?**	Sliding, locking, open, functional
☐	**Beds easy to get in/out of?**	Electric, bed rails, mobility aids near
☐	**Bathroom/Tub easy to navigate?**	Slippery tub, shower seat, handrails, mats
☐	**Stove safe to use?**	Knobs work, legible settings, timer functional
☐	**Kitchen has proper storage?**	Labels, pot holders, fire extinguisher, Step stools
☐	**Smoke/CO detectors working?**	Functional, batteries present, clean
☐	**Pets secure? By: ☐ Pt ☐ SFMD**	Needs:
☐	**Actions needed? By: ☐ Pt ☐ SFMD**	Needs:
☐	**Actions Taken? By: ☐ Pt ☐ SFMD**	Needs:

_____ _____

Crew Member **Date**

_____ _____

Unit **Time**

DRAFT OF A HOME SAFETY ASSESSMENT CHECKLIST, (SURPRISE).

No. 4 of 10 Required Education Topics for Treat & Refer Program

Medical Training & Education	
Training Goal	*Strengthen the providers existing knowledge base of various disease processes and pathologies to better recognize, correctly treat, and recommend the most appropriate transport disposition and modality through online, offline or telemedicine medical direction.*
Learning Objectives	**Required for Initial Education (3hrs)** • Demonstrate differential diagnosis for illnesses covered under treat and refer algorithms • Successful completion of a behavioral health training to facilitate effective screening and referral • Review of Diabetes, COPD/CHF and the dialysis patient • Broadened review of pharmacology consistent with the treat and refer targets • Demonstrate enhanced patient assessment and communication techniques for explaining transport & disposition menu items to the patient • Demonstrate techniques in motivational interviewing • Demonstrate the "Teach-back" method • Explore techniques in patient activation and engagement • Identify, define and describe BLS and ALS provider roles within treat and refer **Required for Continued Education (1hr)** • Review the history & origin of treat and refer within EMS, to include a broad overview of the treat and refer process for new providers • Review strategies for team-based care principles • Demonstrate understanding of social and economic determinants of health
Learning Methods/Activities	• Didactic instruction, classroom discussions • Oral presentations, role-play scenarios in learning lab simulations • Case studies, clinical rotations, skills lab instruction
Documentation / Evidence of Learning	• Written assessments • Scenario evaluation • Clinical evaluation • Return demonstrations within skills lab
Evaluation	Written, clinical, skills lab and scenario assessment, supervisor, administrative medical director and peer review feedback will evaluate the provider's competence in this area.

From: *ARIZONA TREAT AND REFER PROGRAM: A monitored, community specific, and clinically grounded effort to enhance the healthcare continuum for Arizonans*, Phoenix: ADHS BEMSTS, 2016, p. 21.EMS Council and MDC Approved: May 19, 2016.

A number of specifics are called for in the "Medical Training & Education" required education module. Specific disease entities that are listed as requirements include behavioral health, diabetes, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), the dialysis patient and a broadened pharmacology review for each of the targeted diagnoses. In addition, the following are also required: motivational interviewing, the "teach-back" method, activating patient involvement and engagement and basic life support (BLS) and advanced life support (ALS) provider roles in Treat & Refer.

Since behavioral health is listed as a specific requirement of all Treat & Refer programs and it is not included as one of the required education modules, it will be presented in a special section titled "Required Behavioral Health Education" and included in Part I (Treat & Refer Core Education Model) Module IV, Medical Training & Education.

Examples of successful implementation of this module's education requirements for diabetes, COPD, CHF, pharmacology and motivational interviewing are presented on the following pages.

See the Golder Ranch overall curriculum plan for this education requirement. Note that the targeted diagnoses/conditions are COPD, CHF, diabetes, pneumonia (PNA), and post-myocardial infarction (MI), as well as behavioral health.

Medical Training and Education	
Training Goal	*Strengthen the providers existing knowledge base of various disease process and pathologies to better recognize, correctly treat, and recommend the most appropriate transport disposition and modality through online, offline, or telemedicine medical direction.*
Hours of Education	11.5
Learning Objectives	1. Demonstrate differential diagnosis for Behavioral Health, COPD, CHF, DM, PNA, MI 2. Demonstrate knowledge and proper application of Administrative Orders for Behavioral Health Transfer, COPD, CHF, DM, PNA, MI 3. Pharmacology review with focus on program disease processes
Learning Methods/Activities	1. Participation in Behavioral Health classroom delivery 2. Participation in COPD classroom delivery 3. Participation in CHF classroom delivery 4. Participation in DM classroom delivery 5. Participation in MI classroom delivery 6. Participation in PNA classroom delivery 7. Participation in Pharmacology Phacts classroom delivery 8. Case study and scenario discussion
Documentation/Evidence of Learning	1. Written Assessment 2. Preceptor Orientation in field
Evaluation	1. Preceptor orientation with live feedback and case scenarios. 2. Feedback and discussion with program manager on education and preceptorship

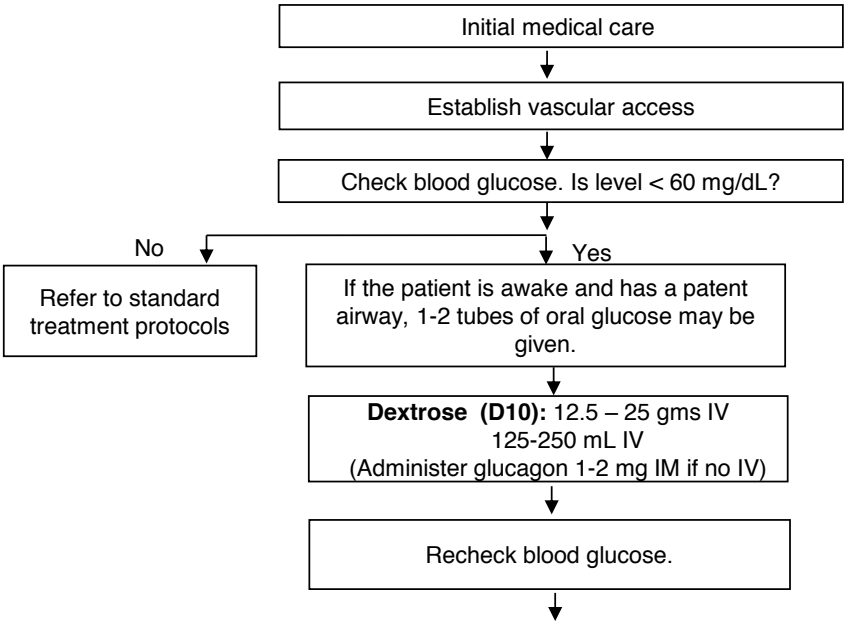
Chandler Fire Department - Treat and Refer Off-lines

IDDM Refusal without a Patch

(Non-trauma)

Adult (≥15 y/o)

This protocol is used for insulin dependant diabetic patients with altered mental status due to hypoglycemia, refusing transport, without a refusal patch. An **ECG and glucose check are required** on all patients with altered mental status.



If level > 80 mg/dl post treatment, patient may refuse without a patch if patient meets the following criteria, otherwise a patch is required for high risk refusal:

- Must be an IDDM **No use of long-acting insulin agents (Lantus, Levemir, NPH)
- No use of sulfonylureas (glipizide, glyburide, glucotrol, diabeta, glimepiride, amaryl, diabinese, tolinase, micronase, orinase, tol-tab, glycron, duatact, glynasel prestab, glucovance, avandaryl, chlorptopamide, metaglip, tolbutamide, tolazamide etc.)
- Return to normal mentation within 10 min of glucose administration
- Post treatment glucose > 80
- Tolerates PO and has eaten a snack before EMS departure
- Normal Vital Signs
- No complicating factors
- Able to follow up with PCP

A DIABETES STANDING ORDER/ALGORITHM BY CHANDLER. THE CLINICAL DETAILS OF ALL STANDING ORDERS VARY FROM ONE AGENCY TO ANOTHER BASED ON THE CONCERNS OF THE ADMINISTRATIVE MEDICAL DIRECTORS.

GOLDER RANCH FIRE DISTRICT CIHP
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)
ADMINISTRATIVE ORDER

Use this AO for all participants referred into the CIHP for Chronic Obstructive Pulmonary Disease (COPD)

↓

All participants referred in for this condition shall receive the following evaluations on each visit:

- A full set of Vital Signs - including temperature and FSBG
- 12 lead EKG
- Weight
- Lung Sounds
- Smoking Cessation - information/progress

↓

Follow up with participant on discharge orders to ensure compliance.

↓

Obtain participant's CO2 and SPO2 to establish baseline & identify trends.

↓

If Pt experiencing SOB or Difficulty Breathing:

- Administer SVN per EMS Respiratory Administrative Order
- **Follow up home visit within 24 hours**

↓

If SOB or Difficulty Breathing problems persist:

- Administer 125mg Solumedrol IVP*
  *Particularly after 2000 as this will help the patient get through the night.
- **Follow up home visit within 24 hours**

↓

If the Patient condition is stable:
Schedule next home visit.

↓

If Patient condition is stable, but declining based on trends & assessment:
Advise Primary Care Physician to schedule office visit and confirm access and availability to transportation

↓

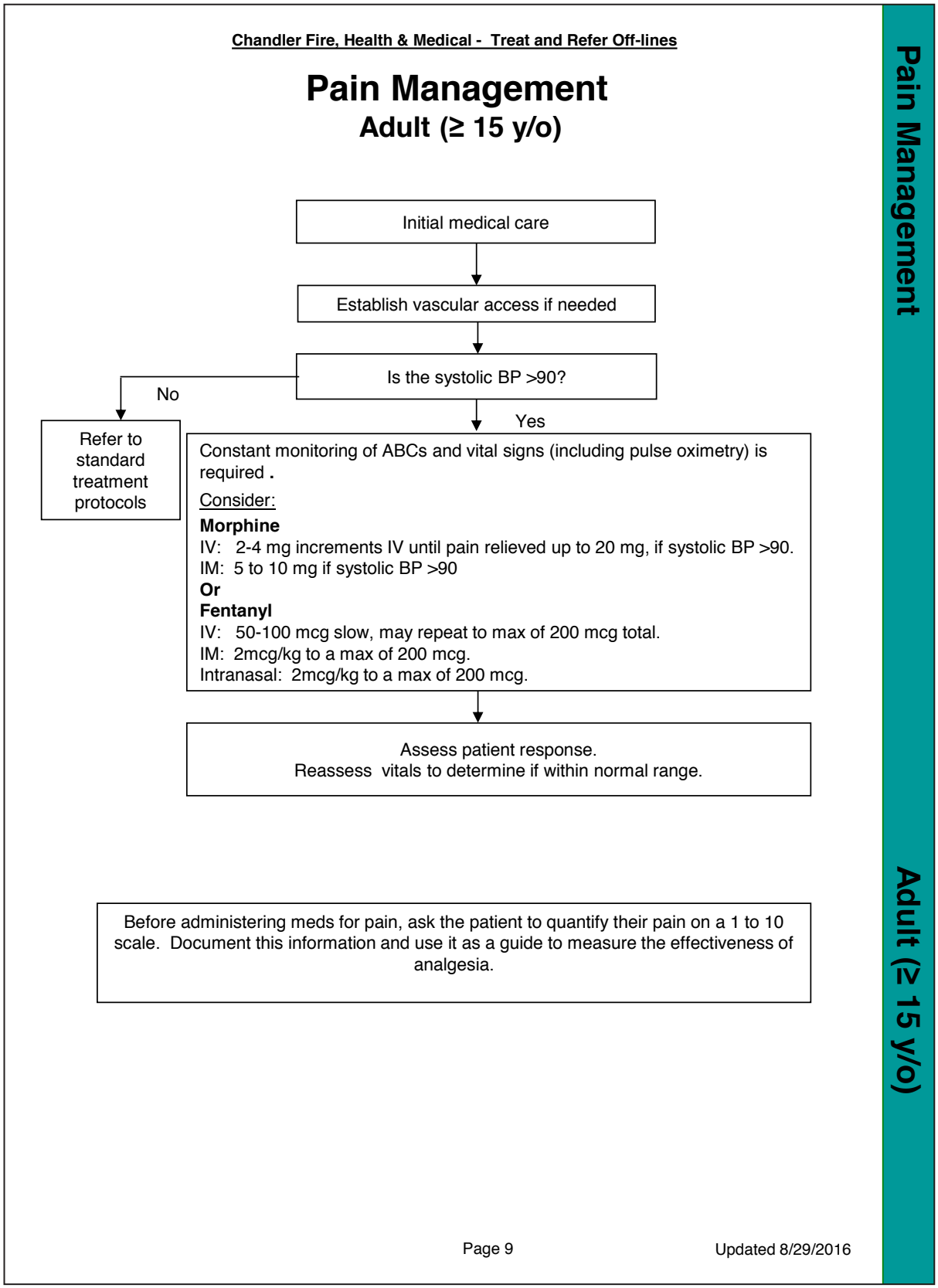
If Patient condition is stable, but declining based on trends & assessment and PCP office visit unavailable:
Advise, arrange for, or transport patient to Urgent Care facility**.**

↓

If the Patient is having an acute medical emergency:
Advise dispatch to start an appropriate response to your location, follow up with the patient to the ED.
Advise PCP.

EXAMPLE OF AN ADMINISTRATIVE MEDICAL ORDER/DECISION ALGORITHM FOR COPD, AS DEVELOPED BY GOLDER RANCH COMMUNITY INTEGRATED HEALTHCARE PROGRAM, INCLUDED HERE AS AN EXAMPLE OF HOW AN EXISTING CP PROGRAM MAY BE INTEGRATED IN THE TREAT & REFER PROCESS. NOTE: TREAT & REFER PROTOCOLS MUST BE INITIATED BY A 911/EMS CALL FOR SERVICE.

Some EMS agencies have added other diagnosis/condition targets to their Treat & Refer plan. See the Chandler algorithm on "pain management."



Below is another example of a standing order/decision algorithm for an additional diagnostic target. This one on "Dehydration and Heat Related Illness" is from Surprise.

Treat and referral of appropriate patients with non-life threatening complaints to an Urgent care, Clinic, Physician Office, etc.

SCOPE: **Treat & Refer – Dehydration & Heat Related Illness**

Written/Reviewed 3/1/2016

Developed by:
Garth Gemar, MD, Administrative Medical Director
Jesus Rivera, CEP, EMS Battalion Chief

Target Patient Population: Adult patients at stadium venues complaining of dehydration or heat-related issues

Initial Medical Care Includes:

- Scene Safety
- BSI precautions
- Initial Assessment
- Patient position
- Loosen/remove clothing
- Stabilize fractures
- Obtain SAMPLE history
- OPQRST
- Document exceptions
- Obtain vital signs
- Repeat vitals at 10 min.

Paramedic Only

- Attach ECG monitor
- 12 lead if indicated
- Establish vascular access

Reference the following normal range when determining patient's ability to sign release without Medical Control.

- Temp* < 101
- Respirations 10 to 24
- BP 90 to 160 systolic, 60 to 110 diastolic
- Pulse 60 to 110
- Pain Scale 0 – 5

Release Information:

- Pt name, age (DOB)
- Medical History
- (2) sets of vital signs
- Chief Complaint
- Mental status (GCS)
- Physical exam findings
- Reason for release
- Signed release form
- Advice given
- Pt understands risks
- Pt understands outcome if advice is not followed

Initial Medical Care

Establish vascular access if rapid replenishment of intravascular volume is indicated. Oral fluids if symptoms and signs are mild and nausea and vomiting not present.

Consider transport to ED if temp > 102.5 AND Pulse is > 150 as progression to actual heat stroke could be in progress.

Crystalloid fluid replenishment

If B/P is < 100 systolic OR pulse > 120, consider fluid bolus 20cc/kg NS/LR.

Monitor response. Reassess vital signs.

If B/P is still < 100 systolic OR Pulse > 100 consider additional fluid bolus 10cc/kg to max amount of 30 cc/kg with suggestion of transport at this point.

Transport if after 30 cc/kg vitals are: Pulse > 100 OR temp > 101 OR BP < 90 Systolic after 30/cc/kg

Symptoms resolved: **YES**

Refer patient to seek additional care
Complete patient release w/ appropriate signatures
Obtain follow up information

Symptoms resolved: **NO**

Follow appropriate guidelines
Provide additional treatment as needed
Transport to appropriate facility

Treat and Refer Off-lines are to help assist patients in receiving an appropriate level of care. These off-lines do not pertain to patients currently in a health care facility with a higher level of care, i.e. Urgent Care, Clinic, Physician Office, etc. Transportation decisions for these patients require communication with the Provider and if the Paramedic's conclusion differs from the on-scene Provider, the Paramedic must call for a high risk refusal to the base hospital.

Approved By: Garth Gemar, MD, Administrative Medical Director _____

Effective Date: _____

No. 5 of 10 Required Education Topics for Treat & Refer Program

Special Patient Populations	
Training Goal	*Strengthen the providers existing knowledge base of patients of special populations, their specific disease processes, and correctly treat and recommend most appropriate means of transportation for the patient through online, offline protocols and telemedicine medical direction.*
Learning Objectives	**Required for Initial Education (2hrs)** • Assessment of special patient populations and corresponding pathologies • Assessment of the developmentally disabled patient and those requiring chronic-care and their corresponding pathologies • Review of medical technologies: chronic care patients, in-home treatment technologies **Required for Continued Education (1hr)** • Assessment of special patient populations and corresponding pathologies • Assessment of patients suffering from abuse and assault and their corresponding pathologies
Learning Methods/Activities	• Didactic instruction • Classroom discussions • Oral presentations • Role-play scenarios in learning lab simulations • Case studies • Clinical rotations • Skills lab instruction
Documentation / Evidence of Learning	• Written assessments • Scenario evaluation • Clinical evaluation • Return demonstration within skills lab
Evaluation	Written, clinical, skills lab and scenario assessment, supervisor, administrative medical director and peer review feedback will evaluate the providers' competence in this area.

From: *ARIZONA TREAT AND REFER PROGRAM: A monitored, community specific, and clinically grounded effort to enhance the healthcare continuum for Arizonans,* Phoenix: ADHS BEMSTS, 2016, p. 22. EMS Council and MDC Approved: May 19, 2016.

Below is a curriculum designed to meet the education requirements for "Special Patient Populations." Other departments might choose to define various special populations, such as pediatrics, geriatrics, patients with mental or developmental disorders, the homeless, the incarcerated, etc. and design specific education pertinent to those populations.

Special Patient Populations	
Training Goal	*Strengthen the providers existing knowledge base of patients of special populations, their specific disease processes, and correctly treat recommend most appropriate means of transportation for the patient through online, offline protocols and telemedicine medical direction.*
Hours of Education	61.0
Learning Objectives	1. Learn nutritional considerations for patients with COPD, CHF, DM, MI, and PNA 2. Develop strategies to assist patients with nutritional education 3. Educate patients on nutritional considerations related to COPD, CHF, DM, MI, and PNA
Learning Methods/Activities	1. Completion of FSN127 class at Pima Community College 2. Didactic and laboratory learning 3. Participation in Smoking Cessation Class
Documentation/Evidence of Learning	1. Presentation of transcript reflecting a "B" grade or better from Pima Community College
Evaluation	1. Preceptor orientation with live feedback and case scenarios. 2. Feedback and discussion with program manager on education and preceptorship

GOLDER RANCH FIRE DISTRICT.

No. 6 of 10 Required Education Topics for Treat & Refer Program

Patient Follow-up	
Training Goal	*Educate the provider to the various methods of patient follow-up, its importance, and the specific components required for being a treat and refer provider*
Learning Objectives	**Required for Initial Education (1hrs)** **Recommended for Continued Education (1hrs)** • Patient follow-up thresholds required for treat and refer • Specific data to collect when performing patient following up • Who can perform follow-up within the specific agency participating in treat and refer • How to utilize patient follow-up information to improve the treat and refer program
Learning Methods/Activities	• Didactic instruction • Classroom discussions • Oral presentations • Role-play scenarios in learning lab simulations • Case studies
Documentation / Evidence of Learning	• Written assessments • Scenario evaluation
Evaluation	Written and scenario assessment, supervisor, administrative medical director and peer review feedback will evaluate the providers competence in this area.

From: *ARIZONA TREAT AND REFER PROGRAM: A monitored, community specific, and clinically grounded effort to enhance the healthcare continuum for Arizonans,* Phoenix: ADHS BEMSTS, 2016, p. 23. EMS Council and MDC Approved: May 19, 2016.

Once the system for patient follow-up is designed and tested, it becomes the basis for the minimum one-hour education requirement defined here. Below is an example of a curriculum design for this education requirement from Golder Ranch.

Patient Follow Up	
Training Goal	*Educate the provider to the various methods of patient follow-up, its importance, and the specific components required for a treat and refer provider*
Hours of Education	1.5
Learning Objectives	1. Patient follow up requirements for the CIHP 2. Home visit algorithm 3. Phone follow up eligibility and scripted communication
Learning Methods/Activities	1. Participation in COPD classroom delivery 2. Participation in CHF classroom delivery 3. Participation in DM classroom delivery 4. Participation in MI classroom delivery 5. Participation in PNA classroom delivery
Documentation/Evidence of Learning	1. Written assessment 2. Preceptor Orientation in field
Evaluation	1. Preceptor orientation with live feedback and case scenarios. 2. Feedback and discussion with program manager on education and preceptorship

GOLDER RANCH FIRE DISTRICT EXAMPLE.

The following process is used by Chandler for patient follow-up. In the classroom, after the system components are presented, the educator may elect to present case scenarios and encourage small group discussion on aspects of how they would implement the details of the follow-up plan, given such case scenarios.

TREAT & REFER FOLLOW-UP PROCESS

1. Call originates in the 911 system and is identified by the o/s crew as falling within the Treat & Refer guidelines.

2. Treat & Refer guideline is used and documented using ePCR

- ePCR is compatible with AZ-PIERS data sets
- Incident/Patient Disposition is documented as one of the following:
  - Response and Treatment, no Transport
  - Treat at home, refer to PCP/specialist
  - Treat at home, refer to Crisis Response
  - Treat at home, refer to behavioral health provider
  - Treat at home, refer to Urgent Care

3. The next work day the following information is transferred into a spreadsheet for the Community Paramedics

- Date of service
- Incident #
- Incident/Patient Disposition
- # of calls within the previous 6 months (excluding current incident)
- First and Last Names
- Gender
- DOB
- Age
- Contact Phone Number(s)
- Pt Address (including City)

4. The Community Paramedics then review each chart and designate it for follow-up using one of the following categories for the type of follow-up needed:

- Phone (CP)
- In-person (CP)
- Crisis Response (They determine phone, in-person, or if they have already followed up)
- No contact available

5. Contact efforts and results are tracked through the same spreadsheet

6. Patient is given or mailed a customer satisfaction survey with return addressed and postage paid envelope with the following questions: (Each survey has a unique number identifier for matching call information if needed. This will be helpful if there is a problem and to watch particular call types or Treat & Refer algorithms for needed changes)

TREAT & REFER CUSTOMER SATISFACTION SURVEY QUESTIONS

1. **After the crew's initial response, did you seek additional medical attention?**

2. **How soon after the crew's initial response was additional medical attention received?**

3. **If additional medical attention was received, please indicate at what type of facility.**
   - PCP
   - Urgent Care
   - Emergency Room
   - Other _____

4. **Who made the decision that an ambulance transport was not necessary for this situation?**
   - You made the decision on your own.
   - You arrived at that decision mutually with the paramedic.

The following questions are rated on a scale of 1 – 9, 1 being not at all or never and 9 being continually or completely.

5. **During the emergency visit, how often did the crew treat you with courtesy and respect?**

6. **During the emergency visit, how often did the crew listen carefully to you?**

7. **To what degree do you feel that the crew provided you with compassionate, personalized care?**

8. **During the emergency visit, did the crew explain the treatment options in a way you could understand?**

9. **To what degree do you feel comfortable with the treatment options that were presented?**

10. **How satisfied are you with your choice to not utilize an ambulance in this emergency?**

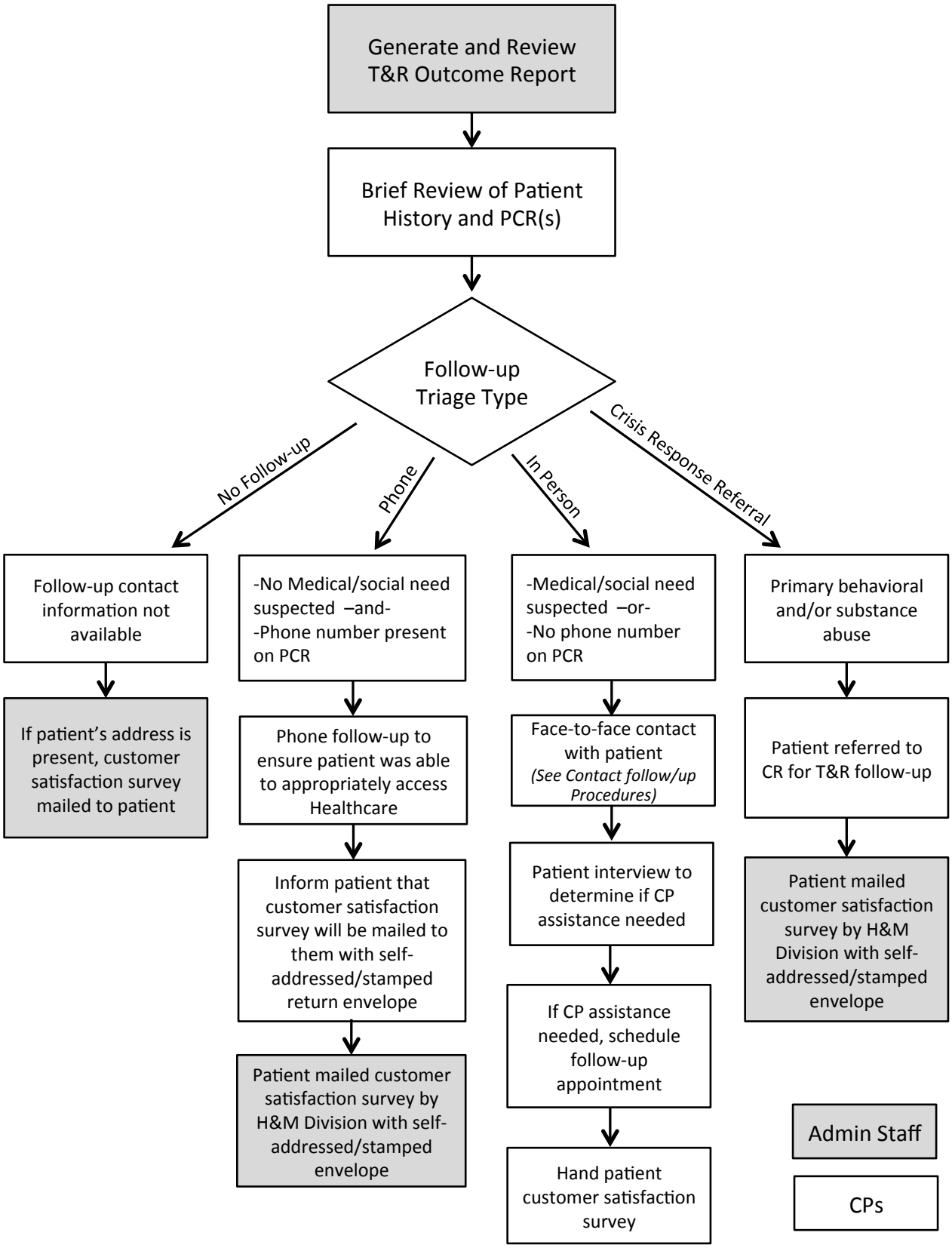
11. **After your initial emergency visit, our community paramedic followed up with you. How positive was this follow up experience?**

The survey sheet then has a comments section for the patient to add comments as desired.

- Survey responses are tracked on same spreadsheet as PCR info (step 3)
- Additionally - 100% QA on all Treat & Refer PCRs

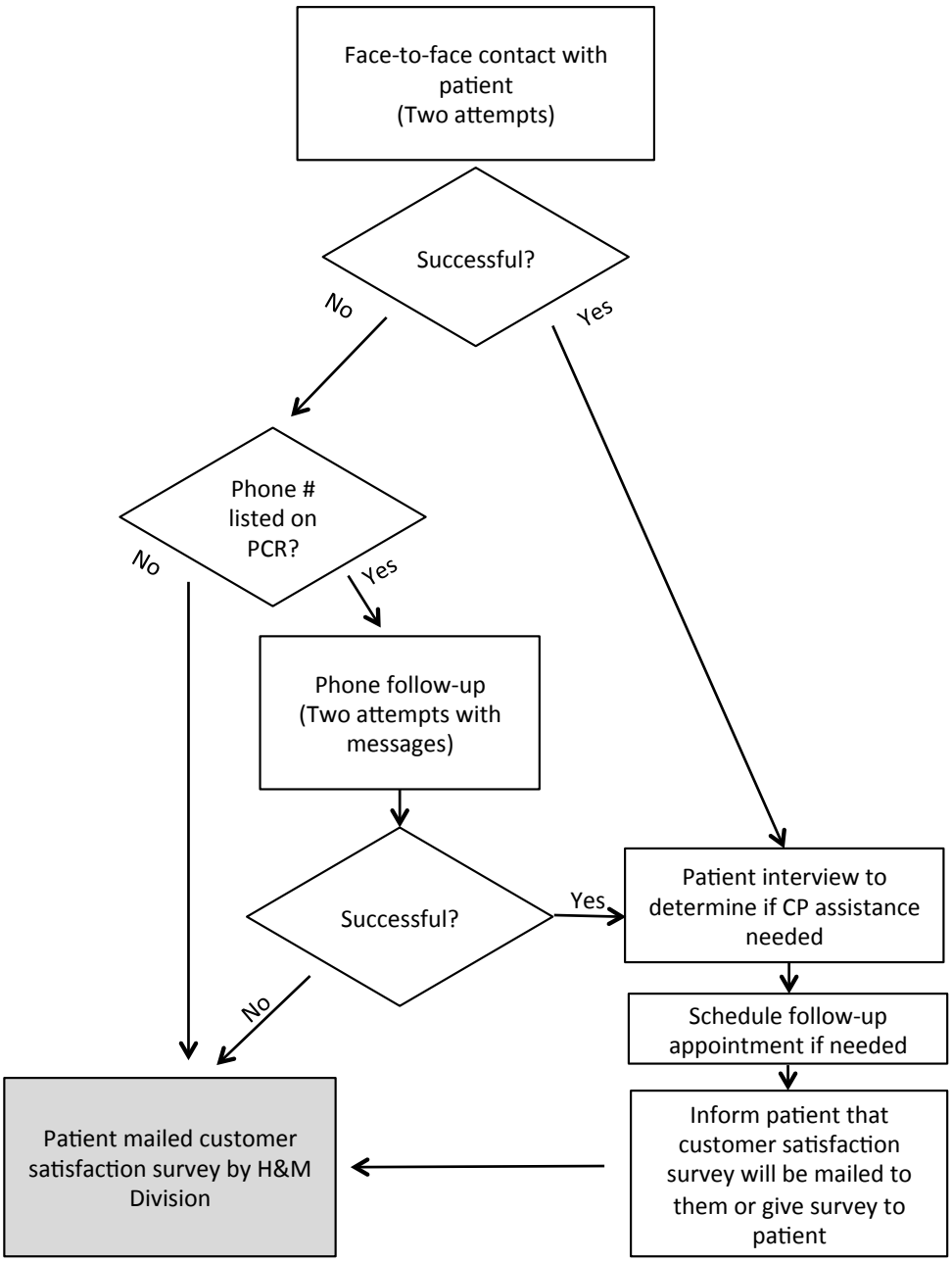
Example from Chandler.

TREAT & REFER FOLLOW-UP PROCEDURES FOR COMMUNITY PARAMEDICS

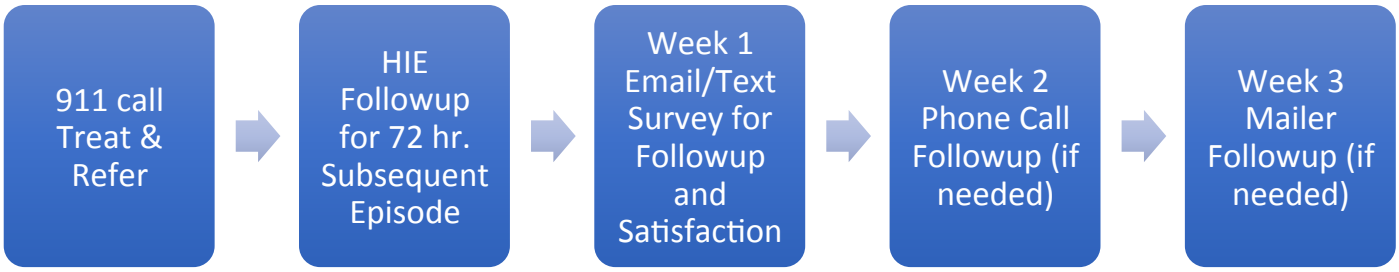


Example Follow-Up Procedures for Community Paramedicine.

COMMUNITY PARAMEDICS CONTACT FOLLOW-UP PROCEDURES FOR TREAT & REFER



Example Follow-Up Procedures for Community Paramedicine.



Example Follow-up Procedures for Treat & Refer Administration and Providers.

No. 7 of 10 Required Education Topics for Treat & Refer Program

Medical-Legal Considerations, Definitions & Documentation	
Training Goal	*Educate the provider to the legal considerations of treat and refer, clearly define all associated terms and concepts, and review of methods for legally sound documentation practices.*
Learning Objectives	**Required for Initial Education (2hrs)** **Required for Continued Education (1hrs)** • Legal considerations of referring a patient to an alternative destination other than the ED • Legal considerations of transporting a patient in an vehicle other than an ambulance • How treat and refer is one cog of the CIP wheel • Define treat and refer • Review scope of practice and how it pertains to treat and refer patient interactions • Define Treat and Release • Review medical/legal considerations in EMS • Review components of legally sound and accurate patient care reports and charting within the HIE program as it becomes available • Considerations when patients refuse treat and refer plans of care
Learning Methods/Activities	• Didactic instruction, Classroom discussions • Oral presentations, Role-play scenarios in learning lab simulations, Case studies
Documentation / Evidence of Learning	• Written assessments • Scenario evaluation
Evaluation	Written and scenario assessment, supervisor, administrative medical director and peer review feedback will evaluate the providers competence in this area.

From: *ARIZONA TREAT AND REFER PROGRAM: A monitored, community specific, and clinically grounded effort to enhance the healthcare continuum for Arizonans,* Phoenix: ADHS BEMSTS, 2016, p. 24.EMS Council and MDC Approved: May 19, 2016.

Documentation and Compliance	
Training Goal	*Educate the provider to the legal consideration of treat and refer, clearly define all associated terms and concepts, and review methods for legally sound documentation practices*
DHS Course Satisfaction and Hours Allocation	Medical-Legal Considerations, Definitions, and Documentation - 4.5 hours
Learning Objectives	1. Discuss the history of compliance and how they apply to the District 2. Review applicable federal laws and regulations regarding documentation and compliance 3. Discuss the overall impacts of compliance and how it applies to our organization 4. Learn DACHARTE documentation format and how to apply
Learning Methods/Activities	1. Participation in District Documentation and Compliance Program Training 2. Classroom discussion
Documentation/Evidence of Learning	1. Written assessment 2. Preceptor Orientation in field
Evaluation	1. Preceptor orientation with live feedback and case scenarios. 2. Feedback and discussion with program manager on education and preceptorship

AN EXAMPLE OF AN EDUCATIONAL CURRICULUM TITLED "DOCUMENTATION AND COMPLIANCE," FROM GOLDER RANCH DESIGNED TO FULFILL THE "MEDICAL-LEGAL CONSIDERATIONS, DEFINITIONS & DOCUMENTATION" EDUCATION REQUIREMENT. GOLDER RANCH HAS EXPANDED THE MINIMUM TWO-HOUR REQUIREMENT INTO A LOCAL PLAN CALLING FOR 4.5 HOURS OF EDUCATION AND 1 HOUR OF ANNUAL CONTINUING EDUCATION.

No. 8 of 10 Required Education Topics for Treat & Refer Program

Information Exchange & Collaboration	
Training Goal	*Educate the provider to the necessity of accurate and timely exchange of information for data collection. Educate the provider to accessibility options for information sharing with collaborative partners within the patient's healthcare team while ensuring adherence to HIPPA and other patient centered regulations.*
Learning Objectives	**Required for Initial Education (1hr)** **Recommended for Continued Education (1hr)** • Data collection parameters for treat and refer through ePCR/AZ-PIERS and other data systems (when available) • Overview of Health Information Exchange program (when available) • Importance of collaborating with partners within the patient's healthcare team • HIPAA legislation
Learning Methods/Activities	• Didactic instruction • Classroom discussions • Oral presentations • Role-play scenarios in learning lab simulations • Case studies • Review of ePCR/AZ-PIERS and Health Exchange programs/software
Documentation / Evidence of Learning	• Written assessments • Scenario evaluation • Demonstrated competence in use of ePCR/AZ-PIERS and Health Exchange programs/software
Evaluation	Written and scenario assessment, supervisor, administrative medical director and peer review feedback will evaluate the providers competence in this area.

From: *ARIZONA TREAT AND REFER PROGRAM: A monitored, community specific, and clinically grounded effort to enhance the healthcare continuum for Arizonans,* Phoenix: ADHS BEMSTS, 2016, p. 25.EMS Council and MDC Approved: May 19, 2016.

This educational module should include case definitions for data collection, the plan for Treat & Refer data collection, use of mobile computer devices, entry of data into the database, use of the data, review of the Electronic Patient Care Record (ePCR)/AZ-PIERS and Health Exchange programs and software and submission requirements for a statewide Treat & Refer database.

Information Exchange and Collaboration	
Training Goal	*Educate the provider to the necessity of accurate and timely exchange of information and data collection. Educate the provider to accessibility options for information sharing with colligative patterns with the patient's healthcare team while ensuring adherence to HIPAA and other patient centered regulations.*
Hours of Education	1.0
Learning Objectives	1. Discuss the utilization and functionality of Zoll EMS Mobile Health Application 2. Demonstrate the ability to create a patient record 3. Demonstrate the ability to enter an interaction 4. Demonstrate the ability to generate a hard copy report, request permission for Physician access to electronic record 4. Demonstrate knowledge of Behavioral Transfer form and proper routing of information
Learning Methods/Activities	1. Participation in Behavioral Health classroom delivery 2. Participation in COPD classroom delivery 3. Participation in CHF classroom delivery 4. Participation in DM classroom delivery 5. Participation in MI classroom delivery 6. Participation in PNA classroom delivery
Documentation/Evidence of Learning	1. Written assessment 2. Preceptor Orientation in field
Evaluation	1. Preceptor orientation with live feedback and case scenarios. 2. Feedback and discussion with program manager on education and preceptorship

GOLDER RANCH EXAMPLE.

No. 9 of 10 Required Education Topics for Treat & Refer Program

Public Education	
Training Goal	*Educate the provider to maintain a dialogue with the public of how treat and refer meets the IHI's Triple Aim.*
Learning Objectives	**Required for Initial Education & Recommended for Continued Education (0.5hr)** • Patient education and teaching of various transportation options based on patient condition • Patient education and teaching of various treatment facilities based on patient condition **Recommended for Continued Education (1hr)** • Educating the public on the importance of increased efficiency of patient transports to meet the IHI Triple Aim • State/region wide training packets for physician groups, receiving agencies
Learning Methods/Activities	• Didactic instruction • Classroom discussions • Oral presentations • Role-play scenarios in learning lab simulations • Case studies
Documentation / Evidence of Learning	• Written assessments • Scenario evaluation
Evaluation	Written and scenario assessment, supervisor, administrative Medical Director and peer review feedback will evaluate the providers competence in this area.

From: *ARIZONA TREAT AND REFER PROGRAM: A monitored, community specific, and clinically grounded effort to enhance the healthcare continuum for Arizonans,* Phoenix: ADHS BEMSTS, 2016, p. 26.EMS Council and MDC Approved: May 19, 2016.

This requirement requires a plan for educating the public about the availability and use of the Treat & Refer program to meet public needs (option of non-ambulance transport to alternative treatment access points), the Community Paramedicine program (if implemented), and how these new developments in EMS are designed for public benefit. How a member of the public can access these services should be included.

Public Education	
Training Goal	*Educate the provider to maintain a dialogue with the public of how treat and refer meets the IHI's Triple Aim.*
Hours of Education	1.0
Learning Objectives	1. Discuss the history of need for Community Paramedic programs 2. Discussion of benefits of community paramedicine for patient and hospitals 3. Assessing patients for education needs, barriers and how to overcome these 4. Assessing retention of patient education
Learning Methods/Activities	1. Participation in the Community Paramedicine classroom delivery 2. Didactic Instruction, classroom discussion 3. Case studies
Documentation/Evidence of Learning	1. Written assessment 2. Preceptor Orientation in field
Evaluation	1. Preceptor orientation with live feedback and case scenarios. 2. Feedback and discussion with program manager on education and preceptorship

GOLDER RANCH EXAMPLE.

No. 10 of 10 Required Education Topics for Treat & Refer Program

Recommended Education Framework for Administrative Medical Directors	
Training Goal	Educate the administrative medical director of the need for increased involvement and oversight of agencies providing treat and refer services. Explore online medical direction, offline protocols, and telemedicine opportunities as they become available.
Learning Objectives	Supplement current medical direction knowledge base with special focus on the following topics: • Healthcare Equity • Improving Patient Activation and Engagement • Medical research on alternate destination selection, safety, and economics • Healthcare literacy • Team-Based care principles • Social and economic determinants of health • Characteristics of frequent users of the healthcare system Attend one (1) NAEMSP Medical Directors course for new Medical Directors
Learning Methods/Activities	Recommended: • Synchronous and asynchronous accreditation courses • NAEMSP Medical Direction course Alternatives: • Suggested readings • FEMA USFA Medical Directors Handbook
Documentation / Evidence of Learning	Documentation of EMS Board Certification or of Emergency Medicine Fellowship; Statement of attestation on file with AZDHS/BEMSTSS

From: *ARIZONA TREAT AND REFER PROGRAM: A monitored, community specific, and clinically grounded effort to enhance the healthcare continuum for Arizonans,* Phoenix: ADHS BEMSTS, 2016, p. 27.EMS Council and MDC Approved: May 19, 2016.

Methods of meeting this last education requirement — "Recommended Education Framework for Administrative Medical Directors" — will vary from one EMS agency to the next. The plan is to meet the education needs of the individual administrative medical director of the agency.

The National Association of EMS Physicians (NAEMSP) "Medical Direction" course and relevant workshops and presentations at the NAEMSP annual meeting can also provide excellent education for the medical director relevant to Treat & Refer and CP. For example, the 2017 NAEMSP annual meeting included an all-day workshop on Mobile Integrated Health/Community Paramedicine.

Documentation of individual study of relevant literature and the *Federal Emergency Management Agency United States Fire Administration (FEMA USFA) Medical Directors Handbook* may also count toward this required education. EMS Board Certification, an EMS Fellowship, and an Emergency Medicine Residency also may count toward this education requirement. Publication on relevant topics in the EMS literature and participation as a faculty presenter in an EMS Fellowship are also likely to be credited.

The medical director is encouraged to work with ADHS to help define a personal education plan to meet this requirement.

Required Behavioral Health Education

Though "Behavioral Health" is not one of the required education topics, it is specifically listed as a requirement (See *Manual*, pg 4).

Details of how the behavioral health system works will vary in different parts of the state. The following is an example of the curriculum design used by Golder Ranch.

Behavioral Health Transfer	
Training Goal	*Educate medically certified personnel, including Community Integrated Paramedics on the crisis system, alternative care plans for patients in behavioral health crisis, and interaction with the Crisis Mobile Team*
DHS Course Satisfaction and Hours Allocation	Patient Transport - 10 minutes, Transport Destinations - 10 minutes, Medical Training and Education - 2 hours, Information Exchange and Collaboration - 10 minutes
Learning Objectives	1. Learn about the Cenpatico IC Crisis System 2. Explore how crisis and emergency services systems overlap/integrate 3. Understand the function of the Crisis Line 4. Explain how to activate the crisis mobile team 5. Review steps to resolving a crisis issue 6. Review and discuss Administrative Order, Documentation and Reproting Requirements
Learning Methods/Activities	1. Power point presentation 2. Classroom discussion 3. Online learning
Documentation/Evidence of Learning	1. Classroom Discussion 2. Preceptor Orientation in field
Evaluation	1. Preceptor orientation with live feedback and case scenarios. 2. Feedback and discussion with program manager on education and preceptorship

The *Manual* (pg 4) states: "Standing orders for each complaint or disease process targeted by an agency's Treat & Refer program, including as a requirement, a standing order for behavioral health assessments and referrals." Sample administrative medical director standing orders for behavioral medicine are provided for reference. Lesson planning is included in Part I (Treat & Refer Core Education Model) Module IV, Medical Training & Education.

BEHAVIORAL TRANSFER ADMINISTRATIVE ORDER

While en route to a dispatch reference that is behavioral in nature, contact the Crisis Mobile Team at 520-622-6000. Provide agency (Golder Ranch Fire), name, unit number, address and nature of incident, your ETA to arrive on-scene, and that you need a Crisis Mobile Team response.

Assess for immediate danger:
Protect yourself and others
Protect patient from injury
Summon Law Enforcement as needed
Provide staging information to CMT if needed

Upon arrival on scene initiate immediate supportive care:
O2 to maintain sat >90%
Complete primary and secondary survey as indicated
Cardiac Monitor, V/S including FSBG and temperature as indicated

Use AO's on patients of any age* with these symptoms:
Suicidal ideation/gesturing
Acute psychological complaint
Verbalizes danger to self or others
No identified acute medical needs

If no acute medical need exists, V/S are within normal limits, and complaints are behavioral in nature:
Advise the patient that a behavioral health team is responding and ask if they would prefer care by that team.

YES

- Ensure the patient passes a cognitive screen and CMS survey
- Transfer care to CMT when they arrive on scene
- Complete transfer form and attach a scanned copy to ePCR
- Hard Copy of transfer form should be sent to EMS BC
- Outcome is "Treated and Referred"

NO

- Transport at the BLS Level of care to closest facility or patient's destination of choice and follow the **Behavioral AO.**

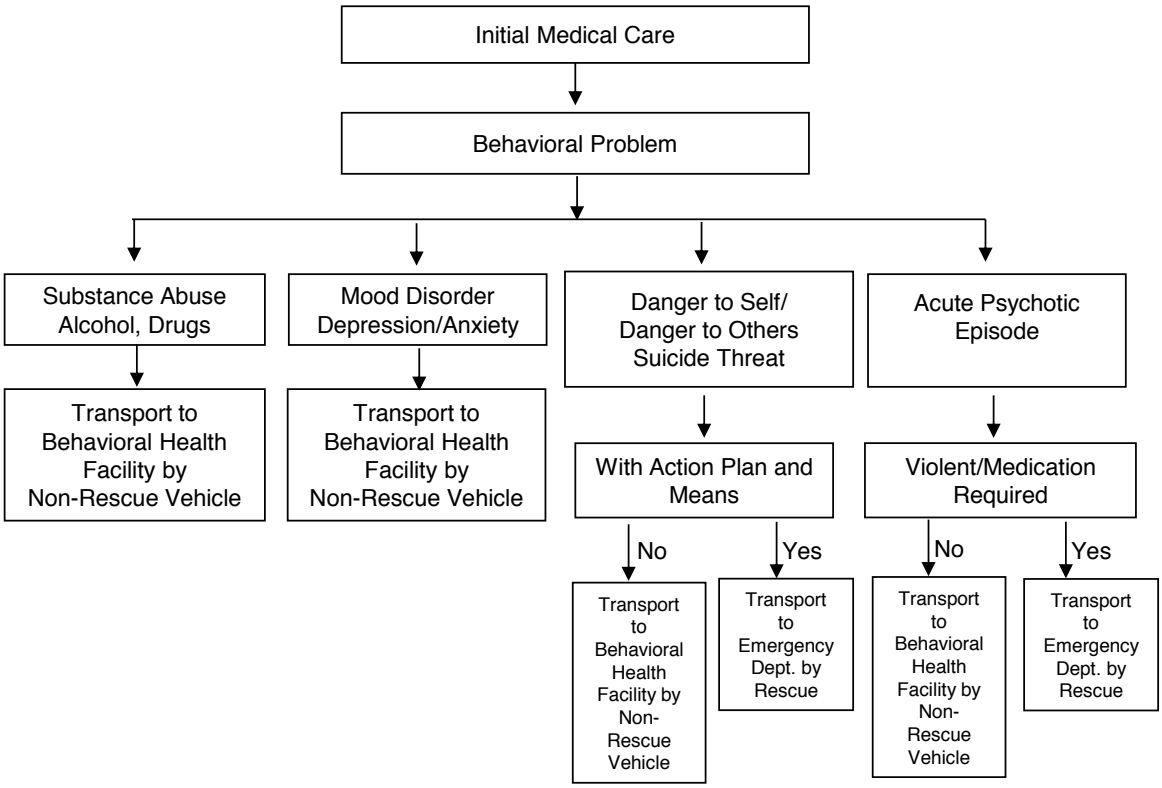
***If patient is minor and is not emancipated, parental consent needs to be provided in order for the CMT to receive the patient.**

06/2016

BEHAVIORAL HEALTH STANDING ORDER/ALGORITHM FROM GOLDER RANCH.

Chandler Fire, Health & Medical - Treat and Refer Off-lines

Behavioral Health Patient Management
Adult (≥ 15 y/o)



****Transfer to Behavioral Health Facility (access point) must be voluntary ****

Exclusion Criteria for Transfer to BHF:

- Current complaint of Chest Pain
- Any new medical condition or complaint requiring medical evaluation
- Any new injury or wounds requiring medical evaluation
- Any ingestion or questionable ingestion (other than normally prescribed medication in appropriate prescribed dose)
- Need for medical IV for any reason or have a catheter in place
- Medication administration by EMS
- Combative/violent
- Unable to perform activities of daily living due to medical or physical limitations.

When in doubt contact on-line medical direction.

Updated 8/29/2016

EXAMPLE OF A TREAT AND REFER STANDING ORDER/ALGORITHM, FROM CHANDLER.

BEHAVIORAL FACILITY VOLUNTARY PATIENTS	Community Bridges (877) 931-9142 (623) 999-9999 Fax 824 N 99th Ave Avondale, AZ 85323 ID: UNB0009	Community Bridges Central City (602) 273-9999 (602) 286-9200 Fax 2770 E Van Buren Phoenix, AZ 85008 ID: UNB0010	CPEC (877) 931-9142 (222) 222-2222 Fax 358 E Javalina Ave Mesa, AZ 85201 ID: UNB0012	Crisis Response Network (602) 222-9444 Hot (602) 347-1100 Warm (602) 222-9444 Maricopa COUNTY CRISIS LINE ID: MBL0001	Recovery Innovations (602) 636-4605 (623) 972-6173 Fax 11361 N 99th Ave #402 Peoria, AZ 85345 ID: UNB0007	UPC Connections AZ (602) 416-7600 (602) 253-5120 Fax 1201 S 7th St. Suite 150 Phoenix, AZ 85007 ID: UNB0013	POLICE PROGRAM (CIT) SPECIAL CALL *(Criteria Needed)* 1. Danger to Self 2. Behavioral Condition 3. NON-VOLUNTARY	Homeless Services Outreach Team PATH Outreach Mobile 844-691-5948 M-F 8am-5pm
< 12 Yrs Guardian Required				X				
13-17 yrs Guardian Required				X				
18 yrs + Adult	X	X		X	X		X	X
60+ Senior Program	X	X		X	X			
Wheelchair Patient (unable to self-transfer)				X - with support stabilize at home				
Detox Facility	X	X		X				
Warm Line 24/7 Low Acuity Referral				X (602) 347-1100				
HOT (CRISIS) LINE EMS call for service				X (602) 222-9444				
Mobile Team				X			X	
Transport Capable				X			X	
MMIC Funded	X	X		X	X	X	X	
PHARMACY	X							
UNIFORM SERVICES (Military, PD, FIRE)								
INPATIENT SERVICES								
OUTPATIENT SERVICES								
PHONE CALL REQUIRED	NO WRONG DOOR	NO WRONG DOOR		X - Identify Agency Ask for Supervisor	NO WRONG DOOR			
NON-VOLUNTARY *UTILIZE PD PROGRAM*					X		X	

PART ONE SAMPLE BEHAVIORAL HEALTH REFERRAL AGENCY LIST USED BY SURPRISE. LAMINATED COPIES ARE GIVEN TO STUDENTS AS HANDOUTS AND FOR FIELD USE. (CONTINUED ON NEXT PAGE).

BEHAVIORAL FACILITY **VOLUNTARY PATIENTS**	**Aurora East** **(480) 345-5420** **(480) 345-5450 Fax** **6350 S. Maple Ave** **Tempe, AZ 85283** **ID: MED4247** **INSURANCE ACCEPTED**	**Aurora West** **(480) 345-5420** **(480) 345-5450 Fax** **6015 W Peoria Ave** **Glendale, AZ 85302** **ID: MED3301** **INSURANCE ACCEPTED**	**Oasis Behavioral Health Hospital** **(480) 281-5055** **(480) 917-0505Fax** **2190 N. Grace Blvd** **Chandler, AZ 85225** **ID: MED 5523** **INSURANCE ACCEPTED**	**Quail Run** **(602) 455-5694** **2545 W Quail Ave** **Phoenix, AZ** **85027** **ID: MED5753** **INSURANCE ACCEPTED**	**St. Luke's PHOENIX** **(602) 251-8183** **(602) 251-8365 Fax** **1800 E Van Buren St** **Phoenix, AZ 85006** **ID: MED0234** **INSURANCE ACCEPTED**
< 12 Yrs **Guardian Required**			**X (11-17)**		**X**
13-17 yrs **Guardian Required**	**X**	**X**	**X (11-17)**	**X**	**X**
18 yrs + Adult	**X**	**X**	**X**	**X**	**X**
60+ Senior Program	**X**	**X**	**X**	**X**	
Wheelchair Patient **(unable to self-transfer)**					**X**
Detox Facility	**X**	**X**	**X**	**X**	**X**
Warm Line 24/7 **Low Acuity Referral**	**X (480) 345-5420**	**X (480) 345-5420**	**X**		
HOT (CRISIS) LINE **EMS call for service**	**X (480) 345-5420**	**X (480) 345-5420**	**X (480)281-5055**		
Mobile Team					
Transport Capable					
MMIC Insurance accepted			**X**		
Insurance Needed	**X**	**X**	**X**	**X**	**X**
UNIFORM SERVICES **(Military, PD, FIRE)**	**X**	**X**	**X (Tri-Care)**		
INPATIENT SERVICES	**X**	**X**	**X**	**X**	**X**
OUTPATIENT SERVICES	**X**	**X**	**X**	**X**	**X**
PHONE CALL REQUIRED	**X**	**X**	**X**	**X**	**X**
NON-VOLUNTARY *UTILIZE PD PROGRAM*					

PART TWO BEHAVIORAL HEALTH REFERRAL AGENCY LIST USED BY SURPRISE. LAMINATED COPIES ARE GIVEN TO STUDENTS AS HANDOUTS AND FOR FIELD USE.

Overall Curriculum for a Treat & Refer Program

ARIZONA TREAT & REFER RECOGNITION CORE EDUCATION REQUIREMENTS

Core Module	Initial Hours REQUIRED	Golder Ranch Completed	Chandler Completed	Surprise Completed
I. Patient Transportation	0.5 REQUIRED	1	2	0.5
II. Transport Destinations	1 REQUIRED	1		1
III. Patient Risk Assessment	1 REQUIRED	1	*	1
IV. Medical Training & Education	3 REQUIRED	11.5 (including CP training)	16	3
V. Special Patient Populations	2 REQUIRED	61 (including CP training)	4	2
VI. Patient Follow-up	1 REQUIRED	1.5	**	1
VII. Medical-Legal Considerations, Definitions & Documentation	2 REQUIRED	4.5	2.5	3
VIII. Information Exchange & Collaboration	1 REQUIRED	1	1	1
IX. Public Education	0.5 REQUIRED	2	0.5	1
Total (some models include CP cross-training)	**12**	**84.5** (including CP training)	**26**	**13.5**

* Patient Risk Assessment training done with Community Paramedics only as part of their ongoing CP education.
** Patient Follow-up processes taught to Community Paramedics and office staff attached to the processes.
Hours in both of these areas exceeded the minimum substantially.

The following table presents An example of Treat & Refer curricula hours from Golder Ranch, Chandler and Surprise. Note that the option to exceed the minimum number of hours expected for many of the modules as topics are added for additional Treat & Refer guidelines or as part of enhanced CP service. Depending on the agency, Treat & Refer Scope, integration with other services and hours delivered will vary from the minimum requirement.

The following is a more detailed breakdown of a curriculum outline from Chandler.

The following is a more detailed breakdown of a curriculum outline from Chandler.

TREAT & REFER REQUIRED INITIAL EDUCATION MODULES EXAMPLE OUTLINE FROM CFHMD

Treat & Refer Training Module 1 - Patient Transportation (0.5 hrs)

- Educate the provider of various transportation modalities to ensure the most appropriate method of transport is identified and can be recommended to the Treat & Refer patient
  - Define and discuss the various patient transport modalities
  - Identify and discuss the abilities and limitations of each modality
  - Identify and discuss the medical qualifications for each
  - Discuss the importance and impact of referring to an in-network provider when that information is available

Treat & Refer Training Module 2 -Transportation Destinations (1 hrs)

- Educate the provider of transport destinations to include the emergency department, urgent care, primary care provider, detox centers, dialysis centers, in-patient psych treatment centers, community health centers and treatment at home with follow up from community paramedic
  - Define and discuss the various transport destinations
  - Identify and discuss the abilities and limitations of each

Treat & Refer Training Module 3 - Patient Risk Assessment (1 hrs)

- Educate the provider to assess the patient's living environment for immediate risks to patient's health, safety and well-being
  - Demonstrate the knowledge and skills required to assess a patient's home environment properly for safety hazards
  - Identify and describe community resources and referral processes available to patient

Treat & Refer Training Module 4 - Medical Training & Education (3 hrs)

- Strengthen the provider's existing knowledge base of various disease processes and pathologies to better recognize, correctly treat, and recommend the most appropriate transport disposition and modality through online, offline protocols or telemedicine medical direction
  - Demonstrate differential diagnosis for illnesses covered under Treat & Refer algorithms
  - Successful completion of behavioral health training to facilitate effective screening and referral
  - Review of Diabetes
  - Review of COPD/CHF
  - Review of the dialysis patient
  - Broadened review of pharmacology consistent with the Treat & Refer targets
  - Demonstrate enhanced patient assessment and communication techniques for explaining transport & disposition menu items to the patient
  - Demonstrate techniques in motivational interviewing
  - Demonstrate the "teach-back" method
  - Explore techniques in patient activation and engagement
  - Identify, define and describe BLS and ALS provider roles within Treat & Refer

Treat & Refer Training Module 5 - Special Patient Populations (2 hrs)

- Strengthen the provider's existing knowledge base of patients of special populations, their specific disease processes, and correctly treat and recommend most appropriate means of transportation for the patient through online, offline protocols or telemedicine medical direction
    - Assessment of neonatal, pediatric, and geriatric patient populations and corresponding pathologies
    - Assessment of the developmentally challenged patient and those requiring chronic-care and their corresponding pathologies
    - Review of medical technologies: chronic care patients, in-home treatment technologies

Treat & Refer Training Module 6 - Patient Follow-up (1 hrs)

- Educate the provider to the various methods of patient follow-up, its importance, and the specific components required for being a Treat & Refer provider
    - Patient follow-up thresholds required for Treat & Refer
    - Specific data to collect when performing patient following up
    - Who can perform follow-up within the specific agency participating in Treat & Refer
    - How to utilize patient follow-up information to improve the Treat & Refer program

Treat & Refer Training Module 7 - Medical-Legal Considerations, Definitions & Documentation (2 hrs)

- Educate the provider to the legal considerations of Treat & Refer, clearly define all associated terms and concepts, and review of methods for legally sound documentation practices
    - Legal considerations of referring a patient to an alternative destination other than the ED
    - Legal considerations of transporting a patient in a vehicle other than an ambulance
    - How Treat & Refer is one cog in the CIP wheel
    - Define Treat & Refer
    - Review scope of practice and how it pertains to Treat & Refer patient interactions
    - Define Treat and Release
    - Review medical/legal considerations in EMS
    - Review components of legally sound and accurate patient care reports and charting within the HIE program as it becomes available
    - Considerations when patients refuse Treat & Refer plans of care

Treat & Refer Training Module 8 - Information Exchange & Collaboration (1 hr)

- Educate the provider to the necessity of accurate and timely exchange of information for data collection. Educate the provider to accessibility options for information sharing with collaborative partners within the patient's healthcare team while ensuring adherence to HIPPA and other patient-centered regulations
    - Data collection parameters for Treat & Refer through ePCR/AZ-PIERS and other data systems (when available)
    - Overview of Health Information Exchange program (when available)
    - Importance of collaborating with partners within the patient's healthcare team
    - HIPAA legislation

Treat & Refer Training Module 9 - Public Education (0.5 hr)

- Educate the provider to maintain a dialogue with the public on Treat & Refer and how it helps meet the IHI's Triple Aim
    - Patient education and teaching of various transportation options based on patient condition
    - Patient education and teaching of various treatment facilities based on patient condition

Continuing Education Requirements

The education requirements topic tables presented in the *Manual* list the "*recommended*" and "*required*" minimum hours and learning objectives for annual continuing education (see Part I (Treat & Refer Core Education Model) Module XI, Annual Continuing Education). The educator should first review the experience of and the particular elements of the initial education program that were most successful and least useful. Using this information and the lessons learned from implementing the Treat & Refer program, the educator can build a robust and relevant continuing education curriculum that meets ADHS requirements.

10 KEY EDUCATIONAL TOPICS

10 Key Educational Topics	Minimum annual Continuing Education hours
Patient Transportation	0.5 RECOMMENDED
Transport Destinations	1 RECOMMENDED
Patient Risk Assessment	1 REQUIRED
Medical Training & Education	1 REQUIRED
Special Patient Populations	1 REQUIRED
Patient Follow-up	1 RECOMMENDED
Medical-Legal Considerations, Definitions & Documentation	1 REQUIRED
Information Exchange & Collaboration	1 RECOMMENDED
Public Education	1 RECOMMENDED
Recommended Education Framework for Medical Directors	No specific CE hr minimum is listed
Behavioral Health to be included in "Medical Training & Education"	No specific CE hr minimum is listed
TOTAL HOURS	**4 REQUIRED/4.5 RECOMMENDED**

APPENDICES

Appendix 1: Principles of Adult Learning

Appendix 2: Critical Thinking

Appendix 3: Problem-Based Learning or Problem-Solving Education

Appendix 4: Teaching/Learning Methods

Appendix 5: Additional Resources

Appendix 1: Principles of Adult Learning

The principles of adult learning were developed into a theory or model by Malcolm Knowles starting in the 1970's with his two books *The Modern Practice of Adult Education*[6] and *The Adult Learner: A Neglected Species*[7]. Adult education theory, sometimes called "andragogy," delineates characteristics of adult learners and offers teaching techniques that are particularly useful with this group. The theory promotes problem-based and collaborative rather than didactic (lecture, or the "teacher knows all") approaches. Knowles' original six principles are:

- Adult learners are motivated and self-directed
- Adult learners bring life experience and knowledge
- Adult learners are goal oriented
- Adult learners are relevancy oriented
- Adult learners are practical
- Adult learners like to be respected

There are more recent modifications and enhancements to the original six principles of Malcolm Knowles that a motivated educator can learn about. Much information on this topic is easily accessible on the internet.

6 Knowles, M. S. (1988). *The Modern Practice of Adult Education: From Pedagogy to Andragogy*. Cambridge, New York: The Adult Education Company.

7 Knowles, M. S. (1973). *The Adult Learner: A Neglected Species*. Houston: Gulf Publishing Company.

Appendix 2: Critical Thinking

CRITICAL THINKING AS DEFINED BY THE NATIONAL COUNCIL FOR EXCELLENCE IN CRITICAL THINKING, 1987[8]

A statement by Michael Scriven & Richard Paul, presented at the 8th Annual International Conference on Critical Thinking and Education Reform, Summer 1987.

> Critical thinking is the intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from, or generated by, observation, experience, reflection, reasoning, or communication, as a guide to belief and action. In its exemplary form, it is based on universal intellectual values that transcend subject matter divisions: clarity, accuracy, precision, consistency, relevance, sound evidence, good reasons, depth, breadth, and fairness.
>
> It entails the examination of those structures or elements of thought implicit in all reasoning: purpose, problem, or question at issue; assumptions; concepts; empirical grounding; reasoning leading to conclusions; implications and consequences; objections from alternative viewpoints; and frame of reference. Critical thinking — in being responsive to variable subject matter, issues, and purposes — is incorporated in a family of interwoven modes of thinking, among them: scientific thinking, mathematical thinking, historical thinking, anthropological thinking, economic thinking, moral thinking, and philosophical thinking.
>
> Critical thinking can be seen as having two components: 1) a set of information and belief generating and processing skills, and 2) the habit, based on intellectual commitment, of using those skills to guide behavior. It is thus to be contrasted with: 1) the mere acquisition and retention of information alone, because it involves a particular way in which information is sought and treated; 2) the mere possession of a set of skills, because it involves the continual use of them; and 3) the mere use of those skills ("as an exercise") without acceptance of their results.

Note that EMS education, traditionally, has offered large amounts of medical information, and presented protocols to be followed. Critical thinking has not traditionally been emphasized. Yet, in making reasoned Treat & Refer decisions based on complex information from a thorough clinical and social assessment, critical thinking is precisely what is called for.

For additional resources on critical thinking, and many reference materials and "how-to" books for educators, see www.criticalthinking.org

8 *Defining Critical Thinking*. (n.d.). Retrieved March 4, 2017, from The Critical Thinking Community: http://www.criticalthinking.org/pages/defining-critical-thinking/766

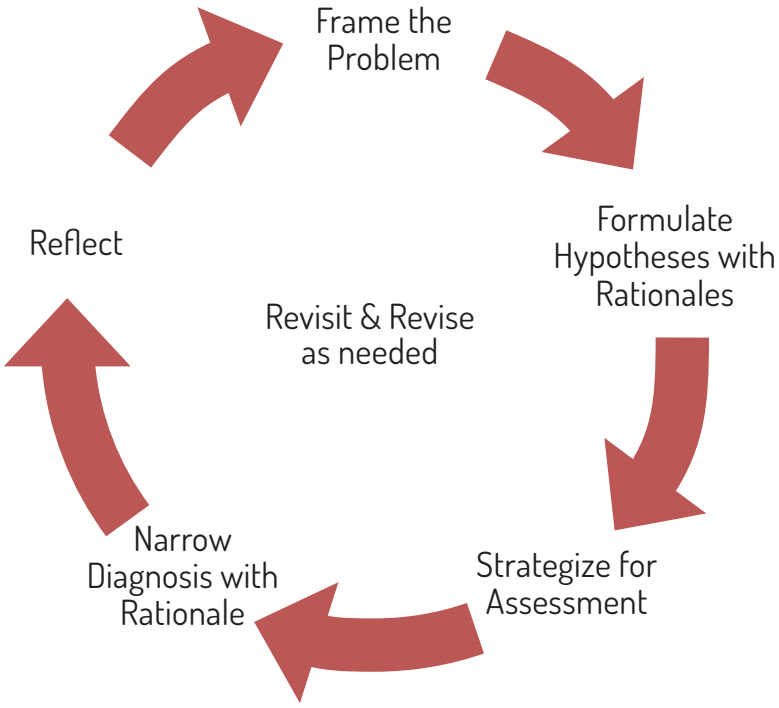
Appendix 3: Problem-Based Learning or Problem-Solving Education

Problem-Based Learning (PBL) is an approach to education that features presentation of a real life clinical problem with a pertinent contextualized problem to the student or group of students. The students learn via the experience they gain by solving an open ended problem. The instructor, actually more of a facilitator or guide, presents "trigger material" which is often a clinical scenario. The students are led to activate and use their prior knowledge, search for additional relevant information, work collaboratively, and communicate among themselves about the problem. Students are guided to seek additional information, brainstorm, define the problem(s), and develop a plan of action to solve the problem. Afterwards, discussion, de-briefing, analysis, and evaluation can lead to further learning. In this method, critical thinking based on assessment data and plan development, take the place of traditional methods such as the lecture. This approach, which incorporates many of the principles of adult learning, was initially developed as a medical education methodology and has now spread to other fields. It is now used in one form or another in the majority of medical schools in the United States.

The five-step method of clinical problem solving is a useful technique. Details on this approach can be found at the University of Arizona College of Medicine website. A further description of this technique is provided online, under "Dr. Putnam on the Five Steps."

The Problem-Based Learning and the "Five Step" methods are particularly applicable to the Treat & Refer clinical decision process and are highly recommended as a way to structure most of the learning curriculum for EMCTs that will be involved in Treat & Refer.

This visual diagram depicts the five steps that constitute an excellent approach to medical problem-based education, based on the University of Arizona College of Medicine's five-step medical problem solving structure. For more information and further resources visit: http://fid.medicine.arizona.edu/preclinical/crc/reasoning/structured-approach.



Appendix 4: Teaching/Learning Methods

Teaching/ Learning Method	Strengths	Limitations
Videos	Modern adult learners relate well to video; a good way to present a case study/clinical scenario; all students get the exact same presentation – reliable not variable; can be viewed individually, on any day, and at any time.	Expensive, and takes special skills to produce a high-quality video; when viewed individually, may lack opportunity for instructor to assess student; requires access to re-play equipment.
Computer-based learning modules	Video segments can be incorporated into the module; all students get the exact same presentation – reliable not variable; can be viewed individually, on any day, and at any time; assessment via written testing can be easily incorporated into the module; record-keeping/ logging can be automatic.	Expensive and difficult to produce high-quality modules; lacks opportunity for instructor to assess student performance in real-time; student may skip sections; requires access to re-play equipment.
Didactic instruction, lecture, PowerPoint presentation, etc.	Traditional, easy; can accommodate large student groups.	Presentation quality is highly variable and may be of low quality; the best presenters may have limited time available; teacher-focused; lacks student involvement and interaction; presentation materials (PowerPoint) are frequently of very low quality (too much text, too many bullet-points, and too few images; the flow is usually linear; difficult to branch into related issues as they arise; lacks flexibility and spontaneity); difficult to make multiple presentations to accommodate shift workers.
Classroom discussions	Encourages student involvement, which increases student critical-thinking and learning retention; issues and scenarios are easily modifiable to support various learning objectives.	This is inherently a group method, and effectiveness decreases as the size of the group increases.
Oral presentations	Oral presentations *by the students themselves* gain strong student involvement, and promote use of significant critical thinking skills; group discussion can follow, further promoting higher-order learning.	Not popular with some students because of fear of public speaking; time consuming; quality of content and presentation varies.
Role-play scenarios in learning lab	A high-quality method to promote student involvement, and the higher-order critical thinking skills of application, analysis, synthesis, and evaluation; flexible and adaptable to various learning objectives; should be followed by group analysis and discussion; involves realistic application, likely to enhance student perception of relevance; learning retention is likely better.	Requires involvement of staff or student actors for greatest effect; works best in smaller groups.
Case studies	Similar to role-play scenarios, but can be conducted with less preparation and actor involvement; when accompanied by good student discussion and analysis, promotes critical-thinking, problem-solving; flexible; promotes sense of relevance.	Works best in smaller groups.

Appendix 4: Teaching/Learning Methods (Continued)

Teaching/ Learning Method	Strengths	Limitations
Skills lab instruction	Useful for specific clinical skills required for certain diagnoses and disease categories. Example: teaching an asthma patient to use an inhaler; use of glucometer, etc.	Resource intensive, in that it requires skills lab space, equipment, and low student-to-teacher ratio; high demands on staffing.
Clinical rotations	Especially good method for teaching patient interviewing, interaction, and assessment with actual patients; incorporates opportunity for problem-solving; highly realistic and relevant.	Extremely resource-intensive with a faculty/ clinician-to-student ratio of nearly 1:1.
Student ride-alongs, live-case observation, with subsequent analysis and de-briefing	Similar to clinical rotations, as above. Good opportunity for problem-solving and critical thinking.	More difficult to acquire the needed case situations.
Hands-on practice with using software and data entry	Practical, relevant, hands-on; good adult learning method.	Resource intensive; one student to a computer; must set up dummy database, or have method to insure quality of live data entry.
Student analysis to assess quality of actual or sample medical records	Have students review select actual or simulated medical records; student can assess the clinical problem-solving presented in the record, and evaluate the quality of the decision making recorded – all high order critical thinking skills; students can do the work as an individual, written "homework" assignment.	Feedback and evaluation by the instructor is individual and labor-intensive.
Handouts	Has an "individual" feel, in that each student gets his own; handouts of proven utility can be laminated for future frequent reference or use in the field.	Some students will never read them.
Resource lists	Facilitates continued learning for eager students.	Many students will never use the list.
Reading assignments	Assigned reading of handouts or internet materials is easy; if an evaluation method is included, good participation may result.	Some students do not learn well by reading alone; may lack relevance.
Local, regional, and national conferences on community paramedicine and Treat & Refer	Often include current and cutting edge content by the leaders in the field.	Very expensive; extreme staffing challenges; not available to many.
College courses	For example, Golder Ranch Fire Department includes a Pima Community College nutrition course in their required education for Treat & Refer and Community Paramedicine. In this case, content was found to be highly relevant to many of the chronic life-style diseases that are targeted.	Expensive; high demand on staffing; high student commitment requirement; takes many semesters to get any number of staff to completion stage.

Appendix 5: Additional Resources

More information and additional resources can be found on the Arizona Department of Health Services Community Paramedicine - Treat & Refer webpage (goo.gl/wAhwRa) and in the *Arizona Treat and Refer Program* manual (goo.gl/Ay1wTb)

The following resources are referenced in the *Treat & Refer Core Education Model* and *Designing a Treat & Refer Education Plan*:

Reference	Resource Title	Link
Core Education Module I (pg 7)	Arizona 2-1-1	211arizona.org
	AHCCCS requirements for non-emergency medical transportation	goo.gl/8p5XJh
	Health Insurance Marketplace Overview	goo.gl/hGU4UC
Core Education Module II (pg 9)	Buckeye Transport Destinations Presentations	goo.gl/Q5x4BQ
	Chandler 27 minute video presentation	goo.gl/Chgn2J
Core Education Module III (pg 11)	CDC STEDI Toolkit	goo.gl/JFtbyH
	Rio Rico Fall Assessment	goo.gl/SeoTM3
	Green Valley SHiM Program	gvfire.org/shim
	Arizona Falls Prevention Coalition Resources	www.azstopfalls.org/resources
Core Education Module IV (pg 14-15)	Rio Rico Pre/Post Test Examples: Medical Training & Education	goo.gl/qdw9Bu
	Buckeye Medical Care Presentation	goo.gl/FDxLn9
	Pima County Crisis Protocols	goo.gl/Gr6PfV
	HSAG Behavioral Health Webinar: Behavioral Health Basics	goo.gl/sENHXq
	HSAG Behavioral Health Webinar: Understanding Common Disorders	goo.gl/MfWrD2
	HSAG Behavioral Health Webinar: De-escalation Techniques	goo.gl/VYPc6R
	HSAG Behavioral Health Webinar: Community & Behavioral Health Resources	goo.gl/99JAgT
	HSAG Behavioral Health Webinar: Voluntary vs. Involuntary Treatment	goo.gl/KffkpP
	HSAG Behavioral Health Webinar: Medication & Medical Issues	goo.gl/ekffQn
	Rio Rico Diabetes Overview	goo.gl/c9tQ7N
	West Valley Community Paramedicine Consortium Education Diabetes Overview	goo.gl/GgjXbK
	Rio Rico COPD Overview	goo.gl/Bdsbf9
	Rio Rico Congestive Heart Failure	goo.gl/oAG1L4
	AEMS-approved protocols	goo.gl/erkrtr
	Arizona Poison & Drug Information Center	azpoison.com/drug-info

Reference	Resource Title	Link
Core Education Module IV (cont.)	Rio Rico Diementia Overview	goo.gl/diUWfC
	Rio Rico Cardio-pulmonary Overview	goo.gl/ZBMqVR
	Free Motivational Interviewing course from AZTrain	goo.gl/E6gfQ3
	Contact HSAG for Teach Back Course	www.hsag.com/en/contact-us/
	Always Use teach-back	www.teachbacktraining.org
	Rio Rico Health Behavior Change Diabetes/General	goo.gl/PdwXWQ
Core Education Module V (pg 17)	Buckeye Special Patient Populations Presentation	goo.gl/Ff717g
	Common In-Home Devices: Dependable Home Health	goo.gl/Fkj8R3
	Pima Community College-Food Science and Nutrition 127	goo.gl/MKuH6P
Core Education Module VII (pg 21)	Buckeye Medical-Legal Presentation	goo.gl/nVJ8k1
	Buckeye Documentation Presentation	goo.gl/6k4rCX
	DACHARTE Documentation Resources Chesterfield Fire & EMS	goo.gl/m1oJ5Z
Core Education Module VIII (pg 23)	Buckeye Local ePCR Review	goo.gl/r6r8XY
	Rio Rico Arizona HIE Infographic	goo.gl/qdw9Bu
	Buckeye Arizona Health-E Connection Presentation	goo.gl/3ALkke
	Communication Planning: Rio Rico/AZPDIC	goo.gl/CmZoC5
Core Education Module X (pg 27)	Arizona Administrative Code, Title 9	goo.gl/SMyzT8
	NAEMSP Medical Director Course	goo.gl/75Agsr
	FEMA USFA Medical Directors Handbook	goo.gl/AaZH8d
Core Education Module XI (pg 30-32)	Adult Protective Services: Arizona's Vulnerable Adults Info	goo.gl/xow33q
	HealthFinder	goo.gl/oNRyaj
	Regional Behavioral health Authority Crisis Response number	goo.gl/b7GDDK
	Cover Arizona	coveraz.org
	Look up your local federally qualified health center	goo.gl/HcQhvx
	Look up your local rural health clinic	goo.gl/Q6XUkA
	Triple Aim: Institute for Healthcare Improvement	goo.gl/TR6scw
	MIH Data Crosswalk	goo.gl/dy4qbp
Education Plan (pg 50)	Bloom's Taxonomy of Learning	goo.gl/DibjZY

Please note, resources referenced more than once in the *Workbook* will be listed in the order where they first appear.

WORK BOOK

OTHER WORKBOOK TOPICS

COMMUNITY GARDENS
A guide to understanding, starting and sustaining a community garden

CREATING RESILIENT COMMUNITIES
A how-to resource guide for cultivating resiliency in local communities

URBAN FARMING
An introduction to urban farming, from types and benefits to strategies and regulations

NO CHILD LEFT INSIDE
Community-based strategies for increasing physical activity among children, youth, adults and families

Vitalyst HEALTH FOUNDATION
A CATALYST FOR COMMUNITY HEALTH