

Community Paramedicine Toolkit

Version 2.0

California Emergency Medical Services Authority

December 2022



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California Emergency Medical Services Authority (EMSA)

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California Ambulance Association (CAA)

California Professional Firefighters (CPF)

CARESTAR Foundation

Purpose:

Community Paramedicine (CP) is an emerging healthcare delivery model that increases access to basic services using specially training emergency medical services (EMS) providers in an expanded role. The purpose of this toolkit is to assist local EMS agencies (LEMSAs) and their community partners across the State who are creating CP programs to:

- 1) reduce the burden on individual partners to create programs from scratch,
- 2) decrease duplication of effort across the State, and
- 3) enhance CP program participation and approval efficiency.

This toolkit is designed to serve as an optional resource to be used with Chapter 5 of the California Code of Regulations - Community Paramedicine and Triage to Alternate Destination Regulations. It does not replace the regulations. Use of this toolkit is optional.

Background:

On September 25, 2020, Assembly Bill (AB) 1544 was signed into law by the California Governor, authorizing local emergency medical services (EMS) agencies to develop Community Paramedicine (CP) programs in accordance with regulations put forth in Chapter 5. Community Paramedicine and Triage to Alternate Destination Regulations

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Step 1 – The Planning Process

Overview

If you are utilizing this toolkit, you likely already know whether a community paramedicine program is feasible in your area, but if not, it is important to spend some time determining the program feasibility, given state EMS statute and the level of commitment needed internally, from LEMSAs, EMS Providers, Agencies, Training Programs, and other community services/partners. Prior to the development of a CP Program, it is recommended that you review **California Code of Regulation (CCR) Title 22, Division 9, Chapter 5: Community Paramedicine and Triage to Alternate Destination** and Health and Safety Code, Division 2.5, Chapter 13 for an overview of program definitions, provisions, and requirements.

Plan to Plan

Develop a plan according to the "SMART" objectives. SMART is an acronym used by individuals searching for more tangible, actionable outcomes in work plans.

- **Specific:** *What exactly are we going to do for whom?* Lay out what population you are going to serve and any specific actions you will use to help that population.
- **Measurable:** *Is it quantifiable and can we measure it?* Can you count the results? Remember that a baseline number needs to be established to quantify change
- **Achievable:** *Can we get it done in the time allotted with the resources we have available?* The objective needs to be realistic given the constraints. In some cases, an expert or authority may need to be consulted to figure out if your work plan objectives are achievable.
- **Relevant:** *Will this objective influence the desired goal or strategy?* Make sure your objectives and methods have a clear, intuitive relationship.
- **Time bound:** *When will this objective be accomplished, and/or when will we know we are done?* Specify a hard end date for the project. Stipulate which, if any, outcomes would cause your project to come to a premature end, with all outcomes having been achieved.

Establishing an Emergency Medical Care Committee

Per HSC 1797.273(a), if a local EMS agency within the county elects to develop a triage to alternate destination program pursuant to HSC 1840, and an Emergency Medical Care Committee (EMCC) does not already exist, then the county board of supervisors, or in the case of a city and county, the mayor, shall establish an emergency medical care committee to advise the local EMS agency on the development of the program and other matters relating to emergency medical services. For a full list of the required EMCC members, see **Appendix 1.1**.

Where a committee is already established for the purpose of developing a triage to alternate destination program pursuant to HSC 1840, the county board of supervisors or the mayor, shall ensure that the membership meets or exceeds the requirements of Section 1797.273, subsection (b) of the Health and Safety Code.

Assess Program Feasibility

The following section provides a list of questions to consider before establishing a CP program, as well as some recommended steps to take to answer those questions. This section will help to assess overall feasibility in your area. Needs assessments can be completed through several data collection methods including stakeholder interviews, focus groups/community conversations, and surveys. Additional sources of data include hospital databases and the California EMS Information System (CEMSIS).

General Considerations

Does the LEMSA have the capacity to:

1. Integrate the community paramedicine program into their emergency medical services plan?
2. Provide medical control and oversight for the program(s)?
3. Meet all other LEMSA requirements and standards of community paramedicine Program development?

Community Paramedicine Program Specific Considerations

1. Is there already a locally approved training center for community paramedics or could an existing training center become approved by the LEMSA to teach and test the knowledge and skills to provide community paramedic services?
2. Is there a need for community paramedic engagement in the provision of Directly Observed Therapy (DOT) for patients with tuberculosis?
3. Is there a need for community paramedics providing case management services to frequent emergency medical services users?
4. Is there a public agency (or agencies) who could provide the proposed community paramedicine program specialties?

Statewide Engagement

With the September 2020 signing of AB 1544, LEMSAs across the state have been authorized to develop CP programs. Engagement with other LEMSAs who have developed or are in the process of developing CP programs can allow for knowledge sharing. Below is a list of possible areas of collaboration or knowledge sharing.

- Provide examples of data collection methods for community needs assessments.
- Share best practices for identifying agency partners.
- Share status of CP programs.
- Share training program content.
- Share tips for mobilizing community partnerships.
- Discuss program monitoring and evaluation, quality improvement (QI) and quality assurance (QA).

Note: It may be useful to review the recent report from UCSF, providing an Update and Evaluation of California's Community Paramedicine Pilot Program – the link is provided in the resources section below.

Determine Program Scope

This phase is to determine the type of services to be offered, personnel needs, and program budget. The inputs for this phase will be the findings from the community needs assessment.

The first step is to determine which service type(s) CPs will be providing. AB 1544 states that “Community paramedicine services may consist of the following program specialties:”

1. Providing directly observed therapy (DOT) to persons with tuberculosis in collaboration with a LEMSA to ensure effective treatment of the tuberculosis and to prevent spread of the disease.
2. Providing case management services to frequent EMS users in collaboration with, and by providing referral to, existing appropriate community resources.

Determine Program Scale

The next step is to determine the scale of your program, which will require an analysis of the findings from the community needs assessment, as well as a determination of how the potential CP services fit into the LEMSA infrastructure. Below are two tasks to consider that can help to determine program scope and scale.

1. **Defining and Quantifying High Utilizers:** What does this mean in your area? Is it a certain number of ED visits or interactions with EMS, or visits greater than a specific percentile? By defining this population group, you will gain a better understanding of the number of EMS users who may benefit from case management offered through a CP Program.
2. **Quantifying persons with tuberculosis in need of (DOT):** In partnership with the local health department, it should be determined how many persons with tuberculosis could be reached by CP services.

Once an initial estimate of patient population size has been determined, the scale of your program can be identified, and the initial number of paramedics enrolled can be determined. For example, if your area has a limited number of high utilizers and few persons with tuberculosis not already enrolled in DOT, there may only be a need for a small number for CP providers, at least initially.

Community Paramedicine Program Planning

A LEMSA that elects to implement a community paramedicine or triage to alternate destination program pursuant to Section 1840 of the Health and Safety Code shall submit a plan for that program to the Authority for review and approval. Regulations state that:

(a) LEMSA shall submit a written request to the Authority for approval of a community paramedicine or triage to alternate destination program, which shall include the following:

- (1) Identification of the community need and recommended solutions.
- (2) All program medical protocols and policies to include but not limited to, data collection, transport, patient safety, and quality assurance/improvement process.
- (3) All program service provider approval documentation, including written agreements, if any.
- (4) All relevant documentation outlining policy for collaboration with public health or community resource entities for DOT and EMS high utilizer programs.
- (5) Curriculum for program focused training (**§100182**)

The following 5 sections provide specific guidance on developing the plan for program review and approval and are organized by the required components of the plan. While it is ultimately the LEMSA who is responsible for submitting the plan, stakeholders, service providers, training programs and other partners should be engaged in the plan development.

Appendices

Appendix 1.1 Emergency Medical Care Committee Membership

Resources

- Update of Evaluation of California's Community Paramedicine Pilot Program. Retrieved from [8th update to public report on CA CP project 02 18 21.pdf \(ucsf.edu\)](#)

Step 2 – Identification of the community need and recommended solutions

Overview

LEMSA shall submit a written request to the Authority for approval of a community paramedicine or triage to alternate destination program, which shall include identification of the community need and recommended solutions.

Action Items

- a. LEMSA and Community Partners: Conduct community needs assessment
- b. LEMSA: Summarize and prioritize community needs
- c. LEMSA and Community Partners: Recommend solutions

Stakeholders

Public Health or Community Resource Entities, EMS Provider Agencies, LEMSA, Emergency Department(s)

Details

Once feasibility has been determined, it will be necessary to gather data that will guide the program and allow for targeted interventions from paramedics. The CP program will be better able to make the case for its existence, obtain resources, and have more of an impact on community health overall, if services are based on a needs assessment. **Appendix 2.1** includes an overview of community needs assessments and provides suggested data points to gather for analysis.

Data collected and findings from the community needs assessment will likely inform most components of the community paramedicine program, from program planning to effectiveness, and value – as a result, this step should not be rushed. Take the time you need to gather information that will be most effective in identifying community needs, and that will allow for solution-oriented work.

Appendices:

Appendix 2.1: Overview of Community Needs Assessment and Summary of Community Needs

Step 3 – Program Medical Protocols and Policies

Overview

LEMSA shall submit a written request to the Authority for approval of a community paramedicine program, which shall include All program medical protocols and policies to include but not limited to, data collection, transport, patient safety, and quality assurance/improvement process.

Action Items

- a. Identify needed policies, procedures, protocols, and documentation
- b. Develop Medical Policies and Procedures Draft, review, update and approve policies, procedures, and protocols for community paramedics – “medical protocols developed by the local EMS agency are to be consistent with the minimum medical protocols established by the authority” (HSC 1815)
- c. “The LEMSA and all participating providers shall include any community paramedicine program in their existing Quality Improvement programs, and they shall adhere to all sections of Title 22, Division 9, Chapter 12 of the California Code of Regulations” (**§100186**)

Stakeholders

LEMSA, EMS Agency Medical Director, Provider Agency Medical Director

Details

Many 911 Service providers, and LEMSA's will already have policies and procedures in place that can be applied to Community Paramedicine programs, but policies specific to the program specialty(ies) identified in Step 1 will need to be written during this development and planning process. It is important to recognize that policies and protocols should be created in partnership between LEMSA's, Service Providers and Community Based Organizations. It is also important to note that while some policies may differ across jurisdictions, LEMSA's program protocols must follow the statewide minimum protocols developed under Section 1832 of the Health and Safety Code (**§1001906.b**)

Any LEMSA seeking approval for approval of community paramedicine program is required to submit the following all program medical protocols and policies to include but not limited to:

- Data collection
- Transport
- Patient safety
- Quality assurance/improvement process

Policies:

- Eligibility requirements
- Interaction between program and client
- Allowable locations for client interaction
- Communication between client and paramedic
- Role and responsibility of the community paramedic
 - When paramedics work as CPs, will they also be scheduled to respond to 911 calls?
 - If enrolled client visits the ED, what is the role of a community paramedic?

Protocols and Procedures:

- How to identify potential clients (e.g., CEMSIS, referral etc.)
- How to enroll clients
- Developing a plan of care
- Developing a schedule for interaction and intervention
- Referral and coordination of services

Documentation:

- Agreements, referrals from providers, etc.
- Consent to participate in program
- Authorization to release health information to appropriate community resources
- Visit summaries, including assessment, notes, etc.
- Home safety assessment
- Plan of care

Appendices

Appendix 3.1 - Sample Policies and Procedures – CP and DOT

Appendix 3.2 – Sample Policies and Procedures – CP Case Management

Step 4 – Service Provider Approval

Overview

LEMSA shall submit a written request to the Authority for approval of a community paramedicine or triage to alternate destination program, which shall include All program service provider approval documentation, including written agreements, if any.

Action Items

- a. LEMSA: “Approve, annually review, and facilitate any necessary agreements with one or more ...providers for the delivery of community paramedicine...services within the LEMSA’s jurisdiction.” **§100183(3)**
- b. LEMSA: “Facilitate funding discussions between a community paramedicine provider, ... or incumbent emergency medical transport provider and public or private health system participants to support the implementation of the LEMSA’s community paramedicine ... program.” **§100183(5)**
- c. LEMSA: “Coordinate, review, and approve any agreements necessary for the provision of community paramedicine specialties as described in Section 1815 of the Health and Safety Code consistent with all the following:”
 - i. Provide a first right of refusal to the public agency or agencies within the jurisdiction of the proposed program area to provide the proposed program specialties for community paramedicine. If the public agency or agencies agree to provide the proposed program specialties for community paramedicine, the LEMSA shall review and approve any written agreements necessary to implement the program with those public agencies.
 - ii. Review and approve agreements with community paramedicine providers that partner with a private provider to deliver those program specialties.
 - iii. If a public agency declines to provide the proposed program specialties pursuant to paragraph (A) or (B), the LEMSA shall develop a competitive process held at periodic intervals to select community paramedicine providers to deliver the program specialties. **§100183(6)(a-c)**
- d. LEMSA: Establish a process to verify training and accreditation of community paramedics in each of the proposed community paramedicine program specialties

Stakeholders

LEMSA, Community Paramedicine Provider, EMS Transport Provider, Public Agency or Agencies

Details

It is the role of the LEMSA to review, and facilitate agreements with, provider agency or agencies for the delivery of community paramedicine services within their jurisdiction. Per the regulations on community paramedicine, the LEMSA must first “Provide a first right of refusal to the public agency or agencies within the jurisdiction of the proposed program area to provide the proposed program specialties for community paramedicine” -- If a public agency declines then the LEMSA can develop a competitive process held select community paramedicine providers to deliver the program specialties **§100183(6)(a-c)**. Documentation of the approval process, including written agreements between the LEMSA and the provider must be included in the LEMSA request for program approval.

Identifying and Accrediting Community Paramedics

Once a public agency or agencies have been identified, or a complete process has occurred, and the LEMSA has established an agreement for the provision of community paramedicine services, it would be a good time for that provider to begin sourcing community paramedics, as the training and recruitment period could take time.

Criteria Requirements – Initial Applicant

Per the State Regulations, to be Community Paramedic accredited, the applicant shall submit to the CP program LEMSA an application with the following eligibility criteria for review:

1. Proof of an active, unrestricted California issued paramedic license (Division 2.5 of Health and Safety Code),
2. Social Security Number or Individual Tax Identification Number,
3. LEMSA approved CP course completion certificate, and
4. Proof of passing the IBSC Community Paramedic-C examination for Community Paramedics within the last two (2) years of the date of application submission.

The LEMSA shall register the Community Paramedic accreditation approval in the Central Registry public look-up database within five (5) business days of approval. The date of entry into the database is the effective date of the accreditation. The date of entry into the database is the effective date of the accreditation. The expiration date will be two (2) years from the date of approval.

Local optional scope of practices or participation in a trial study while operating as a Community Paramedic shall require EMSA approval, to include consultation with the Emergency Medical Services Medical Directors Association of California's (EMDAC) Scope of Practice Committee when applicable.

Additional criteria requirements, including for CP renewal and reinstatement, can be found in the **Appendix 4.2**, along with sample documentation that can be used in the provider recruitment and application process.

Scope of Practice

Once approved, a community paramedic or triage paramedic shall utilize the paramedic scope of practice, approved LEMSA local optional scope as identified in section 100146 the CCR, and trial study scope identified in section 100147 the CCR. This includes utilizing their general paramedic scope and other approved scopes while transporting to alternate destinations, providing care to discharged patients, providing vaccinations, and through other conditions as identified in approved community paramedicine and triage to alternate destination programs (§100192)

Continuing Education

To be eligible for renewal as a CP, the provider must show proof of completion of eight (8) hours of approved CP-related continuing education (CE) every two (2) years, or show proof of continued active, unrestricted IBSC certification.

Appendices

- **Appendix 4.1: Sample Community Paramedic Job Description**
- **Appendix 4.2: Community Paramedic Application Eligibility**
- **Appendix 4.3: Community Paramedic Application – Sample**

Step 5 – Collaboration with Public Health or Community Resource Entities

Overview

LEMSA shall submit a written request to the Authority for approval of a community paramedicine or triage to alternate destination program, which shall include All relevant documentation outlining policy for collaboration with public health or community resource entities for DOT and EMS high utilizer programs.

Action Items

- a. Identify, through the community needs assessment, potential public health, or community resource entities to collaborate with.
 1. If the program will be providing DOT to persons with tuberculosis:
 - i. establish a relationship with the Local Health Officer (LHO) in your county – HSC Section 121365 allows the LHO to issue an order requiring the person who has active TB, and who is unwilling or otherwise unable to follow a prescribed course of therapy, to complete an appropriate prescribed course of medication for TB through DOT. The LHO should advise on matters related to DOT.
 - ii. Other public health resources for DOT: Tuberculosis Control Branch (TBCB) of CDPH, California Tuberculosis Controllers Association (CTCA).

2. If the program will be providing case management services to frequent EMS users emergency medical services users:
3. Case management should be done in collaboration with, and by providing referral to, existing appropriate community resources.
 - i. Community resources may include primary care providers, addiction services/counseling, housing services, stress management. These will be specific to each jurisdiction in which a CP program is operating.
 - b. Draft policy for collaboration with public health or community resource entities
 - c. Create and execute memorandums of understanding (MOUs) with partners.

Stakeholders

- A. LEMSA, representatives from local/regional health care systems, primary care providers, community resource providers, CTCA, TBCB

Details

Beginning the collaborative process with public health or community resource entities may be one of the more challenging components of Community Paramedicine program development. Because each needs assessment will identify different needs and recommended solutions depending on the region and way in which it was conducted, each of the community paramedicine programs may have a slightly different focus, and as a result, different partnerships. It is also likely that the need for additional partnerships will grow, as more patients, each with unique needs, are enrolled in the program.

Finding Community Partners

Before you will be able to outline policy for collaboration, the program should strive to achieve, at minimum, the following objectives:

- Identifying existing strategic partnerships between EMS providers and public health/community resource organizations in your community and deciding whether those are sufficient, or if new partnerships should be made.
- Identifying (through the needs assessment) priority target populations, and engaging stakeholders already working with those populations

By achieving these objectives, the program will be more likely to attain the following long-term capacity-building goals:

- Stronger partnerships with other organizations working with target populations
- Increased awareness of the community paramedicine services offered by local providers, leading to future referrals.
- Expanded access to a wider range of resources for high utilizers; and
- Enhanced support for vulnerable populations, and/or patients with tuberculosis.

Appendix 5.2 lists potential stakeholders to consider.

Engaging The Community and Stakeholders

A community engagement process is a good way to assess the level of community support, build advocates for the program, identify community resources, and determine potential barriers. Strategically anticipate how you will use different entities and who needs to know about the program early to support it. Refer to **Appendix 5.2** for sample talking points to engage stakeholders and a list of potential partners to consider.

Form an Advisory Council

Another way to engage stakeholders is to develop a community advisory council that meets regularly. This group can be the eyes and ears of the community, providing insight, feedback, and direction. The committee may have representation from medical providers, health and human services agencies, gatekeepers to underserved communities, consumers, elected officials, and other community leaders. This advisory council would be separate from the emergency medical care committee.

Appendices

5.1: Sample Policy for Collaboration with Public Health or Community Resource Entities

5.2: List of Potential Stakeholders to Consider and Sample Talking Point to Engage Stakeholders

Other Resources

- i. CDPH/CTCA Joint Guidelines for Directly Observed Therapy Program Protocols in California [Guidelines-for-DOTFINAL .pdf \(ctca.org\)](#)
- ii. Laws Related to Tuberculosis Prevention and Control in California (CDPH TBCB, 2017) [Laws Related to Tuberculosis Prevention and Control in California](#)

Step 6 – Curriculum for Program Focused Training

Overview

LEMSA shall submit a written request to the Authority for approval of a community paramedicine or triage to alternate destination program, which shall include curriculum for program focused training.

Action Items

- a. LEMSAs: “Establish a process to verify training and accreditation of community paramedics in each of the proposed community paramedicine program specialties described in subsections (a) and (b) of Section 1815 of the Health and Safety Code, and a process to verify and training and accreditation of triage paramedics in each of the areas described in Section 1819 of the Health and Safety Code” **§100183(7)**
- b. LEMSAs: Approve and annually review community paramedicine training programs **§100183(15)**

- c. TRAINING PROGRAM: submit a written request for training program approval to the LEMSA.
- d. LEMSA: Notify the EMS Authority in writing of the training program approval, including the name and contact information of the program director, medical director, and effective date of the program (**§100188(11)(h)**)

Stakeholders

- a. LEMSA, EMS Authority, Training program director, medical director, instructor(s)

Details

A community paramedic cannot provide their service(s) unless they have been accredited to perform those services and have completed an approved community paramedicine training program. Like the community paramedicine program, training programs must undergo a review and approval process before they can begin operations.

Establishing a Training Program

The following list provides a partial overview of some of the steps necessary for approval of a community paramedic training and education program beyond the required curriculum for program focused training.

| Key Steps for Training Program Development |
|---|
| LEMSA |
| 1. Develop policies and procedures for the submission of program applications and requirements. |
| Training Program |
| <ol style="list-style-type: none"> 1. Establish a Program Medical Director and Program Director. 2. Ensure compliance with minimum training and curriculum requirements. 3. Ensure compliance with requirements of the United States Department of Transportation (U.S. DOT) National EMS Education Standards 4. Determine program duration and schedule. 5. Develop agreements between the training program and a hospital(s) and other clinical setting(s), if applicable. |

Training Program Administration and Faculty

An approved CP training program is required to maintain a Program Medical Director, Program Director, and Course Instructor(s). The following list provides an overview of the duties of each administrator and faculty member. Specific duties are not limited to those provided

on the list. Additional documentation, including staff skill/experience requirements can be found in **Appendix 6.5**

| Staff Duties |
|--|
| <p>Program Medical Director</p> <ul style="list-style-type: none">• Reviews and approves educational content, standards, and curriculum, including training objectives and local protocols and policies for the clinical and field instruction, to certify ongoing appropriateness and medical accuracy.• Reviews and approves the quality of medical instruction, supervision, and evaluation of the students in all areas of the program.• Approves course instructor(s). |
| <p>Program Director</p> <ul style="list-style-type: none">• Provides administration, organization, and supervision of the educational program.• In coordination with the program medical director, approves course instructor(s), teaching assistants, preceptors, and coordinates the development of curriculum, including instructional objectives, and all methods of evaluation.• Ensures training program compliance with HSC and other related laws. |
| <p>Instructor</p> <ul style="list-style-type: none">• Teaches required course content.• Administers required testing. |
| <p>Training Site Coordinator (optional)</p> <ul style="list-style-type: none">• Ensures the organization of the classroom-based training and delivery of training program objectives.• Provides additional administrative support.• Serves as a liaison between the Program Medical Director, Program Director, Instructor(s), course participants, and any subject matter experts or community-based organizations. |

Training Core Competencies and Curriculum Development

There are several core competencies and standards required to be included in the training program. The list below includes the standards - a complete list of the minimum training and curriculum requirements within each standard can be found in **Appendix 6.4**

1. **Foundations of Community Paramedicine:** encompasses the foundational knowledge on which the other education standards rest.
2. **Cultural Humility, Equity, and Social Justice Within Community Paramedicine and Healthcare:** provides the CP with the tools and perspectives necessary to sustain a successful practice within disadvantaged populations and communities.

3. **Interdisciplinary Collaboration and Systems of Care Navigation:** prepares the CP to successfully integrate their role within an interdisciplinary care team and to navigate often complex systems of care.
4. **Client-centered Care:** provides the knowledge and tools needed by the CP to meet the client where they are and respect the environment in which they operate.
5. **Community and Public Health:** prepares the CP to work collaboratively and effectively within the community and public health infrastructure.

Note: Components of each core competency can be a combination of classroom content, out of classroom assignments, clinical experiences, and field experiences or internships.

Before the clinical rotations and field experience can be arranged, the potential scope of each provider will need to be determined, based on the needs assessment performed during program development. Field experiences and internships should be planned in conjunction with community partners and stakeholders who will be working closely with the CPs.

Continued Curriculum Development

LEMSA's and training programs, under the advisement of an emergency medical care committee, can choose to develop additional course materials beyond the minimum training and curriculum requirements in CCR, Title 22, Division 9, Chapter 5. There are several examples of successful training programs for CPs, including the State of California Community Paramedic CORE Education Program, developed by UCLA's Center for Prehospital Care, that could serve as additional examples.

Local Curriculum

As with any Paramedic Training Program, part of the curriculum should include a section which focus on local policies, procedures, and protocols, local demographics, and other details relevant to providers who will be engaged with the LEMSAs. This is particularly important for community paramedics who will be working directly with local public health and community resource entities.

Training Program Review and Approval

The LEMSAs are responsible for approval of training programs within its geographic area. As the approver, the LEMSAs have oversight authority to conduct onsite visits, inspect, investigate, and discipline the training program for any violations or for failure to fulfill any additional requirements established by the LEMSAs. This section includes information on Training Program Review, Approval and Oversight.

Application

Training Programs interested in providing community paramedicine training(s) should submit a written request for program approval to their LEMSAs. A detailed list of documentation necessary for program approval is included in the **Appendix 6.2**

Review

Upon receipt and review of a training program application, it is the responsibility of the LEMSA to provide the requesting training program with written notification of:

1. Program approval
2. Deficiencies with the application

Approval

If approved, the LEMSA can establish the effective date of the training program and shall notify the EMS Authority in writing of the training program approval to include:

1. name and contact information of the program director, medical director, and effective date of the program.

Training program approval is to be valid for four (4) years.

A sample notification of the approval to the training program approval is included in **Appendix 6.3.**

Oversight

The LEMSA has oversight authority to conduct site visits, inspect, investigate, and discipline the training program for any violations, or for failure to fulfill any additional requirements established by the LEMSA through denial, probation, suspension, or revocation of the approval. A full list of the responsibilities and timelines in instances of non-compliance can be found in **§100188 Oversight of Training Programs.**

Appendices

- 6.1: Training Program Application and Cover Page
- 6.2: Application for Approval as a CP Training Program – Sample
- 6.3: Sample Notification of Training Program Approval
- 6.3: Minimum Training and Curriculum Requirements and Statement of Compliance– Sample
- 6.4: Minimum Staff Requirements and Compliance – Sample

References

- UCLA CORE Training Final Report [UCLA-CORE-Training-Final-Report-May-28-2015-1.pdf \(ca.gov\)](#)
- California Community Paramedic Education Standards [CALIFORNIA COMMUNITY PARAMEDIC EDUCATION STANDARDS, June 2021](#)

Step 7 – Program Review & Approval Process

Overview

At this point in the process, the LEMSA should be ready to submit the program plan for to the EMS Authority for review. The following checklist could be used to ensure that all components necessary for program approval have been completed.

| Community Paramedicine Program Approval Checklist | | |
|--|-----------------------|--------|
| Program Approval Components | Person(s) Responsible | Yes/No |
| Identification of the community need and recommended solutions | | |
| All program medical protocols and policies, including but not limited to: <ul style="list-style-type: none">• Data Collection• Transport• Patient Safety• Quality Assurance/Improvement Process | | |
| All program service provider approval documentation, including written agreements, if any | | |
| All relevant documentation outlining policies for collaboration with the LEMSA or community resource entities for DOT and EMS High Utilizer Programs | | |
| Curriculum for Program Focused Training | | |

Review

The written request for a CP program, submitted by the LEMSA to EMS Authority, which includes all of the required documentation noted in the table above, will qualify for review. Upon receipt of the application, the Authority will review the proposed program using procedures consistent with HSC Section 1797.105 and review the LEMSA program protocols to ensure compliance with the statewide minimum protocols developed under HSC 1832. (§100190)

Approval

Upon receipt of all required materials, EMSA will review the application and approve or deny the proposal “no later than 30 days after it is submitted by the LEMSA.”

All program approvals will be valid “for twelve (12) months from the date of approval.” Any programs wishing to renew their approval will need to submit the CP Annex of the EMS Plan, discussed below.

As a part of the approval, EMSA may impose conditions that the LEMSA is required to incorporate into its program to achieve consistency with EMSA's regulations. More details on the approval process can be found in CCR, Title 22, Division 9, Chapter 5 Section §100190.

Ongoing Compliance

LEMAs that approve a CP program shall annually conduct a review of the program to ensure compliance with all requirements. Details regarding notification of noncompliance, written plans to comply, and program denial, probation, suspension, or revocation can be found in (§100184)

Integration with EMS Plan

A LEMSA that elects to develop a CP program will need to integrate the proposed program into the agency's existing EMS plan. Program renewal is also contingent on the submission of the CP Annex of the EMS Plan.

Below is a recommended list of key items and items to include in the annual update to the LEMSA's CP plan.

- Manpower and training:
 - Identify newly approved CP training programs.
 - Identify the total number of CPs who have completed the necessary training curriculums in the past year.
 - Identify the total number of CPs who have been accredited by the LEMSA in the past year.
 - If applicable, list the schedule of fees for training program approval.
- Response and transportation:
 - Identify which public agencies and/or private providers are providing CP services.
- System organization and management:
 - If applicable, list the schedule of fees for CP initial, renewal, and reinstatement accreditation.
- Public information and education:
 - Identify the public information and education engagements/trainings that CP programs are participating in.
- Data collection and evaluation:
 - Include quarterly and annual data reports and summary of patient outcomes.

The community paramedicine and triage to destination annex document can be found in **Appendix 7.2.**

Appendices

Appendix 7.1: Data Measures

Appendix 7.2 Community Paramedicine and Triage to Alternate Destination Annex of the EMS Plan.

Step 8 – How to Evaluate the Program

Overview

Once EMSA has approved the proposed CP program and reviewed the LEMSA's program protocols, and paramedics have been educated and accredited, the program may begin operations. This may look different for each program, depending on the program specialties.

The use of data is important in telling the story of your program. It is also important to measure quality and improve patient care and outcomes. Efforts should be made to collect data beginning prior to the enrollment of the first patient.

Importantly, per regulations. "The LEMSAs and EMS Service Providers shall include any CP Program in their existing Quality Improvement Programs, and they shall adhere to all sections of Title 22, Division 9, Chapter 12 of the California Code of Regulations" (**§100186**)

Details

It is recommended, particularly in the early days of the program, that in addition to the typical QI review of patient encounter documentation, the Service provider and appropriate medical direction review one hundred percent of documentation or patient care records involving community paramedics. Some areas to focus on in these reviews should include:

- Time Appropriateness (duration of patient encounter)
- Compliance with Medical Protocols
- Adequacy of Protocol
- Unusual Occurrences or circumstances
- Potential risks or safety issues

Through this thorough review, providers will be able to accomplish a number of outcomes including:

- Enhancement of scheduling and planning
- System trends involving community paramedics
- Opportunities for protocol improvement

Data collected can then be reviewed and utilized in the following process:

Analysis --> Evaluation --> Quality Improvement

Appendices

- Appendix 8.1 Summary of Patient Outcomes

References

- Update of Evaluation of California's Community Paramedicine Pilot Program. Retrieved from [8th update to public report on CA CP project 02 18 21.pdf \(ucsf.edu\)](#)
- Using Data Measures to Show Economic Sustainability of Mobile Integrated Healthcare Programs [Journal of Emergency Medical Services](#)

Conclusion

Definitions

HSC, DIVISION 2.5. CHAPTER 13. ARTICLE 2. Definitions [1810 - 1820]

Cal. Code Regs. title. 22 §100181

Community paramedic: a paramedic licensed under Division 2.5 of the Health and Safety Code who has completed the curriculum for community paramedic training, has received certification in one or more of the community paramedicine program specialties described in Section 1815 of the Health and Safety Code, and is accredited to provide community paramedic services by a local EMS agency (LEMSA) as part of an approved community paramedicine program.

Community paramedic training program: a training program approved by the LEMSAs to provide certification of completion of didactic education and clinical experience in this area.

Community paramedicine program: a program developed by a LEMSAs and approved by the Emergency Medical Services Authority (the Authority or EMSA) to provide community paramedicine services consisting of one or more of the program specialties described in Section 1815 of the Health and Safety Code under medical protocols developed by the LEMSAs that are consistent with the minimum medical protocols established by the Authority. Community paramedicine program specialties include:

(1) Providing directly observed therapy (DOT) to persons with tuberculosis in collaboration with a public health agency to ensure effective treatment of the tuberculosis and to prevent spread of the disease.

(2) Providing case management services to frequent emergency medical services users in collaboration with, and by providing referral to, existing appropriate community resources.

Community paramedicine provider: an advanced life support (ALS) provider authorized by a LEMSAs to provide ALS services who has entered into a contract to deliver community paramedicine services as described in Section 1815 of the Health and Safety Code as part of an approved community paramedicine program developed by a LEMSAs and approved by the Authority.

Public agency: a city, county, city and county, special district, or other political subsection of the state that provides first response services, including emergency medical care.

Appendices

- Appendix 1.1 – Emergency Medical Care Committee Requirements
- Appendix 2.1: Overview of Community Needs Assessment and Summary of Community Needs
- Appendix 3.1 - Sample Policies and Procedures – CP and DOT
- Appendix 3.2 – Sample Policies and Procedures – CP Case Management
- Appendix 4.1: Sample Community Paramedic Job Description
- Appendix 4.2: Community Paramedic Application Eligibility
- Appendix 4.3: Community Paramedic Application – Sample
- Appendix 5.1: Sample Policy for Collaboration with Public Health or Community Resource Entities
- Appendix 5.2: Sample Talking Point to Engage Stakeholders and a List of Potential Stakeholders to Consider
- Appendix 6.1: Sample Training Program Application Cover Page
- Appendix 6.2 – Sample Application for Authorization and an Approved Training Program
- Appendix 6.3 – Sample Notification of Training Program Approval Program
- Appendix 6.4: Minimum Training and Curriculum Requirements and Sample Statement of Compliance
- Appendix 6.5: Staff Requirements and Sample Statement of Compliance
- Appendix 7.1: Data Measures
- Appendix 7.2: Community Paramedicine/Triage to Alternate Destination EMS Plan Annex
- Appendix 8.1: Summary of Patient Outcomes