

Triage to Alternate Destination Toolkit

Version 2.0

California Emergency Medical Services Authority

December 2022



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California Fire Chiefs Association (Cal Chiefs)

California Ambulance Association (CAA)

California Professional Firefighters (CPF)

CARESTAR Foundation

Purpose:

The purpose of this toolkit is to assist local EMS agencies and their community partners across the State who are creating TAD 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 TAD 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. It does not replace the regulations. Use of this toolkit is not required.

Background:

On September 25, 2020, California's governor signed AB 1544, a bill that authorizes local emergency medical services agencies to develop Community Paramedicine (CP) or Triage to Alternate Destination (TAD) programs in accordance with regulations that have been developed.

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Step 1 – Plan and Define the Program

Overview

The first steps in developing a Triage to Alternate Destination (TAD) program may vary, given that public agencies and emergency medical transport providers may already be performing some of the TAD destination program specialties, or may have previously developed a plan to begin a TAD program.

Because the Community Paramedicine or Triage to Alternate Destination Act of 2020 and the subsequent Program Specific Regulations are new, 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.

Developing a TAD program requires the ongoing management of multiple logistics requiring significant operational and policy legwork. Throughout this document you will find Appendix Items and Checklists that can be used to help ensure that all program development steps are being taken, and to ensure ongoing compliance with Chapter 5: Community Paramedicine and Triage to Alternate Destination.

Workplan

Anyone interested in developing a new TAD Program should begin with a workplan - including those who have previously completed a California Office of Statewide Health Planning and Development (OSHPD) approved Health Workforce Pilot Project, and those already conducting one or more of the approved program specialties.

A work plan will help to track the completion of required program development documentation and will help ensure a successful start to the program.

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

You should determine early in the process whether such a program is even feasible in your area, given state EMS laws, the types of alternate destinations locally, and the level of commitment needed.

The next step is to determine which approved service types(s) triage paramedics will be providing. AB 1544 states that "Triage paramedic assessments may consist of the following program specialties":

1. Providing care and comfort services to hospice patients in their homes in response to 911 calls by providing for the patient's and the family's

immediate care needs, including grief support in collaboration with the patient's hospice agency until the hospice nurse arrives to treat the patient.

2. Providing patient with ALS triage and assessment by a triage paramedic and transportation to an alternate destination facility, as defined in Section 1811 of the Health and Safety Code.
3. Providing transport services for patients who identify as veterans and desire to transport to a local veteran's administration emergency department for treatment, when appropriate.

Some jurisdictions may not have the capacity for one or more of these specialties. Determining which, if any, program(s) are possible locally is critical. For example, knowing how many alternate destination facilities exist locally, and the receiving capacity of each facility, should be determined. Similarly, knowing that there are Authorized mental health facilities, but no sobering centers may help to determine the initial focus of local TAD program services. Starting small, at least initially, can lead to early successes and allows for sustainable growth of the program.

The following section provides a list of questions to consider before establishing a TAD program. This section will help to assess overall feasibility in your area.

General Considerations

Does the local EMS agency have the capacity to:

1. Integrate the triage to alternate destination program into their emergency medical services plan?
2. Provide medical control and oversight for the program(s)?
3. Facilitate any necessary agreements to ensure continuity of care and efficient transfer of care to the appropriate facility
 1. Alternate destination providers
 2. Alternate Destination facilities
 3. Alternate destination training centers
4. Meet all other LEMSA requirements and standards of TAD Program development and implementation?

TAD Program Specific

1. Are there Alternate Destination Facilities within the agency service area who can be partners in program participation, including development and implementation?
 - a. Do they qualify and agree to meet all facility requirements?

2. Is there already a locally approved training center for triage paramedics or could an existing training center(s) become approved by the LEMSA to teach and test the knowledge and skills necessary to provide triage paramedic services?
3. Is there a need for the provision of transport services, and availability of local services for patients who identify as veterans and desire transport to a local veteran's administration emergency department for treatment?
4. Is there a public agency (or agencies) willing to participate and able to meet requirements of triage to alternate destination program specialties?

Community Needs Assessment

Once feasibility and the intended scope/subspecialty of the program has been determined, it will be necessary to gather data that will guide the program and allow for targeted public health interventions from triage paramedics. The TAD 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.

Identifying Alternate Destination Facilities

Authorized mental health facilities, authorized sobering centers, and local veteran's administration emergency departments are the only facilities currently authorized to receive patients through a Triage to Alternate Destination program. Identifying all local alternate destination facilities should be done while assessing program feasibility, and the list of potential authorized facilities should be kept current.

Program Partners by Specialty

Care and Comfort for Hospice Patients

Most 911 provider agencies are already responding to hospice patients in their homes – local policies and protocols are therefore likely in place. TAD programs that choose to engage in the provision of care and comfort services to hospice patients in their homes in response to 911 calls, may need more direct collaboration and training with local hospice agencies, and hospice care providers.

Transport Services for Patients who Identify as Veterans

Most 911 provider agencies are likely already providing similar services. TAD program opting for this program specialty should engage with the Department of Veterans Affairs (CalVet) and local County Veteran Service Office locations.

Identifying VA emergency departments and other service locations will be important when providing alternate destination training.

Authorized Sobering Centers

Developing triage and assessment protocols, as well as criteria for transport to sobering centers can and should be created in partnership with the centers, and in consideration of existing LEMSA protocols for EMS providers.

Authorized Mental Health Facilities

Developing triage and assessment protocols, as well as criteria for transport to mental health facilities can and should be created in partnership with the facilities, and in consideration of existing LEMSA protocols for EMS providers.

Statewide Engagement

Engagement with other jurisdictions currently developing TAD programs - or existing TAD programs previously approved through OSHPD approved Health Workforce Pilot Project - can allow for important knowledge sharing, particularly in the beginning stages of program development. Below are a few ideas for collaboration.

- Share examples of data collection.
- Share best practices for identifying triage to alternate destination providers
- Share triage to alternate destination field protocols.
- Discuss program monitoring and evaluation, quality improvement (QI) and quality assurance (QA).
- Share documentation used in program development (i.e., sample agreements, MOUs, etc.)

Form an Advisory Council

Another way to engage stakeholders and partners 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 for alternate destination program development. The committee may have representation from medical providers, health and human services agencies, community members, elected officials, and other local leadership. This advisory council would be separate from the emergency medical care committee.

Service Provider Planning

Early in the process, Service Providers should work closely with their LEMSA to facilitate discussions to ensure sustainability of the program. **§100183.a.5**

In their written request to the EMS Authority requesting program approval, the LEMSA is required to submit, among other things, “all program service provider approval documentation, including written agreements, if any.” **§100190a.3**

Similarly, in the written request from a training program to the LEMSA for authorization to provide triage paramedic training, the program is required to include “written contracts or agreements between the training program and a provider agency(ies) for student placement for field internship training.” (if applicable to the program) **§100187.d.9**

It is therefore necessary for the Service Provider to engage early in the program development process with both potential training programs and LEMSAs.

Personnel Needs – Paramedic Responsibilities

Once the EMS Authority has provided approval of a triage to alternate destination program and the LEMSA has approved the provider agency to provide the proposed program specialties, licensed paramedics, identified by the service provider, will need to meet TAD program requirements.

Criteria Requirements – Initial Applicant

Per the State Regulations, to be triage paramedic accredited, the applicant shall submit to the triage program(s) LEMSA an application with the following eligibility criteria for review:

1. Proof of an active, unrestricted California issued paramedic license,
2. Social Security Number or Individual Tax Identification Number, and
3. LEMSA approved triage paramedicine course completion certificate.

Once the application has been submitted, the LEMSA “shall review the submitted eligibility criteria for triage paramedic accreditation and notify the applicant in writing within thirty (30) business days from the date of submission that...”

1. The submission is incomplete or illegible and requires corrective action,
2. The accreditation request has been approved and the accreditation data entered in the Central Registry public look-up database, or
3. The accreditation request has been denied; including the reason for the denial and notification of the applicant's right to appeal.

The LEMSA shall then register the triage 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 expiration date shall 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 Services Medical Director's Association of California's (EMDAC) Scope of Practice Committee, when applicable.

The LEMSA shall submit a summary data report of authorized personnel to the Authority no later than the thirtieth (30th) calendar day of January, April, July, and October.

Appendices

- **Appendix 1.1 – Emergency Medical Care Committee Requirements**
- **Appendix 1.2 – Triage Paramedic Eligibility Requirements**
- **Appendix 1.3 – Triage Paramedic Accreditation Signature Sample**

Step 2 – Develop Program Policies and Procedures

Overview

Most 911 Service providers, LEMSA's and training centers will already have policies and procedures in place that can be applied to triage to alternate destination programs and triage paramedic training programs, but existing policies and procedures will be adapted, or new policies and procedures created during the planning process that are specific to the TAD. Various EMS system stakeholders will be responsible for development and communication of the policies.

Further, any LEMSA seeking approval for a triage to alternate destination program is required to submit as a part of their formal written request: all program medical protocols and policies to include but not limited to:

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

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**)

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LEMSA's, Service Providers and Alternate Destination Facilities should collaborate on gathering the following documentation prior to program start.

- Outline policies for collaboration with Alternate Destination Facility
- Outline the policies and process for Approval and Oversight of TAD Training Programs.
- Outline the policies and process that incorporate Paramedic Scope of Practice, Accreditation, and Discipline.

It may be useful to track and organize the developments from each stakeholder. Utilizing existing EMS system components to organize program policies could be useful in the planning process, as it will assist in the integration with the EMS plan, as discussed in Step 5.

Appendices

- **Appendix 2.1 - Sobering Center Designation Policy – Sample**
- **Appendix 2.2 - Transport Guidelines for Sobering Center – Sample**
- **Appendix 2.3 - Medical Clearance Protocol for Sobering Center – Sample**
- **Appendix 2.4 - Authorized Mental Health Facility Designation Policy – Sample**
- **Appendix 2.5 - Transport Guidelines for Authorized Mental Health Facility – Sample**
- **Appendix 2.6 - Medical Clearance Protocol for Mental Health Facility – Sample**

Step 3 – Develop a Data Collection Process

Overview

Developing an evaluation plan during the planning process will provide many benefits to the program. First, it will assure that databases and data collection tools are in place and collecting the right data, beginning with the first patient. Second, there are quarterly and annual reporting requirements for TAD programs and needs for program reports to be included in the EMS Plan. Identifying these metrics before the program begins will ensure that the requirements are met when reports are submitted.

Finally, developing a strong data collection process and identifying the “right” evaluation metrics will help with ongoing program quality improvement. This information can also inform programming in terms of staffing patterns, budget, training needs, gaps in service, and types of patients served.

Quarterly and Annual Data Reports

Local EMS Agencies, and Alternate Destination Facilities are required to submit data reports and summaries of outcomes quarterly and annually. The data collection process can begin at the metrics required by the EMS Authority, but it is recommended that it not end there. The checklist in **Appendix 3.1** will help to track the submission of all necessary data requirements.

A template that can be used for submitting these data requirements to the EMS authority is included in **Appendix 3.2**. The documentation provided in **Appendix 5.1** can also be utilized to track data elements and include them in the Annual EMS plan.

For more information, please refer to **§100185. Documentation and Data Submission**

Data Collection Process and Key Data Elements

Quality improvement is multifaceted. Both qualitative and quantitative collection methods should be used for data collection. Key elements and methods to include may be:

1. Ongoing collection and analysis of data.
2. Retrospective analysis, conducted at consistent intervals, including a review of total number of patients evaluated who were transferred to alternate destinations vs. the total number transferred to emergency departments.
3. Case Report/Case Study discussion in cases where patients who were initially eligible for transfer to alternate destination but became ineligible during transport.
4. Discussion of patient outcomes with alternate destination facilities.

Develop a Baseline

The collection process can then be split into two targeted measures, which include further specific methods and measures.

1. Measures of Program Process: These measures would provide insight into the details of the scope and function of the program and should focus on quantitative measures. These measures should include but can also go beyond the required data reports.
2. Measures of Program Outcome: These measures would provide insight into the impact of the program and should focus on the overall relief of pressure on emergency departments, improvements in patient care, and improvement in overall community health.

Appendices

- **Appendix 3.1: Quarterly Documentation Checklist - Sample**
- **Appendix 3.2: Alternate Destination – Quarterly Summary, Annual Summary - Sample**
- **Appendix 3.3: Alternate Destination – Annual Summary and Certification - Sample**

Step 4 – Develop Training Programs

Overview

Approved training programs are necessary to a TAD program, as a triage paramedic must complete approved TAD-specific training to be accredited as a triage paramedic.

Establishing a Training Program

The following list provides a partial overview of some of the steps necessary for approval of a TAD training and education program. A complete list of application materials required for training program approval can be found in the **Appendix 4.1**. For details regarding training program approval, please reference **§100187. Approval of Community Paramedic and Triage to Alternate Destination Training Programs**

Key Steps for Training Program Development	
LEMSA	
	1. Develop policies and procedures for program requirements and for the submission of program applications.
Training Program	
	1. Identify and establish a team of qualified training center staff. 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 triage to alternate destination 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. A complete list of staff skill/experience requirements can be found in the **Appendix 4.2**

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.• Approves course instructor(s), teaching assistants, preceptors In coordination with the program medical director, and coordinates the development of curriculum, including instructional objectives, and all methods on instruction.• Ensures training program compliance with Chapter 5 and other related laws.• Ensures the preceptor(s) are trained according to the subject matter being taught.
<p>Instructor</p> <ul style="list-style-type: none">• Teaches required course content.• Administers required testing.

Training Site Coordinator (optional)

- 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

The sections below provide some guidance on possible trainings to include for each of the approved program specialties. A complete list of the minimum training and curriculum requirements as set forth in the regulations for training programs can be found in the **Appendix 4.3**.

Care and Comfort for Hospice Patients

- Advanced Directives (Healthcare Agents/Powers of Attorney, Living Wills), Do-Not-Resuscitate (DNR), and Physician Orders for Life Sustaining Treatment (POLST))
- Compassionate end of life care, and patient- and family-centered end-of-life care.
- Non-transport provision of care as allowable within local protocols and medical direction.
- Withholding of resuscitative measures, and provision of grief support for family until hospice arrives.

Transport Services for Patients who Identify as Veterans

- Locations of VA facilities with emergency departments.
- Specifics of VA Benefits and Health Care Systems.

Transport to Authorized Sobering Centers

- Alcohol and substance use disorders, health risks and interventions in stabilizing acutely intoxicated patients, and effective EMS response to acute alcohol intoxication.
- Monitoring patients during transport for altered mental status or loss of consciousness.
- Common medical conditions that present similarly to intoxication.
- Impact of alcohol intoxication on local public health and emergency medical system resources

- Inclusion and Exclusion Criteria, and the Medical Clearance Criteria Screening Tool for Sobering Centers
- Legal and Ethics considerations, including for release at scene, and refusal of treatment or transport (Against Medical Advice) protocols already in place.
- Interactions with other agencies (i.e., law enforcement, mental health professional)

Transport to Authorized Mental Health Facilities

- Verbal de-escalation techniques, restraints and pharmacologic management of mental health disorders.
- Common medical conditions that present similarly to psychosis.
- Interactions with other agencies, roles and responsibilities (i.e., law enforcement, mental health professional)

Components of the training program may be a combination of classroom content, out-of-classroom assignments, clinical experiences, and field experiences or internships. Field experiences and internships, if part of the training program, should be planned in conjunction with community partners and wherever possible, triage paramedics should visit alternate destination facilities during the training program.

Triage Paramedic Required Testing

Triage paramedic approved programs shall include a minimum of one (1) final comprehensive competency-based examination to test the knowledge and skills specified in the regulations.

Continuing Education

To be eligible for renewal as a triage paramedic, the provider must show proof of completion of four (4) hours of approved local triage paramedicine related continuing education.

Training Program Review and Approval

Application

Training Programs interested in providing triage to alternate destination training(s) should submit a written request for program approval to their LEMSA. A detailed list of documentation necessary for program approval is included in the **Appendix 4.1, and additional information can be found in §100187. Approval of Community Paramedic and Triage to Alternate Destination Training Programs**

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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 both program approval and any deficiencies with the application. **Appendix 4.6**

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 is included in Appendix 4.7

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

- **Appendix 4.1: Complete List of Documentation Needed for Training Program Approval - Sample**
- **Appendix 4.2: Complete List of Staff Skill/Experience Requirements and Statements of Compliance - Sample**
- **Appendix 4.3: Minimum Training and Curriculum Requirements and Statement of Compliance - Sample**
- **Appendix 4.4: Coversheet for Application as an Approved Training Program – Sample**
- **Appendix 4.5: Application for Authorization as an Approved Training Provider - Sample**
- **Appendix 4.6: Sample Notification of Training Program Approval - Training Program - Sample**

- **Appendix 4.7: Notification of Training Program Approval - EMS Authority – Sample**

Step 5 – LEMSA Program Application and Approval Process

Overview

Following the signing of AB 1544, local emergency medical services agencies are permitted to develop Triage to Alternate Destination programs in accordance with regulations put forth in **Chapter 5**. If a LEMSA opts to develop a TAD program, and the necessary steps have been taken to plan and develop the program, the LEMSA is then responsible for submitting the TAD program application materials to the EMS Authority.

Program Review and Approval

Application

The LEMSA is responsible for submitting a written request to the EMS Authority for approval of a triage to alternate destination program. A detailed list of documentation necessary for program approval is included in the **Appendix 5.1**

Review

Upon receipt of the written request for program approval, the EMS Authority “shall review a LEMSA’s proposed community paramedicine or triage to alternate destination program using procedures consistent with Section 1797.105 of the Health and Safety Code and review the LEMSA’s program protocols to ensure compliance with the statewide minimum protocols developed under Section 1832 of the Health and Safety Code.”

If necessary, the EMS Authority can then “impose conditions as part of the approval of a community paramedicine or triage to alternate destination program that the LEMSA is required to incorporate into its program to achieve consistency with the Authority’s regulations and statute.”

Upon receipt and review of the request, it is the responsibility of the EMS Authority to provide the requesting LEMSA with written notification of Program approval or denial no later than 30 days after it is submitted by the LEMSA.

Approval

Triage to alternate destination program shall be for twelve (12) months from the date of approval.

Renewal

Renewal of the program shall be completed annually through submission of the Triage to Alternate Destination Annex of the EMS plans process, discussed in detail below.

More details on the approval process can be found in **Chapter 5 Section §100190 Community Paramedicine or Triage to Alternate Destinations Program Approval Process**. And section **§100183 – Program Requirements and Minimum Standards**

Integration with Emergency Medical Services Plan

A local EMS agency that elects to develop a TAD program will need to integrate the proposed program into the agency's existing emergency medical services plan. Program renewal is also contingent on the submission of the Triage to Alternate Destination Annex of the Emergency Medical Services Plan (**§100183a.1**) An EMSA provided template is included in Appendix 5.1

Appendices

- **Appendix 5.1: Checklist for Program Approval - Sample**
- **Appendix 5.2: Community Paramedicine/Triage to Alternate Destination EMS Plan Annex - Sample**

Step 6 – Using Data to Evaluate the Program

Overview

Once a triage to alternate destination program has been established, it is important to gather data points and metrics for evaluation, to determine whether the program has improved the effectiveness and efficiency of the local health care system, while also diverting 911 patients away from transport to emergency departments. Metrics for evaluation will look different for each of the approved program specialties.

Generally, some potential metrics to track include people enrolled/interacted with, characteristics of patients and outcomes of triage paramedic services, including patient safety outcomes. Information from the California Emergency

Medical Services Information System (CEMSIS) and electronic patient health information (HIE) should be used. Further, estimates using other data points, including the cost of patient transport, should be utilized to further understand the impact of the program locally. The sections below provide some suggestions on metrics to track for each TAD program specialty.

Program Evaluation by Specialty

Care and Comfort for Hospice Patients

Due to the nature of this program specialty, using quantitative data for evaluation may be difficult. The primary goal of this specialty is to provide for the patient and their family's immediate care needs, including grief support – quantifying the level or quality of support is not an easy task. However, there are several metrics that could be tracked prior to program implementation and compared to data collected after tirage paramedics begin their work.

- Number or percentage of hospice patients transported to an ED after a 911 call, compared to the number not transported in the same time frame.
- Estimate of costs avoided by reducing ambulance transports to emergency departments for hospice patients.

By Hospice patients remaining in their home, these programs can generally be seen as a success.

Transport Services for Patients who Identify as Veterans

This program specialty may not result in significant cost savings for EMS Agencies, as patients are still being transported to local (Veteran's) emergency department for treatment, but the impact of honoring a patients' wishes is critical. Further, diverting patients away from a standard emergency department could lead to overall reduction in pressure on overburdened facilities and unnecessary secondary transfers.

- The total number of 911 calls for patients who identify as Veteran's that result in a transport to a local veteran's administration emergency department for medical screening

Authorized Sobering Centers

The goal of this program specialty is to divert patients who can be treated safely and effectively at facilities other than emergency departments away from the potentially crowded ED settings they would otherwise be brought to. Some metrics that could be used for program evaluation include the following:

- The number of 911 calls involving intoxicated patients that result in a transport to an alternate care facility – sobering center.

Authorized Mental Health Facilities

Like the Sobering Center program specialty, the goal of this program specialty is to divert patients who can be treated safely and effectively at facilities other than emergency departments. Some metrics that could be used for program evaluation include the following:

- The number of 911 calls involving patients with mental health needs that result in a transport to an authorized mental health facility. .

References

Update of Evaluation of California's Community Paramedicine Pilot Program. Coffman, and Amah, Healthforce Center and Philip R. Lee Institute for Health Policy Studies. UC San Francisco. 2020

Definitions

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

Cal. Code Regs. title. 22 §100181

Alternate destination facility: a treatment location that is an authorized mental health facility, as defined in Section 1812 of the Health and Safety Code or an authorized sobering center as defined in Section 1813 of the Health and Safety Code.

Authorized mental health facility: a facility that is licensed or certified as a mental health treatment facility or a hospital, as defined in subsection (a) or (b) of Section 1250 of the Health and Safety Code, by the State Department of Public Health, and may include, but is not limited to, a licensed psychiatric hospital, or licensed health facility, or certified crisis stabilization unit. An authorized mental health facility may also be a psychiatric health facility licensed by the State Department of Health Care Services. The facility shall be staffed at all times with at least one registered nurse.

Authorized sobering center: a non-correctional facility that is staffed at all times with at least one registered nurse, that provides a safe, supportive environment for intoxicated individuals to become sober, that is identified as an alternate destination in a plan developed pursuant to Section 1843 of the Health and Safety Code, and that meets any of the following requirements:

1. The facility is a federally qualified health center, including a clinic described in subsection (b) of Section 1206 of the Health and Safety Code.
2. The facility is certified by the State Department of Health Care Services, Substance Use Disorder Compliance Division to provide outpatient, nonresidential detoxification services.
3. The facility has been accredited as a sobering center under the standards developed by the National Sobering Collaborative. Facilities granted approval for operation by Office of Statewide Health Planning and Development (OSHPD) before November 28, 2017, under the Health Workforce Pilot Project No. 173, may continue operation until one year after the National Sobering Collaborative accreditation becomes available.

consistent with the minimum medical protocols established by the Authority. Community paramedicine program specialties include:

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.

Triage paramedic: a paramedic licensed under this Division who has completed the curriculum for triage paramedic services adopted pursuant to paragraph (2) of subsection (d) of Section 1830 of the Health and Safety Code and has been accredited by a LEMSA in one or more of the triage paramedic specialties described in Section 1819 of the Health and Safety Code as part of an approved triage to alternate destination program.

Triage paramedic training program: a training program approved by LEMSA to provide certification of completion of didactic and clinical experience and that includes a final comprehensive competency-based exam to test the knowledge and skills specified in this Chapter to provide triage paramedic services.

Triage to alternate destination program: a program developed by a LEMSA and approved by the Authority to provide triage paramedic assessments under triage and assessment protocols developed by the LEMSA that are consistent with the minimum triage and assessment protocols established by the Authority in one or more specialties including:

1. Providing care and comfort services to hospice patients in their homes in response to 911 calls by providing for the patient's and the family's immediate care needs, including grief support in collaboration with the patient's hospice agency until the hospice nurse arrives to treat the patient.

2. Providing patient with ALS triage and assessment by a triage paramedic and transportation to an alternate destination facility, as defined in Section 1811 of the Health and Safety Code.
3. Providing transport services for patients who identify as veterans and desire to transport to a local veteran's administration emergency department for treatment, when appropriate.

Triage to alternate destination provider: an advanced life support provider authorized by a LEMSA to provide ALS triage paramedic assessments as part of an approved triage to alternate destination program specialty as described in Section 1819 of the Health and Safety Code.