



When 9-1-1 Calls YOU

Dallas Area Agency on Aging &
Dallas Fire-Rescue Department

Community Council 
Advancing Solutions...Empowering Lives

Presenters

Community Council/DAAA (Evidence-based Programs)

- **Jessica Walker, Director Business Development**
- **Kelly Blair, Manager Evidence-based Programs**

Dallas Fire-Rescue Mobile Community Healthcare Program

- **Isaac Gooch, Lieutenant /Coordinator**
- **Jarrold Gilstrap, Paramedic**

Community Council/Dallas Area Agency on Aging

1940: Community Council founded 1940

1972: Dallas Area Agency on Aging established

About Us

Mission

The Community Council serves the community by providing leadership in:

- Determining priority issues in the human services area
- Convening partners to significantly impact service delivery
- Increasing awareness of, and access to services

Vision

The Community Council is dedicated to enhancing the quality of life in North Texas, enabling each individual to achieve his or her full potential.

About Us

Strategic Goals

- Lead high-priority issues
- Serve as a neutral convener
- Conduct research into emergency and current issues
- Provide advocacy on issues within the Council's mission

Services

Dallas Area Agency on Aging
2-1-1 Information Referral Service
Healthcare Navigators
Healthcare Coalitions
Evidence-Based Programs
Youth Services & Programs
Economic Empowerment
Capacity Building
Convener
Fiscal Agent
Incubator

Partnerships With Local Paramedics

- ❖ Strengthening Evidence-based Program Delivery
 - ❖ Impacting Frequent Users of 9-1-1

Evidence-Based Programs

- A Matter of Balance
- Chronic Disease Self-Management Program
- Tomando Control de su Salud (Spanish CDSMP)
- Diabetes Self-Management Program
- Programa de Manejo Personal de la Diabetes
- Diabetes Self-Management Training/Medical Nutrition Therapy (Medicare)
- Diabetes Prevention Program



Evidence-Based Programs Continued

- **Stress Busting for Family Caregivers**



- **Home Meds**

- **Care Transitions**





EBP Coming Soon...

- Chronic Pain Self-Management Program
- Walk With Ease
- Chronic Disease Self-Management Program
Toolkit

When 9-1-1 Calls YOU



If you have an
emergency, always

CALL

9-1-1



DALLAS FIRE- RESCUE DEPARTMENT

MOBILE COMMUNITY
HEALTHCARE PROGRAM



Mobile Community Healthcare Program

DFR is a metro, fire-based EMS system

- 42 front line ambulances
- 200,000 annual response volume

MCHP program

- 911 call high-utilizers or “High Risk Patients”
- Contracts with local hospitals and entities to decrease over utilization of medical services
- These patients account for disproportionate resource utilization and high uncollected costs

Mobile Community Paramedic (MCP)

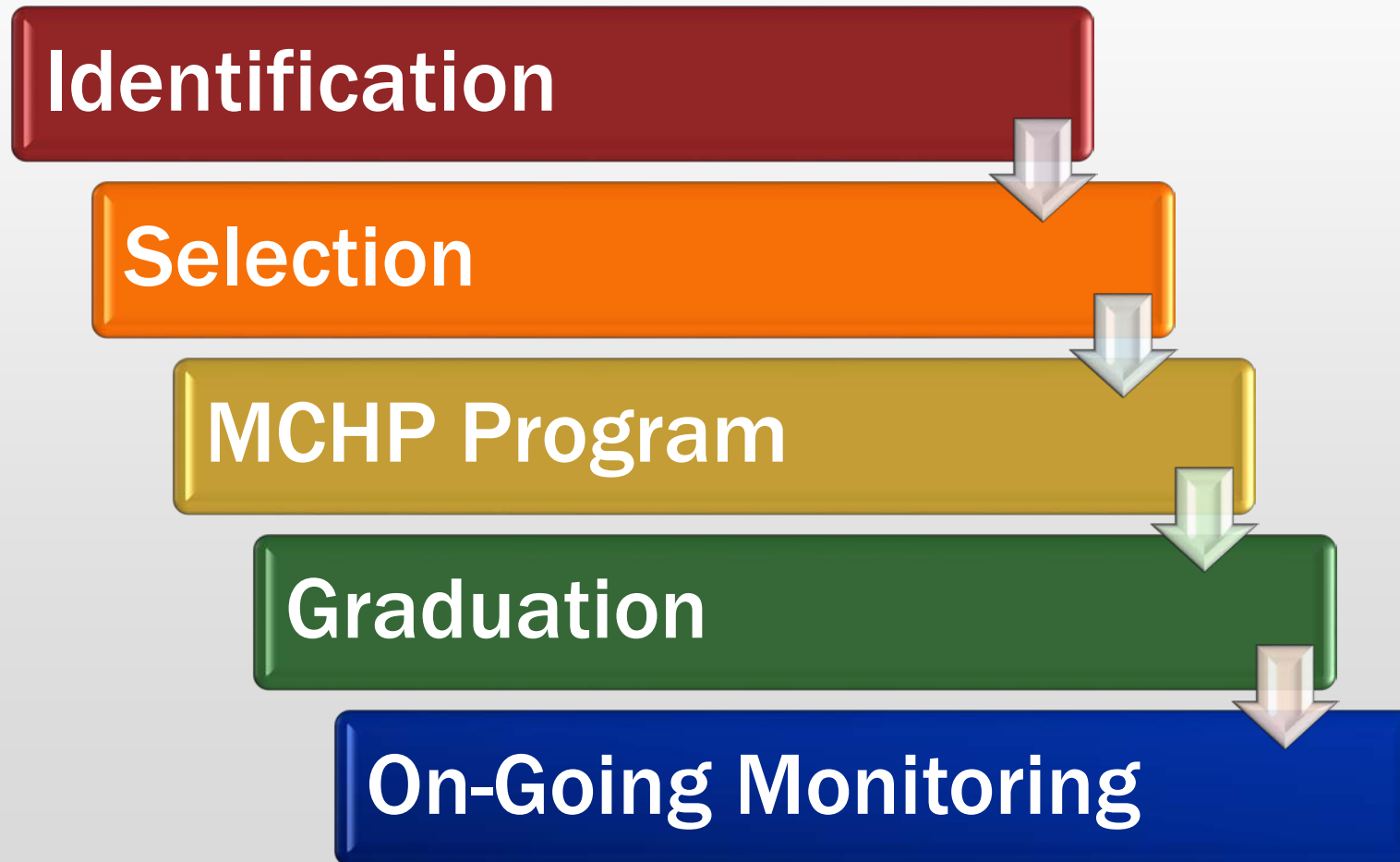
- MCPs are trained in community outreach, social work and advanced patient assessment at Collin College Advanced Paramedic CE
- Each patient assigned one MCP based on:
 - –Geographic location, MCP strengths, MCP Span of control
- Backup MCPs are assigned and introduced



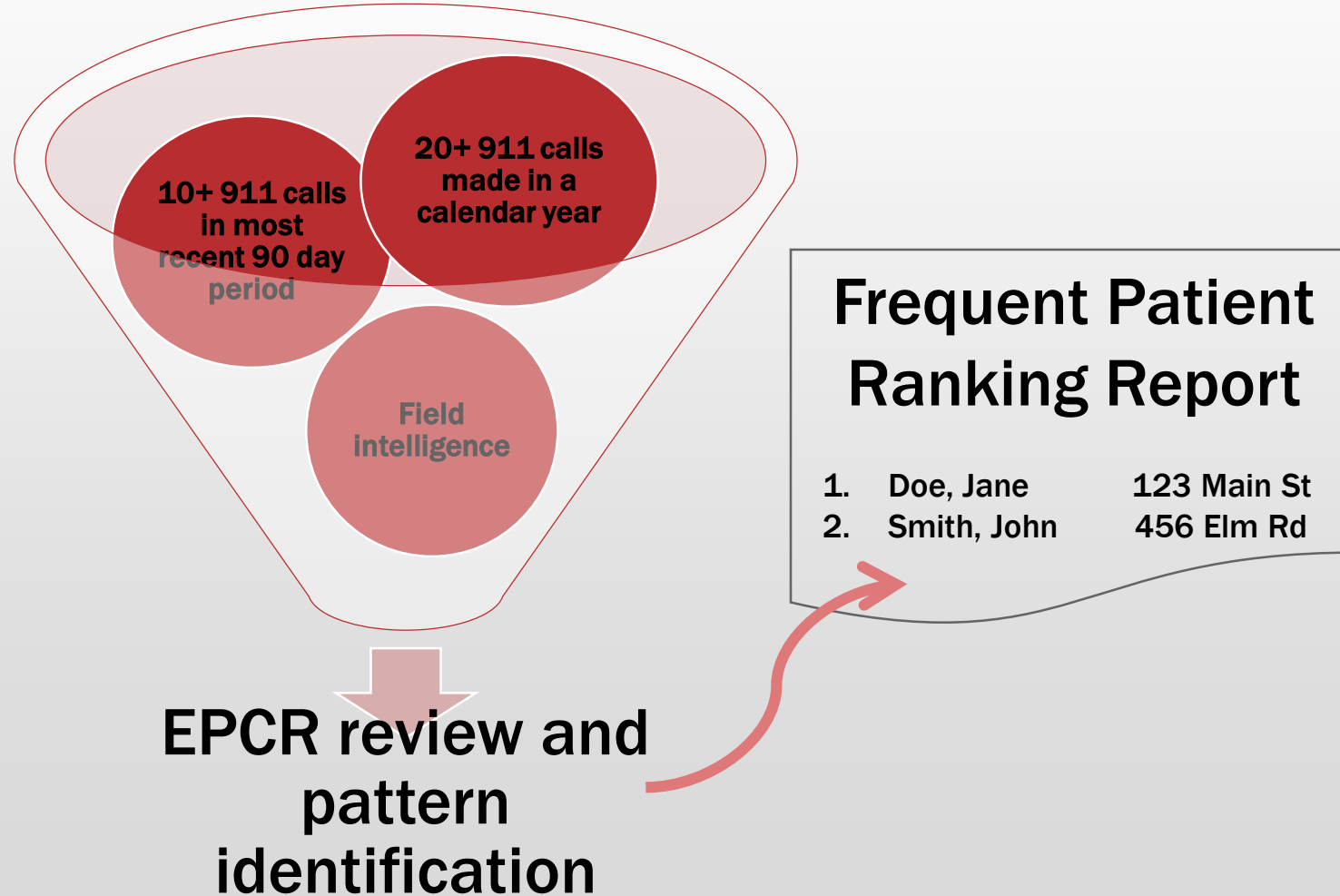
EMERGENCY MEDICAL SERVICES



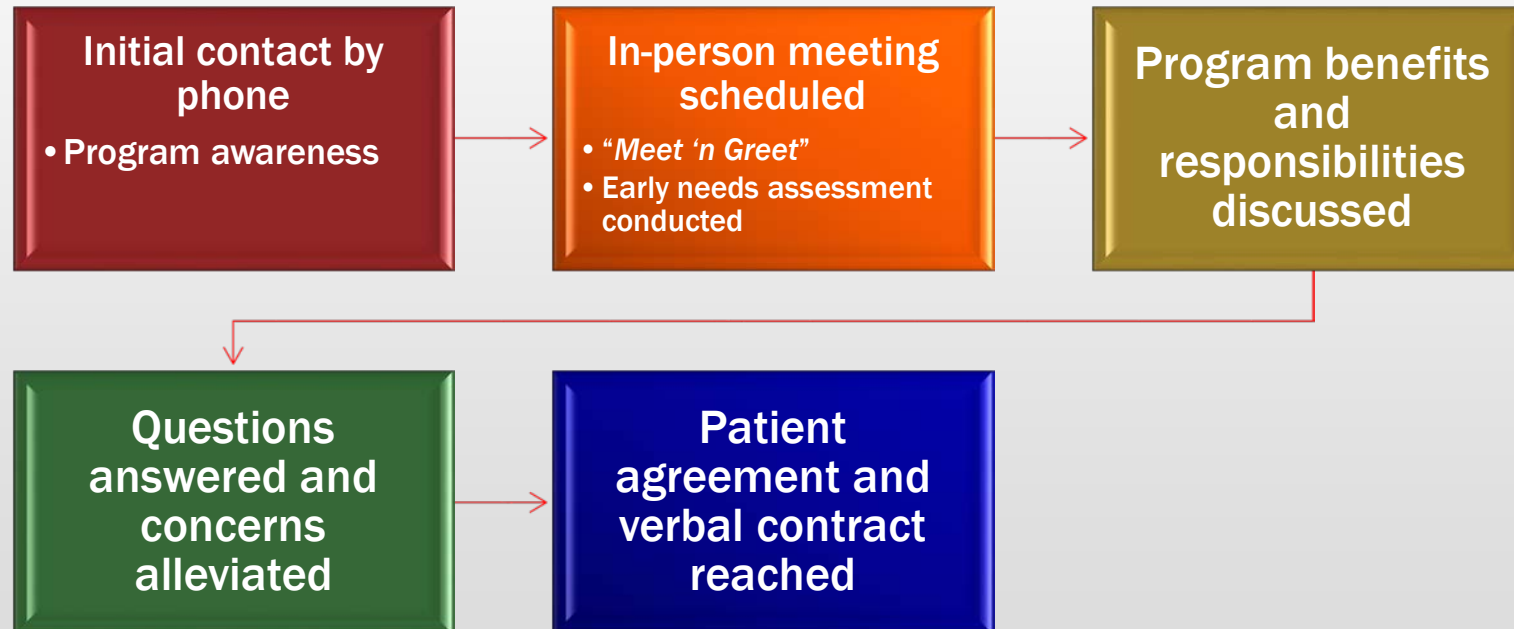
Program Flow



Patient Identification



Patient Selection





Patient Enrollment Includes

Comprehensive Medical History

Medication Identification





Thorough physical assessment

MEDICARE



HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY

JOHN DOE

MEDICARE CLAIM NUMBER

000-00-0000-A

SEX

MALE

IS ENTITLED TO

HOSPITAL (PART A)

EFFECTIVE DATE

01-01-2007

MEDICAL (PART B)

01-01-2007

SIGN

HERE



Insurance and payment assistance
overview



Dallas Fire & Rescue Department
Mobile Community Healthcare Program



CONSENT FOR CARE

I, _____, hereby consent to examinations, medical and therapeutic care and/or procedures which have been determined to be necessary for me by the paramedic or emergency medical technician and as authorized by the Medical Director of the Dallas Fire & Rescue Department Emergency Medical Services.

I further consent to photographs that may be taken and maintained as part of the medical record and used as an adjunct to the delivery of health care services. I understand that any such photographs will be maintained with the same level of privacy as is the medical the record.

I acknowledge that Dallas Fire & Rescue Department is primarily an emergency medical service based healthcare provider and that paramedics and emergency medical technicians, under the authority of the Dallas Fire & Rescue Department Emergency Medical Services Director, will be providing the care rendered.

CONSENT FOR RELEASE OF INFORMATION

I hereby authorize the Dallas Fire & Rescue Department to release and/or receive:

Medical information from or to referring health care providers, including a public health nurse, or home health agency referrals, insurance companies, and other third party sponsors for the purpose of providing health care to me, processing of claims, audit of payments for hospitalization and/or treatment, and to facilitate overall assessment of effectiveness of the Mobile Community Healthcare Program.

I understand that the information released may include records related to genetic information, HIV/AIDS, sexually transmitted diseases, mental health treatment, and drug and alcohol abuse treatment. Please Initial: _____

Basic patient information regarding date and time of appointment(s) to family members (parents, spouses, adult children, guardians), and caregivers.

Personal information (i.e. name, address, phone #) and information related to my social conditions, to the DPD Crisis Intervention Unit for the purpose of obtaining referrals to community programs.

Date ____/____/____

Patient's Signature

Refusal to sign this authorization will not adversely affect your ability to receive health care services or reimbursement for services. The only circumstance when refusal to sign means you will not receive health care services is if the health care services are solely for the purpose of providing health information to someone else and the authorization is necessary to make that disclosure.

This consent/authorization may be revoked by written notice at any time except to the extent already relied upon. Unless previously revoked, this consent/authorization will remain in effect for 1 (one) year following the date of execution. Written revocations should be sent to: Privacy Officer, City of Dallas, 1500 Marilla Street, 4CN, Dallas, TX 75201.

- Medical Intake Form
- Consent For Care Form
- Protected Health Information (PHI) Form

Needs Assessment and Goal Setting

- Medical
- Psycho-Social
- Socio-Economic/Environmental



Immediate Stabilization

Identifying and
managing initial
unmet needs:

- **Healthcare**
- **Psycho-Social
Care**
- **Socio-Economic
/ Environmental**

Establishing Trust

- Most patients have long standing trust issues with first responders
- Many patients felt to have been “abused by the system.”
- Assigned MCP forms initial trust-bond with patient through:
 - Explanation of MCHP policies/procedures
 - Consistency of home visit scheduling
 - Providing/explaining Patient Education booklet





Not all needs are medical.



Setting Initial Goals

- PCP and specialty care established
- Diseases managed
- Medication(s) reconciled
- Needed medical devices obtained
- Health insurance or payment assistance sought
- Serial inebriate threats identified and avoided
- Self-care awareness
- Education





Making sure needs are met

Not only does MCHP ensure that medical devices are available. They work hard to ensure safety for the patients as well

Weekly Home Visits



- Physical Assessment
- Vitals Check
- Medication Reconciliation
- Pain Evaluation
- Review of 911 calls and hospital ED visits
- Emerging or new issues

Weekly Case Management

Medical Director and MCHP Team meet to evaluate progress of medic with patient

LAST WEEK'S 911 CALLS:

Date Last 911 Call	Time of Day	Weekend	Chief Complaint	Transported	Hospital	Admitted	ePCR
8/22/2014	12:00 PM	Yes	Allergic Reaction	Select...	Select...	Select...	San Mic 12.6
8/15/2014	12:00 PM	Yes	Breathing Difficulty	Yes	Parkland	Yes	San Mic 12.6

Insert item

MOST RECENT VITALS:

Date Last Checked	Type	Chief Complaint	Weight	BP	HR	RR	SPO2	BGA	Temp	Pain	BVC	CableStat
5/10/2014	12:34 PM	Unscheduled	225	165/99	100	44	97	88	99.2	4	NSR	San Mic 12.6
	1:15 PM	Breathing Difficulty		162/110	22	31	100	---	99.1	3	Not Performed	
6/23/2014	5:30 PM	Emergency	222	182/110	119	11	100	112	99.5	10	Sinus Tachy	San Mic 12.6
	7:10 PM	Abdominal Pain		185/112	135	22	98	86	99.6	11	Sinus Tachy	San Mic 12.6
7/8/2014	1:13 PM	Scheduled	224	122/84	88	20	100	110	98.6	1	NSR	San Mic 12.6
	2:22 PM			122/84	84	24	100	99	98.6	0	Not Performed	
8/1/2014	11:19 AM	Scheduled	225	120/80	92	13	100	112	98.7	1	Not Performed	Click here
	12:10 PM			122/84	73	19	100	81	97.9	1	Not Performed	

Insert item

PATIENT TAKES 3 MEDICATION(S):

Drug Allergies: Penicillin

Brand Name/Generics Equivalent/Interactions	Reason	Dose	RTG	Prescriber	Adherence	Reconciliation Date	Refill Date
Drug.com							

Weekly Case Management Meeting

Drug Allergies: Penicillin								
Brand Name/Generic Equivalent Interactions: Drugs.com		Reason	Dose	SIG	Prescriber	Adherence	Reconciliation Date	Refill Date
INDOMETHACIN (indomethacin) ▼		Hypertension	10mg	po ▼	Dr. Smith	Unsure ▼		
ACETAMINOPHEN (acetaminophen (otc)) ▼		Leg pain	86mg	bid ▼	Dr. Smith	Yes ▼		
SINGULAIR (montelukast sodium) ▼		Asthma	1mg	q 3 h ▼	Dr. Rogers	No ▼		

Insert item

MEDICAL APPOINTMENTS THIS WEEK:

Date	Type	Clinic	Provider	Patient Attended	MCP Attended	Follow Up
8/22/2014	PCP Appt	Bluitt-Flowers	Dr. Smith	Yes ▼	Yes ▼	Need to get prescription.

Insert item

LAST WEEK, MCP NOTED THE FOLLOWING:

Date	Narrative
8/22/2014	Sample narrative about patient status, weekly updates, goes here.
8/18/2014	Called patient, doing well. Continue to follow up on status.

Insert item

NEXT STEPS/PLAN OF ACTION FOR THIS WEEK:

Date	This Week's Plan of Action	Additional Info
8/22/2014	<input checked="" type="checkbox"/> Vitals Check <input type="checkbox"/> Med Check <input checked="" type="checkbox"/> Resource Contact/Visit <input type="checkbox"/> Patient visit Dr./clinic <input checked="" type="checkbox"/> Patient Home Visit <input checked="" type="checkbox"/> Phone Call	Continue contacting patient and resources.

Insert item

MEDICAL DIRECTOR NOTES:

Discussion Date	Comments
8/22/2014	Continue evaluating patient and review PCR at next meeting.

Reassessment



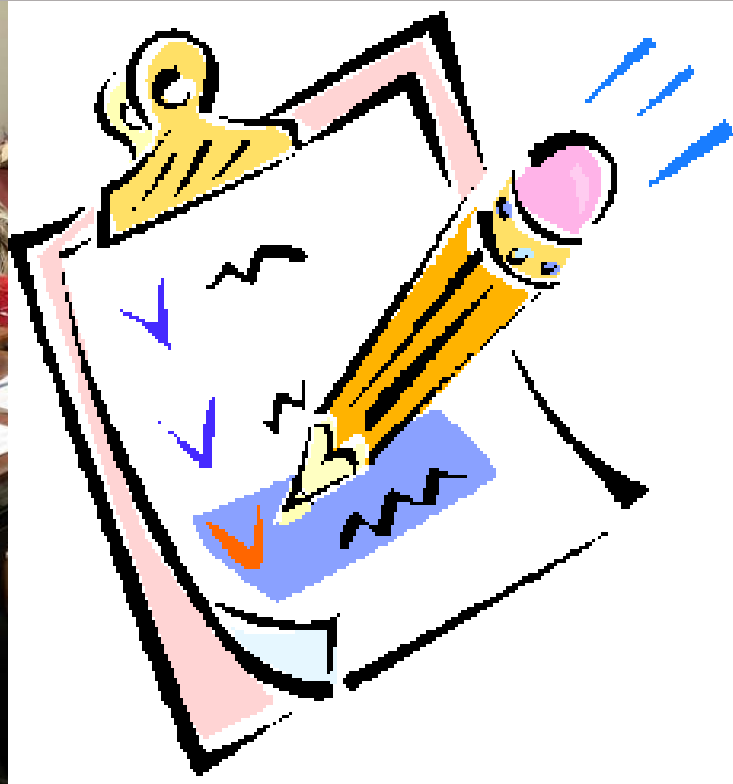


Graduation

Training Paramedics as Volunteers



Day Zero & Outreach Strategies



BINGO



& POPCORN!

Do you have diabetes?

Test your diabetes knowledge and have fun by playing diabetes bingo!

**Join us in the Community Room
for popcorn and diabetes bingo!**

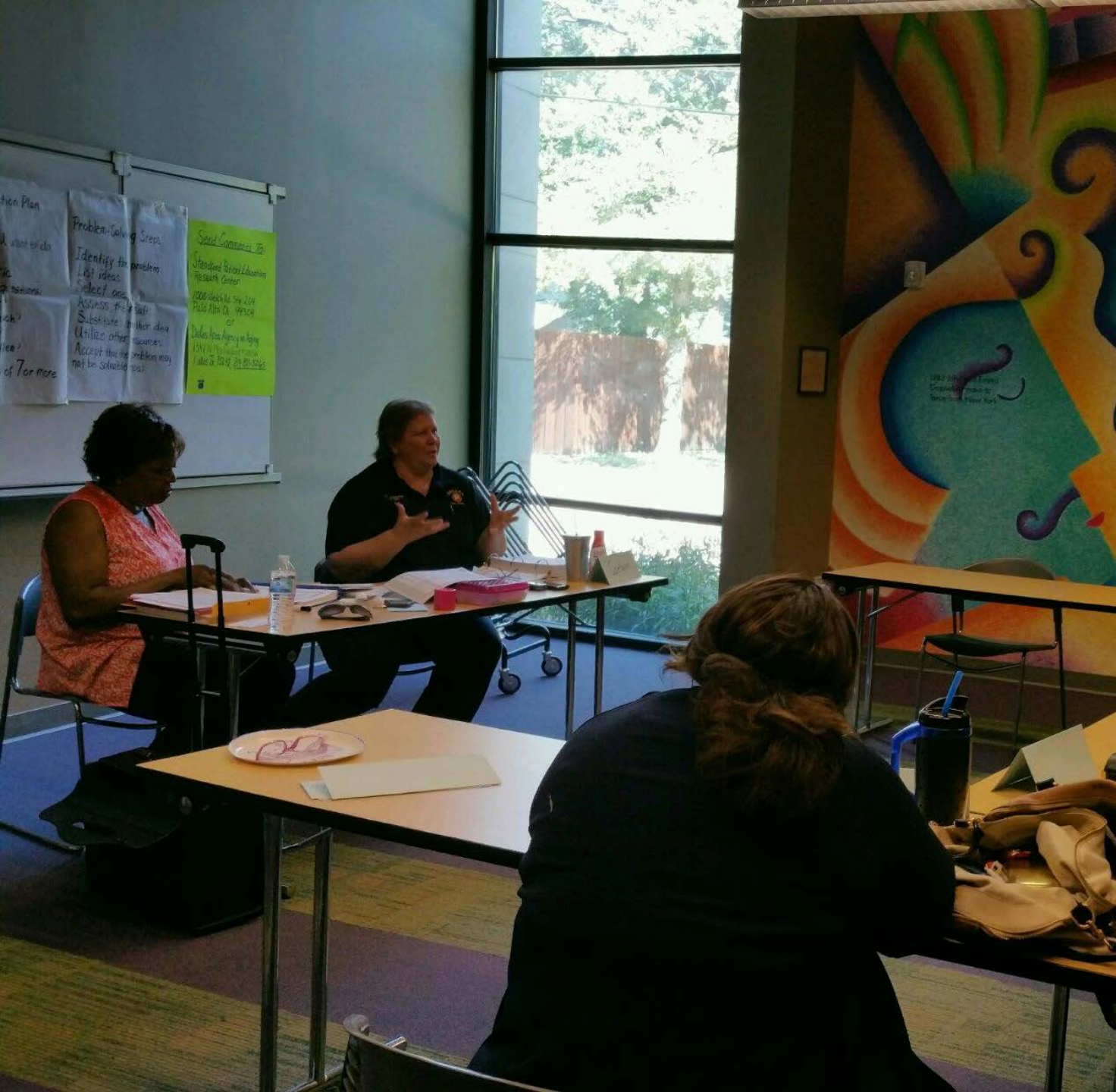
MOVIE and POPCORN!



**Do you have concerns about falling?
It's common.**

**Join us at Pleasant Oaks Recreation Center
for popcorn and a short video on
*“A Matter of Balance:
Managing Concerns About Falls”***

**Thursday, February 16, 2017
9:30 a.m. - 10:30 a.m.**



Community Education

We participate with the Dallas Area Council on Aging by teaching Chronic Disease Management classes and Matter of Balance classes

Referral Strategies



Educating Community Paramedics About AAA Resources



A green highway sign with the text "What's Next?" in white, set against a blue sky with white clouds. The sign is mounted on a metal structure. The text is in a bold, sans-serif font.

What's Next?

Volunteer Partners of the Year 2016





Questions?



Contact Information

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- Jarrold Gilstrap** jarrod.gilstrap@dallascityhall.com **214-952-4050**