**MEMORANDUM OF UNDERSTANDING**

**COMMUNITY PARAMEDIC PROGRAM**

This Community Paramedic Program Agreement (“Agreement”) is entered this \_\_\_\_\_day of \_\_\_\_\_, \_\_\_\_\_, between ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“\_\_\_\_\_\_\_”) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (“\_\_\_\_”), herein being referred to collectively as, the “Participants.”

WHEREAS, the Participants share a mission to improve the health of residents in \_\_\_\_\_\_\_\_\_\_\_; and

WHEREAS, community paramedics are specially trained to conduct in-home patient assessments and provide specific primary health care and preventive services, by acting through a physician’s order and within a defined scope of practice; and

WHEREAS, the community paramedic model helps physicians monitor the health of vulnerable patients, thereby producing better health outcomes and reducing the number of ambulance transports, visits to the emergency department, and hospital readmissions; and

WHEREAS, medical providers are key to the program in terms of providing clinical training and issuing orders; and

WHEREAS, \_\_\_\_\_\_\_\_\_\_\_ desires to participate in the community paramedic program.

NOW, THEREFORE, in consideration of the terms and conditions of this MOU, the receipt and sufficiency of which is jointly acknowledged, the Participants agree as follows:

1. Scope of Work
2. Participants agree to share patient records as is necessary to provide care, and will follow corresponding confidentiality policies. The patient record created by the community paramedic will be sent to the ordering physician at \_\_\_\_\_\_\_\_\_.
3. Participants agree to run data requests on certain measurable outcomes for use by both parties. Data will be presented in aggregate without patient identifiers. \_\_\_\_\_\_\_\_\_\_\_\_ will share program evaluation results with \_\_\_\_\_\_.
4. \_\_\_\_\_\_\_ providers shall formally request a home visit by the community paramedic

through a physician order, based on services that are within the scope and expertise of the paramedic. A community paramedic will act on the order between 8:00 am and 5:00 pm within 48 hours of receipt, and based on urgency and availability, unless otherwise agreed upon by the issuing provider.

1. \_\_\_\_\_\_\_ may provide a representative to the Community Paramedic Advisory Committee, which meets quarterly.
2. \_\_\_\_\_\_\_\_ shall participate in case reviews when appropriate, in order to improve the quality of the program and document specific outcomes for evaluation purposes.
3. \_\_\_\_\_\_\_\_\_\_\_\_ shall provide the medical oversight for the program through its Medical Directors, Minnesota-licensed physicians.
4. \_\_\_\_\_\_\_\_\_ participating physicians shall sign Appendix B agreeing that they understand the program and the procedures available to be performed. Appendix B can be amended with additions or deletions of physician’s signatures on an as needed basis without the need to change this agreement.

II. Term of Agreement

The term of this Agreement shall be through the end of the year in which it is entered, and this Agreement shall be automatically renewed for additional one (1) year terms in perpetuity.

III. Termination of Agreement

This Agreement may be terminated by either party at any time and for any reason in writing with thirty (30) days written notice.

IV. Notices

Any formal notice, demand or request pursuant to this Agreement shall be in writing and shall be deemed properly served, given or made, if delivered in person or sent by certified mail postage prepaid to the Participants at the following addresses or as otherwise modified pursuant to this section:

|  |  |
| --- | --- |
| **If to ECHSD:** | **If to \_\_\_\_\_\_\_\_\_\_\_\_:** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  with a copy to:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  with a copy to:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

V. Severability

In the event that any of the terms, covenants or conditions of this Agreement or their application shall be held invalid as to any person, entity or circumstance by any court having competent jurisdiction, the remainder of this Agreement and the application in effect of its terms, covenants or conditions to such persons, entities or circumstances shall not be effected thereby.

VI. Section Headings

The section headings in this Agreement are inserted for convenience and are not intended to indicate completely or accurately the contents of the sections they introduce and shall have no bearing on the construction of the sections they introduce.

VII. Duly Authorized Signatories

By execution of this Agreement, the undersigned each individually represent that he or she is duly authorized to execute and deliver this Agreement and that the subject party shall be bound by the signatory’s execution of this Agreement.

*\*\*\*SIGNATURES TO FOLLOW\*\*\**

IN WITNESS WHEREOF the Participants have caused this Agreement to be executed as of the day and year written above.

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Appendix A**  Community Paramedic Clinical Procedures | | |
| Pediatric / Neonatal Clinical Rotation | | |
| *16 Hours Clinical Time* | | |
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| PROCEDURES LEVEL 1 | # Performed | Clinical Site |
| Well Baby Checks |  | Ped - C |
| 2 - 12 months | 20 | Ped - C |
| 1-5 yrs | 15 | Ped - C |
| 6-13 yrs | 10 | Ped - C |
| 13-18 yrs | 10 | Ped - C |
| Weights | 5 | Ped - C |
| Length | 5 | Ped - C |
| Head and Circumference | 5 | Ped - C |
| Blood Pressure checks | 2 | Ped - C |
| Development Assessment | 5 | Ped - C |
| Pt Documentation |  | Ped - C |
| SOAP Notes | 5 | Ped - C |
| Chart Review | 15 | Ped - C |
| Acute Illness Management |  | Ped - C |
| 0-1 years | 2 | Ped - C |
| 1-5 years | 2 | Ped - C |
| 6-13 years | 2 | Ped - C |
| 14-18 years | 2 | Ped - C |
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| Community Paramedic Clinical Procedures | | |
| Family Practice Clinical Rotation | | |
| *40 Hours Clinical Time (L1)* | | |
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| PROCEDURES LEVEL 1 | # Performed | Clinical Site |
| Blood Pressure checks | 2 | FP |
| Medical Equipment |  | FP |
| Otoscope | 30 | FP |
| Blue Tooth Stethoscope | 5 | FP |
| Home Medication |  | FP |
| Compliance | 7 | FP |
| Medication Reconciliation | 7 | FP |
| Pt Documentation |  | FP |
| SOAP Notes | 5 | FP |
| Chart Review | 15 | FP |
| History & Physical | 20 | FP |
| Assessment | 20 | FP |
| Results from Tests/Diagnostic tools | 15 | FP |
| Identifying Red Flags | 5 | FP |
| Identifying further testing needs | 5 | FP |
| Prenatal |  | FP |
| Doppler | 5 | FP |
| Measurements | 5 | FP |
| Urine for Protein | 5 | FP |
| Acute Illness Management |  | FP |
| 0-1 years | 5 | FP |
| 1-5 years | 5 | FP |
| 6-13 years | 5 | FP |
| 14-18 years | 5 | FP |
| 18 + years | 5 | FP |
| 65 + years | 5 | FP |

**Appendix B**

**Physician Signature and Agreement**

By signing this agreement physicians are acknowledging that they are ordering a task, a procedure or a service and will order services for a single visit per the approved Community Paramedic Patient Order Form. Any deviations from this order form shall be by a written order and may or may not fall within the Scope of Practice as described in

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| Physician’s Name | Physician’s Signature | Date |
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