



# **Athletic Training in Public Safety**

*A NATA Value Model*

# Table of Contents

Table of Contents	1
PREFACE	3
INTRODUCTION	3
VALUE MODEL DEFINITIONS	4
PURPOSE	5
WORTH	5
Setting the Worth Standards	6
Services – “Not for Free”	6
Fair Labor Standards Act	6
Contracts	7
Documentation	8
Outcomes – Telling the Story	9
Data Collection	10
DEMONSTRATING WORTH AND VALUE	11
Risk Mitigation	11
Injury Prevention and Care Policies	11
Medical Referral	13
Ancillary Risk Management Strategies	13
Athletic Training Services	14
Care Coordinator/Patient Navigator	14
Injury Evaluation and Treatment	15
Injury Rehabilitation and Conditioning	16
Injury and Crisis Management	17
Primary Care Physician Services	17
Diagnostic Testing	18
Medical Provider Contacts	18
Injury Prevention Programs	18
Organizational/Administrative Duties	19
Injury Records	20

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Credential Maintenance	20
Research	21
Quality Assurance	21
Medical History	22
Public Safety Work Site Relations	22
Emergency Action Plans	23
Insurance	23
Drug Testing	24
Cost Containment	24
Insurance Premiums	24
Staffing and Workload Management	24
Budget Management	25
Fundraising	25
Conditions Affecting Work Success	26
Work Success	26
Life Skills	26
Counseling	27
Efficiency	27
Patient Satisfaction	28

Public Safety Value Model Draft – Sept. 3, 2020

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## PREFACE

Special thanks are extended to the NATA volunteer members who created the materials and devoted countless hours to this project, especially those who created the following NATA value models: College/University Value Model, Secondary School Value Model and the Physician Practice Value Model. These models established the framework for the NATA Public Safety Value Model and were immensely beneficial to the creation of this document.

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## INTRODUCTION

The Public Safety Value Model is a product of the Public Safety Committee of the NATA Council on Practice Advancement (COPA). This document is intended for athletic trainers (ATs) and public safety agencies alike. The information contained in this document may be utilized to develop an athletic training program and provides best practice recommendations within the public safety setting.

Public safety refers to the welfare and protection of the public. The primary goal of public safety agencies is prevention and protection from dangers resulting from natural or human-made disaster or otherwise potentially catastrophic event. Entities designated with these responsibilities include fire and rescue, emergency medical services and law enforcement. Public safety employees must be operationally ready to respond at a moment's notice; therefore, it is essential that personnel be fit across all levels. These physically active adults commonly suffer

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musculoskeletal injuries, mild traumatic brain injuries (mTBI) and other types of injury or illness. The athletic training skill set clearly necessitates ATs in the public safety setting.

Employees of public safety are found in cities, townships, counties, states and at the federal level. Public safety employees are essential employees, meaning they are required to be prepared to report for duty at any time. Athletic trainers are categorized as civilian employees, comparatively, and therefore are not officially deemed essential employees. Recognizing that the medical establishment may be in flux during an emergency, the athletic trainer becomes an even more integral member of the agency's medical team.

Those hiring public safety ATs have specific goals in mind: 1) reduce worker's compensation costs, 2) keep employees healthy and on the job and 3) return injured/ill employees to work quickly and safely.

The Public Safety Value Model was created to provide a resource for athletic trainers in the public safety setting; broaden the athletic trainer's knowledge base of worth and value in the setting; assist in developing a template to use in appealing to human resources, administrators and supervisors; and recognize the value and worth of the full-time athletic trainer in the public safety setting. It is projected that this information will help ATs maintain and improve positions by quantifying their worth to the organization.

The Public Safety Value Model serves as a template to create more jobs in the public safety setting and improve the salaries, benefits and duties associated with these positions. This value model is considered a living document and, as such, shall be revised as deemed necessary and appropriate by the COPA Public Safety Committee.

This value model shall serve as an educational tool for athletic training educational programs to give future ATs a clearer picture of the value they provide as athletic training health care providers in this unique setting.

## VALUE MODEL DEFINITIONS

There are several key business management terms that all athletic trainers need to know to grow or sustain a practice. This value model will assist in clarifying why the need for a larger budget, increased space, increased staff ATs and improved salary are necessary in the development of a quality health care program. Different public safety agencies may define value and worth in different terms; therefore, it is imperative to clearly define and provide examples of both.

For the purposes of this document the following "business of athletic training" terms should be considered:

**Value:** The extent to which a service's worth is perceived.

**Worth:** The monetary value of a service.

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**Revenue:** Compensations associated either directly or indirectly with providing athletic training services.

**Reimbursement:** Payment for providing an athletic training service.

**Third Party Administrator:** An organization that processes insurance claims or certain aspects of employee benefit plans for a separate entity.

**Risk Manager:** An individual responsible for managing an organization's risks and minimizing the adverse impact of losses to the organization.

**Chain of Command:** Administrative structure within an agency.

## PURPOSE

The purpose of the Public Safety Value Model is to:

- Provide outcomes and objectively demonstrate why athletic trainers are vital health care providers in the public safety setting.
- Educate athletic trainers on the importance of putting a worth to their services by outlining regional and national industry norms for service.
- Educate athletic trainers on the importance of building a positive perception of the value of their services within the community once there is a worth attached to those services.
- Provide a resource for athletic trainers in the public safety setting that outlines the worth of services, value assessments and opportunities for growth.
- Provide the basic principles with which athletic trainers in the public safety setting can quantify and articulate their value within their agencies and public safety as a whole.
- Provide an educational resource for athletic training programs to give athletic training students a better understanding of their worth and value as ATs and health care providers.
- Demonstrate a need for outcomes and evidence-based practice in the public safety setting that will ultimately provide standards of care, revenue and reimbursement within health care.

## WORTH

Having solid monetary worth of services is necessary in setting the basic standards of payment. Once there is an understanding of the “going rate” for service within the industry, discussing contracts, hours within the contracts and services being provided will lead to an understanding of the typical payment associated with these services.

The athletic trainer is the greatest resource when it comes to promoting services as a professional. The following categories, along with the best practices outlined in this document, will help create a position that meets the needs of the athletic trainer and their agency, while also providing quality health care and an understanding of how to prove worth and eventually assign value to one’s services.

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## **Setting the Worth Standards**

As a profession, athletic training needs to take a stand on the importance of service and the value the athletic trainer brings to consumers. It is vital that the AT follow and abide by the educational certifications and individual state licensure/registration standards set forth. It is also necessary to assign worth to athletic training services, keep current injury surveillance and care records that can be assigned a dollar value and demonstrate the value athletic trainers bring to the public safety setting.

## **Services – “Not for Free”**

As a profession, athletic trainers must take a stand on the importance of service and the value ATs bring to consumers. Keep in mind that services that have no worth to someone are also of no value. Each time an athletic trainer agrees to volunteer services, whether skills, knowledge or hours, it becomes more difficult to demonstrate the true value of expertise. Although altruistic, “giving away” services devalues the AT and further complicates the necessity of proper funding in the endeavor to create an athletic training position.

It is imperative that the AT assign worth to services and demonstrate the value they bring to individuals, agencies, communities and businesses. However, in the designation of worth, the AT must demonstrate the ability to defend the worth of services. Worth must be based on regional billing standards rather than simply pulling numbers at random.

## **Fair Labor Standards Act**

Most workers are classified as either exempt or nonexempt, depending on their salary and the type of work they do. The federal Fair Labor Standards Act (FLSA) requires that, in addition to paying at least the minimum wage, employers also must pay overtime to employees who work more than 40 hours in a given workweek, unless they meet certain exceptions. Many states also have wage and hour laws that may have more requirements than FLSA. Employers must make sure they abide by both federal and state wage and hours laws to avoid legal trouble.

- **Definition of nonexempt employee**

Most employees are entitled to overtime pay under FLSA. These workers are considered nonexempt. Employers must pay them one-and-a-half times their regular rate of pay when they work more than 40 hours in a week. The biggest problem most employers have with nonexempt employees is miscalculating how much overtime workers are owed.

- **Definition of exempt employee**

FLSA contains dozens of exemptions under which specific categories of employers and employees are exempted from overtime requirements. The most common are exemptions for administrative, executive and professional employees; computer professionals; and outside sales employees. There is also a lesser known exemption for certain retail or service organizations. The primary advantages of classifying employees as exempt are that you don't have to track their hours or pay them overtime, no matter how many hours they work. Exemptions from the overtime requirements of FLSA are just that –

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exceptions to the rule. They are very narrowly construed, and the employer will always bear the burden of proving that employees have been correctly classified as exempt.<sup>1</sup>

NOTE: ATs in educational institutions are generally classified as exempt. One must examine the difference between exempt and nonexempt employees to avoid misunderstandings after the contract is signed.<sup>2</sup>

## **Contracts**

Outlining each service provided to the agency will provide a better understanding of the athletic trainer's worth (reference the Services section). It is vital for the athletic trainer to know the value of each service they provide. Calculating the worth of direct and/or indirect impact is vital for athletic trainers who negotiate their contracts. Understanding the business of health care can be extremely important when it comes time to discuss compensation for the athletic trainer's skill.

The following is a list of key questions ATs should ask regarding contracts and the creation of a position within the public safety setting:

- **Is the AT on a contract?**  
While challenging, negotiating a contract may allow the AT to earn more money and achieve better work-life balance. By placing a value on provided services, benchmarks can be created that must be met in order to be compensated. Extensive research in the market value of AT services provided should be completed.
- **Does the AT negotiate for themselves?**  
As a negotiator, the AT must be somewhat uncompromising. Although this approach is required to obtain a desired salary and benefits, it may produce unwanted tension between the AT and the personnel director and make future negotiations more difficult. The advantage of being independent is that the AT is in control of the negotiations. The disadvantage of being independent is that the AT must accept the final results. If the AT is not familiar with contract negotiations, the final result may not be favorable.
- **What are the AT's expectations?**  
Make sure to clearly define expectations via a detailed job description. Identify key performance measures that are invaluable to proving worth.
- **Is continuing education reimbursed?**

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<sup>1</sup> Excerpted from HR Guide to Employment Law: A Practical Compliance Reference, which covers 14 topics, including overtime

<sup>2</sup> Fact Sheet #17S: Higher Education Institutions and Overtime Pay Under the Fair Labor Standards Act (FLSA); <https://www.dol.gov/agencies/whd/fact-sheets/17s-overtime-educational-institutions>

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As a medical professional who is expected to meet ongoing continuing education requirements, reimbursement should be consistent with that of other health care professionals within the institution. In most cases, agencies will reimburse for continuing education up to a certain predetermined amount.

- **Are fees associated with certifications and state licensure reimbursed?**

Similarly, reimbursement for certifications and state licensure should be consistent with that of other health care professionals within the institution. In most cases, agencies will reimburse up to a certain predetermined amount.

- **Does the agency encourage active participation in professional organizations?**

The opportunity to contribute to the profession at the state, district and national levels is something that should be discussed with administration. Understanding the mission and vision of public safety may help to justify participation in professional organizations by explaining the tangible and intangible benefits and how they align with their mission and vision. Communicate with the administration regarding growth as a professional. Ask if professional leave (usually no more than a few days) is permitted for participation on professional committees or administrative positions.

For additional information, refer to chapter 12 of the Position Improvement Guide: Improving Policies/Procedures in your Athletic Training Program at [www.nata.org/sites/default/files/Secondary-School-Position-Improvement-Guide.pdf](http://www.nata.org/sites/default/files/Secondary-School-Position-Improvement-Guide.pdf).

- **Are there any noncompete clauses or agreements?**

- **What state and federal laws apply to contracts?**

The AT should be familiar with the following prior to accepting the contract: Stark Law, American Disability Act of 1990, Age Discrimination in Employment Act of 1967, Pregnancy Discrimination Act of 1973 and Equal Pay Act of 1963.

#### Best Practices:

- Outline each service provided.
- Put a worth to each service. Check industry standards if you are unsure.
- Understand the current procedural terminology (CPT) codes and evaluation and management (E/M) codes<sup>3</sup>

## **Documentation**

Documentation in the public safety setting may range from entering information into an electronic medical record (EMR) to tracking the number of phone calls received and emails answered. This task is crucial to establishing patient contact. Documentation involves basic record keeping and tracking standards to outline patient volumes, treatments and budgets, which allow for clear understanding of daily, monthly and annual services that are being provided. Once those statistics are available, putting a worth to the individual service is easier and allows for specific and global worth.

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<sup>3</sup> <https://www.nata.org/sites/default/files/COPA-Relative-Value-Unit.pdf>

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### Best Practices:

- There are many programs, devices and web-based services that can allow for efficient documentation processes and standards. Whether using programs or manual data collection, it is imperative that all records meet standards set by your supervising physician. Documentation programs must be secure. Clean, detailed tracking of the most efficient data is crucial in assigning a worth to services and will provide liability protection as well.
  - Daily sign-in sheets or login portal
  - Injury evaluations
  - Communication logs
  - Treatment logs
  - Rehabilitation exercise notes
  - Hours worked
  - Physician notes
  - Daily injury notes
  - Supervisor notes
  - Ancillary professional medical notes
  - Adjuster/workers' compensation notes

### **Outcomes – Telling the Story**

Health care is an outcomes-driven market. Consumers will continue to drive the need for outcomes data to explain why they value a service. ATs must be able to explain the value for services rendered. Athletic trainers have not only an obligation, but an opportunity to tell the story of the efficiency in their services, care and outcomes. Comprehensive documentation and statistics are necessary in telling that story. Public safety outcomes should include areas that provide the most value to the agency and community: decreased absenteeism, decreased lost work days, decreased overtime pay, decreased supervisor concerns and increased employee plan compliance, just to name a few.

Showing the data and outcomes of athletic training services creates an opportunity for others to better understand the scope of health care provided by ATs, which will lead to “value added” services. For example, the San Antonio Fire Department has demonstrated significant cost savings in the first year of the program’s operation, with initial start-up costs recouped within the first quarter.<sup>4</sup> After the first nine months, SAFD Sports Medicine demonstrated \$593,682.59. Similarly, the Fairfax County, Virginia, police department demonstrated 21.2 percent decrease in musculoskeletal injuries and 22.05 percent for overall medical costs within the agency as well as an 86.3 percent decrease in musculoskeletal costs for the criminal justice academy.<sup>5</sup>

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<sup>4</sup> Kilpatrick D. The Cost Efficiency of Athletic Trainers. Firehouse, December 2016

<sup>5</sup> Burke, N Athletic Trainers: A Fresh Approach to Reducing Medical Costs and Enhancing Safety. The Police Chief, May 2015, pps. 26-30.

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## **Data Collection**

Utilizing return on investment and cost-savings data demonstrates to stakeholders the irrefutable worth of the AT. Important data to collect includes: cost savings, workers' compensation reduction rates and return on investment. OSHA metrics, including Days Away Restricted Time (DART) metrics, are helpful to assess the impact of an onsite athletic trainer. This metric is a mathematical calculation that describes the number of recordable injuries and illnesses per 100 full-time employees that resulted in days away from work, restricted work activity and/or job transfer that a company has experienced in any given time frame.<sup>6</sup> Cost-savings metrics can then be correlated to the reduction of these injuries. Athletic trainers within the public safety setting will need to justify services, time spent and discomfort reduction rates. Collaboration with safety personnel, risk management and HR is needed to obtain metrics. Data visualization techniques and ability to communicate one-on-one with key stakeholders are important steps to demonstrate value.

- **Direct costs vs. indirect costs**

The cost of potential interventions is taken into consideration when the AT conducts services, such as an evaluation, and performs follow-ups with the employee. Direct costs are considered costs that have a dollar value in relation to medical services rendered. This includes doctor visits, bills typically incurred throughout physical therapy and rehabilitation sessions. Most direct costs are attributed to costs the employer would have to pay if there was no access to an athletic trainer.

- Direct cost source accounts for things such as:

- Workers' compensation payments
- Insurance premium increases
- Legal fees
- Emergency response fees
- Medical costs
- Transportation costs
- OSHA fines

- Indirect cost source

- The multiplier that OSHA uses to provide indirect cost estimates are based on a study conducted by the Stanford University Department of Civil Engineering. This study states that "the less serious an injury, the higher the ratio of indirect to direct costs is – in other words – the indirect costs of a less serious injury can be four to five times the amount of the direct cost."<sup>7</sup>
- Information related to the type of injury and length of recovery time should be taken into consideration when assessing the cost of a particular injury:

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<sup>6</sup> DART Rate: Calculating DART the Easy Way (And Why It Matters). (2018, May 30). Retrieved from <https://www.ehsinsight.com/blog/dart-rate-calculating-dart-the-easy-way-and-why-it-matters>

<sup>7</sup> Improving Construction Safety Performance. (1982). Stanford University Department of Civil Engineering Technical Report, (260).

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- Lost production, productivity and quality
- Reduced worker morale
- Damaged equipment/repairs
- Reduced company competitiveness
- Replacement workers
- Coworkers who must train substitute workers
- Supervisors and managers who must investigate the incident
- Spoiled/damaged product
- Administrative work associated with the incident
- Other miscellaneous factors, i.e., investigations, litigation
- Other costs that may be indirectly associated with a work-related injury

Return on Investment (ROI) Formula:

$$ROI = \frac{(Gain\ from\ Investment - Cost\ of\ Investment)}{Cost\ of\ Investment}$$

## **DEMONSTRATING WORTH AND VALUE**

Public safety ATs provide comprehensive health care services for fire and rescue, EMS and law enforcement. The athletic trainer is the single greatest resource when it comes to promoting inter-professional services as a health care provider. These outlined categories, along with the accompanying best practices, are a resource to help create a position that meets both AT and agency standards, provides quality health care for employees and gives an understanding of how to prove worth and, eventually, assign value to services.

### **Risk Mitigation**

The AT must complete and participate in all facility risk management requirements, including online modules and mock procedures, to remain proficient in facility procedures. The AT in the public safety setting may assist physicians and agency administration in designing and implementing injury prevention programs for personnel based on physical impairments and functional testing to help design the best treatment, rehabilitation and reconditioning plan for personnel.

### **Injury Prevention and Care Policies**

All occupations in public safety carry potential risk for serious injury and/or illness. Athletic trainers should take the lead in working cooperatively with supervisors, administrators and other staff to minimize the risk of injuries to employees and ensure all possible steps are taken to keep

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them safe. The AT's primary focus is on the needs of the employee. The public safety athletic trainer must consistently monitor employees, facilities, activities and daily procedures to ensure that any preventable injury can be identified and avoided.

#### Best Practices:

Establish policies and procedures to prevent injuries and to provide care for employees as appropriate. When injuries occur, provide care with consideration for all populations.

- Create, sign and implement written standard protocols, which describe regular communication with physicians<sup>8</sup> as well as standard operating procedures (SOP) with the supervising physician, outlining the duties of an AT. This should include:
  - mTBI evaluation and management (SOP)
  - Hydration
  - Heat acclimatization
  - Skin infections
  - Blood-borne pathogens
  - Lightning
  - Performance enhancing substances
  - Modalities
  - Infectious disease protocols
- Develop, practice and implement a facility standard policy and procedure manual in accordance with BOC recommendations.
- Create, practice and implement a venue-specific emergency action plan (EAP).
- Educate employees on injury prevention, standards of care, return-to-duty protocols, etc.
- Design and help implement strength and conditioning programs for return to full duty, utilizing required work uniform and gear to assure full functional return.
- Create, implement and provide education and ongoing health screenings.
- Create and implement an environmental safety monitoring program that addresses indoor and outdoor facilities and environmental factors.
- Provide functional movement assessments.
- Identify and assess preexisting conditions and comorbidities.
- Offer mental health guidance (within the AT's scope of practice) and referral.
- Provide nutritional counseling and referral.
- Create safety policies and procedures for facilities.
- Offer first aid, AED and CPR training for staff.
- Create and implement policies and procedures that address required and/or protective equipment selection, allowable adaptation fitting and use.

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<sup>8</sup> Meyer, Linda "Written (Standard Protocols: Policies and Procedures, the Legal Link with your Supervising Physician" <https://goeata.org/protected/EATACD05/downloads/PDF/presentationMeyer.pdf>

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- Create policy and procedures for dealing with infection control.
- Develop policies for recognizing specific health-related concerns involving public safety.

### **Medical Referral**

Athletic trainers are significant communicators of employee health care needs in the public safety setting. They are also able to identify employees who require medical referrals. These employees may need to be appropriately referred based on multiple factors, including personal preference and health insurance/workers' compensation requirements.

Developing a medical advisory board for the agency brings an inter-professional approach to the care of employees and provides another opportunity to demonstrate worth. The board should include specialists in the areas of dentistry, primary care medicine, orthopedic injuries, pulmonology, oncology and cardiology, to name a few. Such a board can provide opportunities for increasing collaboration on many fronts.

#### Best Practices:

Be able to appropriately identify employees in need of medical referral by understanding each individual's unique health care needs.

- Create and implement an agency-approved medical advisory board to give guidance on all health care concerns within the agency population (based on state regulations).
- Create an appropriate medical referral system with consideration to include, but not limited to, the employee's desires and the personal health/workers' compensation insurance requirements.
- Review epidemiologic and current evidence-based research to foster clinical decision-making.
- Assist with pre-employment physical exams.
- Facilitate communication and proper documentation of medical and other allied health care providers' instructions.
- Work cooperatively with occupational health personnel to identify health issues.
- Collaborate with occupational health/workers' compensation to refer work-related injuries to proper specialists.
- Review medical database to identify trends leading to mitigating strategies for injury/illness prevention.

### **Ancillary Risk Management Strategies**

Not all risk management strategies involve the athletic trainer being in a particular place at a specific time. Some involve forward-thinking and recognition of potential problems before they occur. Athletic trainers are unique because they are able to recognize potential problems and initiate a plan of action to ensure that preventable injuries can be avoided.

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### Best Practices:

- Minimize risk by being innovative and attempting to change existing thoughts, rules and accepted practices that are not beneficial to the employee.
- Develop knowledge of and recommendations for institutional risk management policies and procedures, including liability insurance.
- Identify and demonstrate strategies to decrease risk and increase compliance with policies.
- Provide recommendations for employee training/work processes.
- Possess knowledge of and recommendations for institutional and governing body drug testing.
- Develop knowledge of and recommendations for organizational annual physical and fitness screening/testing.

### **Athletic Training Services**

Athletic training services encompasses all services rendered by the AT. Accurate documentation of services rendered, coupled with the dollar amount related to those services, enables the AT to demonstrate worth. However, the value of these services must also be demonstrated. When negotiating specific services rendered, the AT must acknowledge and work within their scope of practice outlined by their state practice act, as applicable.

### **Care Coordinator/Patient Navigator**

Athletic trainers are asked by the many populations they serve for referrals to other medical professionals for services. This creates a network of health care providers on whom employees can rely. Because ATs are skilled at coordinating medical care in addition to providing it, they are a valuable resource to the patients under their care. Working directly with their appointed medical advisory board may be one way to demonstrate worth of services.

### Best Practices:

- Facilitate appointments and referrals for the following services/providers:
  - Primary care physician
  - Nutritional counseling
  - Strength and conditioning services
  - Mental health
  - Psychological counseling
  - Grief counseling
  - Family relations
  - Academic testing
  - Group counseling
  - Catastrophic event counseling
  - Dental services
  - Vision screening
  - Ophthalmology
  - Cardiac screening

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- Massage services
- Chiropractic services
- Long-term mTBI treatment
- Vestibular rehabilitation
- Neuropsychological counseling

### **Injury Evaluation and Treatment**

Within the public safety setting, the athletic trainer may be seen as the primary health care provider. Athletic trainers are approached by current employees, retirees, family members/friends of employees and outside agency employees for all conditions, from acute injuries to various minor injuries/medical conditions, such as sore throats. The athletic trainer is unique in that they can be helpful in the public safety setting to effectively treat this diverse patient population.

Performing services on an appointment as well as “walk-in” basis during the work day allows for decreased absenteeism, increased compliance and employee “buy-in,” resulting in increased productivity and morale.

Injury evaluation and treatment is the area of services provided that demonstrates the most valid, measurable information in demonstrating the worth of services rendered. The following information aids in this effort: track patient encounters; calculate cost savings; demonstrate increased work attendance; keep injury care in-house, thereby decreasing absenteeism; increasing compliance; etc. Compare cost via CPT codes on a traditional Medicare Fee Schedule to demonstrate valid cost savings. Communicate improved employee work hours by tracking injury care in-house.

#### Best Practices:

- Documentation of population served, utilizing the same documentation standards for all patient sectors:
  - Active employee
  - Retiree
  - Family members/friends
  - Outside agency employees
- Documentation should include:
  - Injury evaluation
  - Number of evaluations
  - Time loss versus non-time loss
  - Treatments provided
  - Rehabilitation exercises
  - Patient progress notes
  - Referrals
- Economic impact on employers.
- Value as perceived by employees, administrators and supervisors.
- Value as perceived by third party administrators.

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- Use of National Provider Identifier (NPI) with communications to third party administrators and insurers.
- Data analysis of work site clinical cost as compared to other local health care providers.
- Worth of services provided for injury rehabilitation and reconditioning within the work site clinic.
- Value of providing injury rehabilitation and reconditioning within the work site clinic.
- Documentation of patient reported outcomes (PRO).

### **Injury Rehabilitation and Conditioning**

Athletic trainers are qualified to safely and effectively advance the physically active population through the rehabilitation and reconditioning process following an injury and pre- or post-operation. Performing services within the public safety setting provides improved quality and continuity of care, patient and physician satisfaction and increased compliance. The delivery of these services in this environment gives the patient convenient access to high-quality rehabilitation and conditioning under the direction of their physician's clinic.

Similar to the area of injury evaluation and treatment, services provided within the area of rehabilitation and conditioning may also provide significant opportunity to demonstrate the worth of services rendered. Documenting the following can aid in this effort: Track patient encounters by tracking measures such as number of patients receiving services, type of services provided, time spent with each patient, exercises completed (include weight, sets and reps and time for each) and dollar per 15-minute increment spent with each patient. Evaluate value of services based on reimbursement for CPT codes versus cash pay. Utilize appropriate outcomes surveys to measure the ATs effectiveness with each patient. These outcomes may also be utilized during an annual employee performance evaluation and may potentially be utilized for future athletic training outcomes research.

#### Best Practices:

- Documentation of population served using the same documentation standards for all patient sectors:
  - Active employee
  - Retiree
  - Family members/friends
  - Outside agency employees
- Documentation should include:
  - Progress notes in compliance with institutional regulations and Medicare guidelines for providers
  - Outcome measures
  - Patient satisfaction
  - Physician satisfaction
  - Number of visits with athletic trainer for rehabilitation and reconditioning purposes

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- Types of treatments provided (include weights, sets, reps and time for each exercise)
- Time loss from work
- Referral to the physician as needed for follow-up or new consult
- Referrals from physicians and other health care professionals
- Use of NPI on all documents
- Track patient encounters that include home exercise program taught in clinic, crutch/cane instruction, DME fitting, education, etc.

## **Injury and Crisis Management**

In the public safety setting, the AT should play an active role in developing and designing policies and procedures concerning office-wide health and emergency matters. Many ATs serve on safety and/or risk management committees. As a health care provider trained in emergent care, ATs need to have a full working knowledge of all crisis management strategies and should provide input on how to decrease potential risks. Athletic trainers should also be familiar with FEMA, the Incident Command System (ICS) and National Incident Management System (NIMS).

### Best Practices:

- Development and utilization of EAPs.
- Design and implementation of office-specific EAPs for facilities and population.
- Consultation regarding public health concerns such as:
  - Skin infections related to active population
  - Influenza
  - MRSA
  - Hydration
  - Performance enhancing supplement
  - Pandemic disease information
- Development of infectious disease policies and procedures for public safety population.
- Implementation of public health directives
- Triage of simultaneously occurring injuries.

## **Primary Care Physician Services**

Most states have regulation(s) in place that shape the parameters of the athletic training profession. Oftentimes, athletes require medical procedures that are beyond the scope of an athletic trainer. In these situations, the athletic trainer coordinates a referral of personnel to an outside physician, including orthopedists, surgeons and general medicine physicians, among others.

Often, the athletic trainer is responsible for cultivating these relationships and ensuring that physicians provide timely, effective and efficient medical care to the employee and associated personnel. Without these relationships and resources nurtured by the athletic trainer, the employee and others may not all receive the same quality of care. Proper professional

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relationships with local physicians will allow for better access, resulting in reduced wait times for appointments, elimination of unnecessary visits and reduced lost work time. Additionally, enhanced communication between the physician and athletic trainer leads to greater understanding of patient progress and increased reports of patient satisfaction.

### **Diagnostic Testing**

In many cases, athletic trainers can utilize their evaluation and communication skills to prevent unnecessary diagnostic testing. When diagnostic tests are necessary, aligning agencies with outside medical providers can prove beneficial. This creates an atmosphere of teamwork that is mutually beneficial for the employee and medical professionals, further strengthening the sense of community that is important in the public safety setting.

#### Best Practices:

- Referring for radiologic services.
- Creating weekend/non-business hour service availability.
- Facilitating STAT readings.
- Referring to appropriate labs for blood screening.

### **Medical Provider Contacts**

Health care providers benefit the public safety setting in many ways. Developing relationships with outside medical providers and bringing them into the agency to showcase their specialties allows for more consistency of care and access to specialty services such as:

- Local hospitals
- Orthopedic services
- Emergency services (local EMS, emergency departments)
- Physical therapy/rehabilitation clinics
- Chiropractic services

### **Injury Prevention Programs**

Athletic trainers in the public safety setting develop injury prevention programs tailored to different medical conditions for the populations that they serve. In these efforts, the athletic trainer plays an essential role, as it is their duty to keep employees healthy and at work. This results in a better quality of life and overall work experience by limiting doctor visits, surgeries and associated medical costs. Prevention is a key area where the public safety athletic trainer contributes to the well-being of personnel and the department. Please note that agencies may have some of the following protocols in place and, as such, the athletic trainer may be an adjunct to the monitoring and assistance of such policies.

#### Best Practices:

- Educate employees and family members about injury prevention.
- Facilitate strength and conditioning programs in partnership with (if available) strength and conditioning staff. Rehabilitation programs should be directed and supervised by the AT.

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- Ensure safety equipment fitting, maintenance and education.
- Provide information about dental protection (mouth guards; custom, boil and bite, etc.).
- Perform preventative taping and/or bracing as appropriate.
- Fit protective equipment and padding as appropriate.
- Ensure all employees undergo a comprehensive medical screening prior to the first day of work.
- Create cardiac screening protocols.
- Offer orthopedic and movement screening.
- Offer functional analysis.
- Develop joint-specific prevention programs (ankle, knee, spine, etc.).
- Perform body composition testing.
- Perform baseline neurocognitive testing.
- Create and implement programs for heat illness prevention.
- Develop and oversee infectious disease prevention protocol.
- Develop and perform facility safety reviews.
- Educate employees/administration/human resources/others through safety education programs.
- Provide CPR/AED/first aid training.
- Develop mTBI education programs.
- Offer steroid and performance-enhancing drugs education.
- Create and implement injury prevention strategies.

### **Organizational/Administrative Duties**

Organization/administrative concepts and strategies are the backbone for assigning worth and value to the services rendered by an athletic trainer in the public safety setting on a daily basis. These duties include:

- Management of injury records for all employees (electronic medical records (EMR) system management).
- Management of professional credentials.
  - Completion of professional development activities to expand knowledge base and earn continuing education units, which are essential to maintaining the AT's professional credential.
- Understand the Board of Certification Inc. and its requirements for ongoing certification.
- Understand your state athletic training practice act and its requirements for ongoing compliance.
- Understand and abide by the NATA Code of Ethics.
- Ensure positive sports medicine team relations and communications.
- Review the agency's health and liability insurance.
- Develop a venue-specific EAP; train and practice with individuals named in the plan.
- Ensure quality control measures are established and in place for the athletic training facility, supplies, equipment, etc.

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- Oversee substance abuse education programs.
- Ensure HIPAA/FERPA compliance.

### **Injury Records**

Within the public safety setting, the athletic trainer is the individual best suited to recognize injury trends. Proper documentation and record keeping will assist in justifying suggested changes in training, practicing and protocols. Proper documentation of records will justify the treatments provided and validate needs for equipment, change in policies or procedures and may highlight the necessity for compliance.

As we move into a society of accountable care organization, evidence-based medicine and outcomes-driven care, it is imperative that athletic trainers set, review and revise documentation standards. Continuously updating and optimizing care utilizing the quadruple aim of health care will have a compounding factor that will ultimately lead to a healthier and happier personnel population.

#### Best Practices:

- Knowledge of risk management strategies and standards.
- Practice evidence-based medicine.
- Ensure positive medical team relations and communications.
- Establish employee support group communications that include employees, human resources and administrators.
- Develop, utilize and annually evaluate or update appropriate standing orders.
- Ensure compliance with state medical and educational regulations.
- Utilize injury records for injury surveillance to identify:
  - Injury trends
  - Training drills and techniques with increased risk
  - Risk-related facilities
  - Proven outcomes

### **Credential Maintenance**

The athletic trainers in the public safety setting must maintain current certifications and licenses (as dictated by state practice acts) and display their professional credentials. Also, in many instances, the athletic trainer will coordinate training for employee health and safety certifications to meet state standards and requirements.

#### Best Practices:

- Maintain current athletic trainer(s) license/certification to allow practice according to state law.
- Offer first aid/CPR training for staff.
- Provide education on topics such as mTBI awareness and heat illness for employees and family members, per state and national guidelines.
- Provide additional health and safety education for employees and family members as determined by national, state and/or local governing bodies.

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## **Research**

Research is vital to the athletic training profession and specifically to the athletic trainer working in the public safety setting. It is simply not enough to tell a potential patient or current/future employer what an athletic trainer can do. These claims must be supported by evidence to provide validity. There may be opportunities in some agencies where research can be conducted on specific patient populations, procedures and special circumstances. This research provides valuable information to support the athletic trainer in the public safety setting and contributes to the knowledge base of the profession itself. In some practices, there may be opportunities to conduct practice-based research, which could lead to publication in research journals and periodicals.

Not only does research provide growth and benefit to the general membership and athletic training profession, but in the continually growing field of athletic trainers working in public safety, it is even more essential to continue to have strong practice-based research written and published. Within the setting, there are many locational variables as far as what an athletic trainer can legally do (at the state level) and what the athletic trainer is allowed to do (at the clinical practice level) that continued effort into evidence-based research may be able to support. This research may provide information, allowing for unified practice acts and job descriptions for those working in the public safety setting. Data and information gathered from evidence-based research will guide worth and value demonstration in the public safety setting.

### Best Practices:

- Review age, fitness and longevity of employees in regard to cardiovascular condition occurrence and prevention.
- Identify strategies to recognize high blood pressure among certain employee groups and ways to mitigate this health hazard.
- Identify strategies to minimize the effect of firefighting, or other emergency occupations, on the heart and develop fitness programs for reduction in cardiovascular incidences.
- Identify strategies to minimize the effect of responding to service on the heart and develop fitness programs to minimize these occurrences among law enforcement.

## **Quality Assurance**

The AT has a responsibility to ensure each patient receives the best possible care. This may include obtaining continuing education, implementation of new protocols relative to evidence-based research or working to implement policies as needed. In the ever-changing landscape of health care, the AT must continue to examine treatment and rehabilitation protocols to provide the highest quality of care possible. As new information arises, changes in policy or procedure may be necessitated.

### Best Practices:

- Continually review and revise care protocols to ensure the care provided meets current standards utilizing evidence-based practice guidelines.
- Evaluate clinical results.

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- Ensure you are following appropriate professional standards/position statements relevant to the provision of quality care.
- Work with administrators to implement injury protocols for conditions that have effects in the work/home setting.
- Work with agency-approved psychologists to address psychosocial needs of the employee.
- Survey patients regarding care, facility and recovery.

### **Medical History**

Athletic trainers in the public safety setting help ensure the continued health of the employee. This is accomplished by:

- Verifying all medical clearance documentation is in compliance with state and local standards.
- Performing a thorough review of the medical history of each employee.
- Documenting new injuries or illnesses the employee reports.

Once reviewed, documentation and implementation of programs/processes to address concerns is necessary and demonstrates the importance of preventative measures for employee health care needs. Documentation, including medical history, general medical and orthopedic assessment, will help necessitate proper implementation. Employees should also have neurocognitive baseline testing prior to beginning work.

#### Best Practices:

- Mitigate risk.
- Comply with professional standards.
- Identify predisposition for injuries/illnesses that could lead to work time-loss.
- Identify preexisting or unidentified injuries/illnesses (asthma, previous injuries, etc.).
- Manage and comply with HIPAA/FERPA regulations.
- Conduct neurocognitive baseline testing.

### **Public Safety Work Site Relations**

The athletic trainer in the public safety setting is qualified to facilitate the health care of the employee. The AT can positively impact the employee's health care outcomes and help decrease absenteeism. Decreased absenteeism will have a positive effect on the agency and employee work product. Along with absenteeism, these relationships can reduce an employee's lost time at work by providing appropriate health care within the athletic training facility and eliminating unnecessary physician visits.

#### Best Practices:

- Determine and validate staffing needs to administration.
- Create job descriptions for sports medicine group members, demonstrating worth, value and outcomes standards.
- Supervise sports medicine group members according to organizational chart.

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- Establish and maintain relationships with physicians and other medical/allied health providers and their office staff.
- Establish standing orders, in conjunction with the supervising physician(s), to meet professional or state practice act standards.
- Coordinate work site physician clinics and/or event coverage.
- Triage employee injuries/illnesses to determine if they need a referral to a physician, reducing unnecessary patient load in physicians' offices and unnecessary medical expenses for the agency and employee.
- Work with supervisors and administration to limit employee absences by assisting with health care scheduling to minimize time loss.
- Work with physicians to determine appropriate (per state law) onsite clinical procedures (suturing, IV fluids, rapid flu testing, etc.). These procedures could reduce agency medical expenses.
- Work with medical providers within the scope of FERPA and HIPAA.

### **Emergency Action Plans**

The public safety athletic trainer shall serve as the liaison between the administrators, human resources and city/government entities to set protocols for medical emergency management. The athletic trainer will ensure every member of the department staff understands how every possible medical emergency will be addressed.

#### Best Practices:

- Work with appropriate medical team members and public safety agencies to create and implement venue-specific EAPs.
- Coordinate regular reviews and training of EAPs.
- Ensure compliance with BOC and state practice act requirements as well as the NATA Code of Ethics.
- Mitigate risk.
- Coordinate EMS event coverage.
- Verify appropriate EMS access in new facility designs.

### **Insurance**

The AT is in a unique position to serve as a liaison between individual employee and workers' compensation and/or the third party administrator. The AT can serve as an advocate for the injured employee relative to the possible financial hardships associated with work and non-work related injuries.

#### Best Practices:

- Advise staff on topics related to appropriate insurance coverage.
- Refer to human resources/risk management personnel for specific insurance questions.
- Work with providers to utilize practice methods that can decrease expenses.
- Assist and/or manage filing of injury claims.

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- Serve as the initial point of contact with workers' compensation/third party administrator.
- Coordinate care with adjuster, physician and employee.

### **Drug Testing**

Drug testing is a requirement for employment in the public safety setting. Policies and procedures are set forth and are required to continue employment. The athletic trainer shall be familiar with these protocols and assist in any fashion that is appropriate.

#### Best Practices:

- Assist in management and review of drug testing policy as appropriate.

### **Cost Containment**

Cost containment is one of the first obstacles that must be addressed when first starting an athletic training program within the public safety setting. Risk management and human resources will examine this specific area for validation prior to creating an AT position. The AT must examine and be knowledgeable in cost containment methods beneficial to the municipality.

### **Insurance Premiums**

Standard prevention protocols allow the agency's liability insurance premiums to remain low and provides greater justification for AT services within the department. Field inspections and proper EAPs (with periodic review) are part of standard recommended prevention and safety protocols.

#### Best Practices:

- Tracking insurance claims and following up with employees/adjusters.
- Maintain EAPs with a biannual review with pertinent staff.
- Coordinate monthly facility inspection for hazards.

### **Staffing and Workload Management**

Athletic trainers in the public safety setting may be the sole health care provider for any given agency. Daily tasks can accumulate and become overwhelming. It is necessary to address these concerns so to not compromise patient care. Allowing others to assume appropriate tasks that aren't medical may allow more time for the medical aspects of athletic training.

#### Best Practices:

- Document every encounter to clarify workload. Be aware of instances where your workload negatively impacted an employee (i.e. patients seeking services offsite that could be handled in-house if time allowed or the AT is unavailable to handle an acute incident due to schedule, etc.).
- Be vocal about successes with return to duty, etc., to validate to administrators the benefits provided by your services.
- Provide data and statistics to administrators at the end of every fiscal year.
- Present data in terms of AT-to-employee ratio. This is a language administrators understand.

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## **Budget Management**

Utilize programs in the department or local government to assist with upgrades and repairs. Seek employee involvement to tap unknown skills and increase support for your program.

### Best Practices:

- Cut expenses wherever possible.
- Utilize a bid process for purchases. (Many agencies require a bid process. It is imperative that the AT educate themselves to their agency's requirements.)
- Seek competitive pricing from companies when bidding items for the athletic training budget for consumable and capital goods.
- Make/repair equipment as opposed to purchasing from the manufacturer.
- Utilize maintenance staff for in-house repairs and renovations.
- Foster relationships with outside resources such as human resources, risk management and personnel in fiscal management and contracts.

## **Fundraising**

Athletic trainers in the public safety setting may be limited as to what fundraising is acceptable by their local government. Thinking of nontraditional avenues for revenue and supplies may reap big rewards. Investigate other possible avenues for equipment, such as local professional sports teams and post-secondary institutions for donations of equipment and supplies being replaced (coolers, etc.) or hospitals and physician groups that offer grants.

### Best Practices:

- Be creative and utilize all resources approved by human resources. Potential sources include:
  - Civic clubs
  - Local physician groups
  - Local service clubs
  - Local Rotary, Lions organizations, etc.
  - Local professional teams
  - Monetary donations
  - Donations for equipment and supplies
  - Donations for staff development
  - Computer neurocognitive testing license fee donation
  - Computer neurocognitive testing support donation
  - Injury tracking systems donation
  - Grants
    - Foundations
    - Technology grants
  - National retailers and companies

## **Conditions Affecting Work Success**

### **Work Success**

The role of the athletic trainer in the public safety setting is to support the agency's mission for overall public safety. This involves identifying those injured, working them through recovery to functional testing and back to full duty. A trusting relationship is built between the AT and the employee resulting in confidences being shared with the athletic trainer. The employee may seek out the ATs for advice beyond injury management and rehabilitation. The athletic trainer skill set does position one to become aware of problematic circumstances and assist the employee as appropriate.

#### **Best Practices:**

- Provide quality health care utilizing evidence-based practice guidelines.
- Assess potential risks to job retention and mental health for the employee and their family.
- Recognize potential problems with coworkers, training scenarios, academic and psychosocial differences.
- Be aware of medications that may affect an employee's work, physical and mental status.
- Provide a full complement of rehabilitation and evaluation services to minimize lost work time and maximize success.
- Collaborate with administrators, EAPs, agency psychologists and occupational health to support employees with physical and mental health issues.
  - Collaborate with supervisors, administrators and physicians to support employees recovering from mTBI.
  - Provide specialized restricted duty assignments for mTBI recovery.

### **Life Skills**

The development of a comprehensive health management team in collaboration with agency psychologists and counselors addresses mental health concerns that may affect the employee's job retention and mental health. Increased development of mental health programs demonstrates the prevalence of post-traumatic stress disorder within public safety. Job burnout and suicide rates are also increasing, further necessitating development of these programs within agencies.

#### **Best Practices:**

- Collaborate with psychologists, counselors and other EAP providers to develop a comprehensive health management team.
- Be familiar with programs and resources offered by the International Association of Fire Fighters, International Association of Chiefs of Police and other public safety organizations.
- Provide strategies for general health care and well-being.
- Encourage work-life balance by offering strategies for time management, stress management and dealing with life challenges/tragedies.

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- Connect employee to agency/local services for specific matters such as sexual, mental or emotional abuse: EAP counselors, etc.
- Refer for care of nonemployment related conditions that can impact work, personal health and continued social engagement such as:
  - Depression
  - Eating disorders
  - Self-mutilation
- Refer for self-disclosed or test-revealed substance use/abuse issues.

## **Counseling**

Athletic trainers provide a safe environment in which employees feel their well-being is primary to the AT's interests. This confidence allows the employee to confide in the athletic trainer regarding topics other than injuries. Because of the medical background of ATs, employees may seek counsel from athletic trainers on all types of topics related to the body and/or health and may confide in ATs regarding personal problems and/or questions. Athletic trainers must be aware of limitations in counseling and abide by agency, local, state and federal policies on reporting. ATs must exercise caution and refer as necessary.

### Best Practices:

- Help develop a peer-support group utilizing department resources.
- Recognize potential problems and concerns such as:
  - Relationship matters
  - Eating disorders
  - Psychological/emotional problems
  - Performance issues
  - Injury-related topics
  - Grief management
  - Crisis management c
- Refer to supervisors/occupational providers, as appropriate.
- Refer to EAP or other professional services when necessary.

## **Efficiency**

Athletic trainers have been successful in promoting their value and worth through establishing clinical efficiency. Tasks include taking medical history and physical exam, immediate referral to appropriate health care provider, delivering a concise presentation to the physician, providing rehabilitation, presenting and teaching home exercise programs, following up with employee supervisors, recommending appropriate restricted duty assignments until personnel may be returned to full duty and providing timely updates to physician on patient progress. In the public safety setting, the AT becomes the care provider as well as the case manager. Such oversight by the AT leads to less stress on the employee and less involvement by workers' compensation. Supervisors and administration are aware of employee progress and can plan shifts accordingly.

The efficient use of the AT in the public safety setting results in improved provider access, maintained clinic volume, improved care quality and limited facility costs. Therefore, ATs can

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demonstrate their value and worth within the public safety setting by documenting their impact on overall clinic efficiency and return of the employee to work.

### **Patient Satisfaction**

Research has shown there is a direct correlation between patient satisfaction and patient perception of medical support staff.<sup>9</sup> Even more important than a patient understanding their diagnosis and treatment plan is their perception of the coordination between the provider's support staff. Along with teamwork, reliable follow-up communication was found to be a significant determinant of overall patient satisfaction and perceived quality of care.<sup>10</sup>

The data on patient satisfaction in various settings is still emerging. In a satisfaction survey conducted in 2010 within a large county police department, employees reported an average of 95 percent satisfaction with the ATs skills and knowledge, care and professional atmosphere. Surveys such as these are necessary to continue to expand and improve athletic training opportunities in the public safety setting.

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<sup>9</sup> Chughtai M, Jauregui JJ, Mistry JB, Elmallah RK, Diedrich AM, Bonutti PM, Delanois R, Mont MA. What Influences How Patients Rate Their Hospital After Total Knee Arthroplasty? *Surg Technol Int*. 2016 Apr 4;XXVIII. pii: sti28/706. [Epub ahead of print]

<sup>10</sup> Bible JE, Shau DN, Kay HF, Cheng JS, Aaronson OS, Devin CJ. Are Low Patient Satisfaction Scores always Due to the Provider? Determinants of Patient Satisfaction Scores During Spine Clinic Visits. *Spine (Phila Pa 1976)*. 2016 Jan 15. [Epub ahead of print]

Public Safety Value Model Draft – Sept. 3, 2020

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