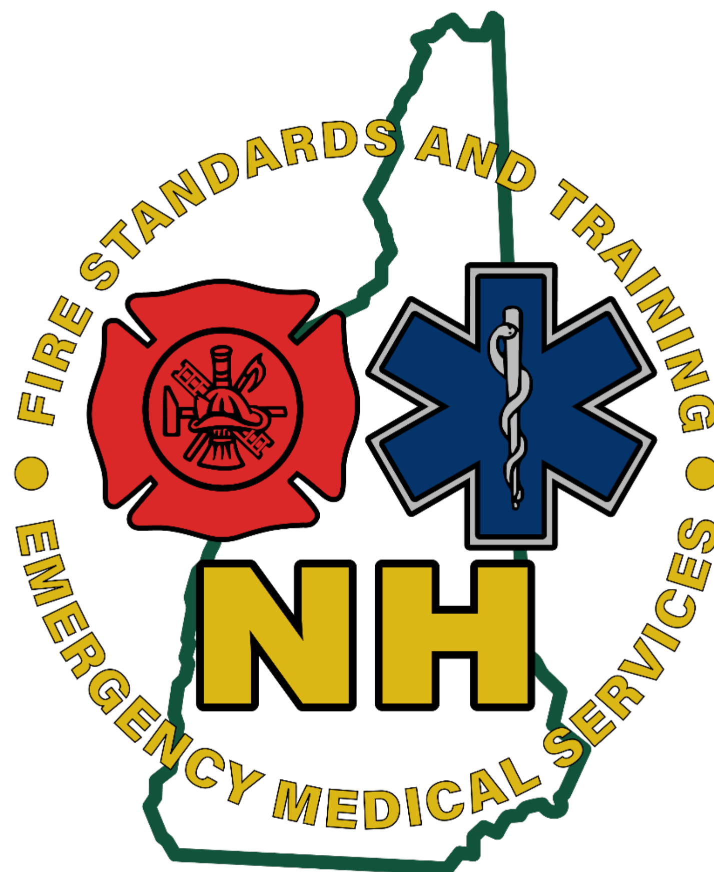
New Hampshire Department of Safety
Division of Fire Standards and Training & Emergency Medical Services

Mobile Integrated Healthcare Prerequisite Protocol Administrative Packet 2024



NH Department of Safety
Division of Fire Standards and Training & Emergency Medical Services
Prerequisite Protocol Application Form

EMS Unit Information

EMS Unit Name:

Address:

Head of Unit: | Title:

Email: | Telephone: | Fax:

Clinical Coordinator (PIFT):

Email: | Telephone:

Medical Direction

Medical Resource Hospital:

Medical Director:

Email: | Telephone:

Prerequisite Protocols (Select all that apply)

- ◯ Advanced Sepsis, 7.0
- ◯ Critical Care Transport, 7.1
- ◯ Immunization, 7.2
- ◯ Interfacility Transport (PIFT), 7.3
- ◯ Mobile Integrated Healthcare (MIH), 7.4
- ◯ Operational K9, 7.5
- ◯ Pilot, 7.6
- ◯ Point of Care Ultrasound (POCUS), 7.7
- ◯ Rapid Sequence Intubation (RSI), 7.8

Required Documents

1. Written recommendation from the Medical Director.
2. Written recommendation from the EMS Unit leader and testament that the providers completed the required training.
3. Provide list of eligible providers.
4. Provide copy of your Quality Management plan as it pertains to the prerequisite protocol(s) applying for.
5. Any additional documentation required specific to the individual prerequisite protocol.

Unit Head's Signature:____Date:______________________

Medical Director's Signature:_____________________________________Date:______________________

Mobile Integrated Healthcare
Prerequisite Protocol

LICENSURE:

- NH EMS Licensed Provider.

EXPERIENCE:

- None.

EDUCATION:

- Education that meets or exceeds the requirements outlined in this prerequisite protocol.

MEDICAL DIRECTION:

- Medical Director approval

RECOMMENDATIONS:

- The Medical Director, and EMS Unit leader must mutually agree to participate in the program.
- Written recommendation from the Medical Director.
- Written recommendation from the EMS Unit leader and testament that the providers completed the required training.

QUALITY MANAGEMENT:

- The QM program will incorporate all the components of an EMS QM program as specified in Administrative Rule Saf-C 5921.

REPORTING:

- The EMS Unit will participate in electronic data collection as required by FSTEMS and as specified in Administrative Rule Saf-C 5902.08.
- Units utilizing this prerequisite protocol must document medications and procedures performed in their respective NEMSIS fields I.e. (eMedication.03/eProcedures.03).
- See additional requirements below for details.

RESOURCES:

- The EMS Unit must have an established relationship and commitment with selected Specialty Service provider (if applicable).

EXPIRATION:

- 4 years to coincide with the Unit license.

INITIAL
Mobile Integrated Healthcare
Prerequisites Checklist

_____ 1. APPLICATION
Provide completed prerequisite application signed by both Medical Director and EMS Unit leader.

_____ 2. RECOMMENDATIONS:
Attach letters of recommendation from Medical Director, and Head of EMS Unit. Provide list of eligible providers and attestation of competencies.

_____ 3. GENERAL PROJECT DESCRIPTION
Attach the General Project Description.

_____ 4. COMMUNITY NEEDS ANALYSIS
Attach Community Needs Analysis.

_____ 5. PATIENT INTERACTION PLAN
Attach Patient Interactions Plan.

_____ 6. STAFFING PLAN
Attach Staffing Plan.

_____ 7. TRAINING PLAN
Attach Unit training plan and attestation that course meets all educational and training requirements.

_____ 8. QUALITY MANAGEMENT & DATA COLLECTION
Provide a copy of your Mobile Integrated Healthcare Quality Management Plan to include your data collection plan.

_____9. REPORTING
Complete a NHESR report for each MIH Encounter use, as required by FSTEMS and as specified in Administrative Rule Saf-C 5902.08

_____ 10. EQUIPMENT AND STAFF SUPPORT RESOURCES NECESSARY
Attached letter supporting the establishment of a clinical relationship between the EMS Agency applying and any additional resource or support providers (If applicable).

Questions and completed applications should be directed to clinicalsystems@dos.nh.gov

Mobile Integrated Healthcare
Prerequisite Protocol

Additional Requirements

OVERVIEW:

- As projects falling under the Mobile Integrated Healthcare (MIH) classification require the use of EMS Units and/or Providers in nontraditional roles and may require the use of new techniques, procedures, and skills these programs have additional application requirements. Given that each program is unique the sections below shall not be considered a comprehensive listing, as such the NH Department of Safety, Division of Fire Standards and Training & EMS, Bureau of EMS reserves the right to require additional documentation on an as-needed basis.

- Given that these programs may require the use of EMS Units and/or Providers in non-traditional roles, and that they may require the use of new techniques, procedures, and skills, MIH programs may require additional clinical and procedural oversight. For the purposes of this MIH Prerequisite Protocol the individual providing additional oversight shall be referred to as the "Specialty Services Director." For example, this individual could be a Primary Care Provider, Mental Health Clinician, or any other appropriate licensed healthcare provider. It is the expectation that the EMS Medical Director and Specialty Service Director collaboratively oversee the proposed MIH Program, with the EMS Medical Director retaining responsibility for overall clinical oversight. The need for a Specialty Services Director will be jointly determined by the applying unit and the NH FSTEMS Bureau of EMS.

- As noted in MIH Prerequisite Protocol In NH the MIH concept is intended to be an organized system of services, based on local need, which are provided by EMT's, AEMT's and Paramedics, who are integrated into the local health care system, working with and in support of physicians, mid-level practitioners, home care agencies and other community health team colleagues, and overseen by emergency physicians and specialty service providers. The purpose of this initiative is to address the unmet needs of individuals or communities that are experiencing intermittent healthcare issues. It is not intended supplant existing home healthcare resources.

GENERAL PROJECT DESCRIPTION:

- Describe the unmet need/needs to be served and the methodology for addressing the need or needs.
- Define the programs goals and provide a methodology for program evaluation.
- Describe/List the additional community partners participating in this program including but not limited to local hospitals, home healthcare or additional EMS units. Preferably this will include documentation supporting the existence/establishment of a collaborative relationship between the applicant and a New Hampshire based home healthcare agency/provider. At a minimum this must include documentation showing the applicants efforts to notify and seek the support of a New Hampshire based home healthcare agency.

- Describe the methodology for addressing the identified needs (including any enhancements of the EMS response system that will result).
- Define the geographic extent of the proposed program.
- Define the anticipated nature of the programs interaction with the 911 system, at a minimum describe how patients needing emergent care will be transferred to the traditional 911 system as well as providing documentation supporting the applicants efforts to notify and engage with area EMS Units.
- Provide an estimate of the number of patients to be served as well as an estimated encounter count.

COMMUNITY NEEDS ANALYSIS:

- The EMS Unit, hospital, and any other partners must provide a needs assessment that demonstrates the gap in healthcare coverage that the MIH program intends to fill.

PATIENT INTERACTION PLAN:

- Describe the patient referral pathway, i.e. how are patients selected and enrolled within the program.
- Describe any program limitations i.e. number of visits, etc.
- Define/Describe anticipated patient outcomes and program status.
- Describe the nature of anticipated patient care and diagnostic interactions.
- Provide a detailed list of assessments, procedures, medications, and interventions that may be performed/administered.
- Specify how the patient community will be educated to have realistic expectations of the MIH provider and these interactions.

STAFFING PLAN:

- Define who will be providing the MIH services and how will these services fit within the normal EMS staffing of the Unit (if applicable).
- Provide a detailed listing of providers approved to provide MIH services.
    - Must include full name, NH EMS License # and level, as well as any additional certifications held.
    - Must be signed and dated by the Head of EMS Unit, and EMS Medical Director.
    - Once approved additional providers can be added to the program via submittal of documentation including the elements noted above.
- Specify what type of schedule will these services be made available.
- Describe the funding for this program.
- Define a sustainability plan for this program.

TRAINING PLAN:

- Describe what training will be provided to enable the providers to deliver the services described above.
- Define who will be responsible for training oversight and coordination.

    - Must include this individual's qualifications that enable them to provide and oversee this training.

QUALITY MANAGEMENT AND DATA COLLECTION PLAN:

- Describe the data to be collected that demonstrates the impact of this project.
    - Must include measures as defined in the program evaluation methodology noted above.

- Given the importance of grant funding agencies are encouraged to be knowledgeable of and incorporate the data reporting requirements said grants into their data collection plan.

DOCUMENTATION:

- Patient Care Reports (PCR's) of all mobile integrated healthcare patient encounters must be submitted to the FSTEMS as required by Saf-C 5902.08.
- Patient Care Reports (PCR's) of all mobile integrated healthcare patient encounters must be submitted to collaborating healthcare agencies, programs, and facilities according to policies developed in coordination between the EMS Unit and collaborating healthcare agency.
    - Copies of these records shall be maintained by the EMS Unit and shall be available for review by FSTEMS.

ADDITIONAL CONSIDERATIONS:

- Programs requiring the use of non-EMS resources such as the use of collaborating agency case management for patient referral will require documentation supporting the establishment of a clinical relationship between the EMS Unit applying and the agency or provider supplying the additional resources.

This prerequisite protocol is only to be used by EMS Units and their affiliated providers who are authorized by FSTEMS.

Introduction

This prerequisite protocol enables an EMS Unit, a hospital and/or a Medicare-certified home health agency to form a collaboration for the purpose of providing community healthcare. A community that is experiencing a gap in healthcare coverage, as evidenced by a community needs assessment, may elect to utilize the capabilities of the EMS system in cooperation with a medical resource hospital and other healthcare professionals.

EMS Providers have traditionally functioned as a mobile healthcare unit and are a logical means of providing healthcare to the community as an extension of the primary care network, provided that a formal process has been followed, as outlined in this protocol. Only those EMS Units that have applied for, and have been approved by the NH BEMS under this prerequisite protocol, and only EMS providers who have met the requirements of this protocol may practice under these guidelines.

Definition of Mobile Integrated Healthcare

Mobile Integrated Healthcare (MIH) is the provision of healthcare using patient centered, mobile resources in the out-of-hospital environment.

In NH the MIH concept is envisioned to be an organized system of services, based on local need, which are provided by EMT's, AEMT's and Paramedics integrated into the local health care system, working with and in support of physicians, mid-level practitioners, home care agencies and other community health team colleagues, and overseen by emergency and primary care physicians. The purpose of the initiative is to address the unmet needs of individuals who are experiencing intermittent healthcare issues. It is not intended to address long-term medical or nursing case management.

General Project Description

Describe the community/communities to be served, the Unit's base location(s) to be employed, the unmet community health need being addressed, the current community health team members being partnered with, and the methodology for addressing the need (including any enhancements of the EMS response system that will result).

Community Needs Analysis

The EMS Unit, hospital, and any other partners must provide a needs assessment that demonstrates the gap in healthcare coverage that the MIH program intends to fill.

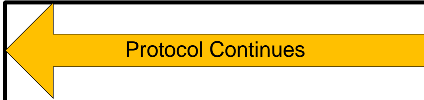
Patient Interaction Plan

Describe the nature of anticipated patient care and diagnostic interactions. Specify how the patient community will be educated to have realistic expectations of the MIH provider and these interactions.

Staffing Plan

Define who will be providing the MIH services and how will these services fit within the normal EMS staffing of the Unit. Specify what type of schedule will these services be made available and how this staffing arrangement will be funded.

This prerequisite protocol is only to be used by EMS Units and their affiliated providers who are authorized by FSTEMS.



Training Plan

Describe what training will be provided to enable the providers to deliver the services described above. List the objectives and outcomes of the training plan. Document who is responsible for training oversight and coordination and their qualifications.

There must be a continuing education and credentialing process in place, with documentation of each EMS Provider's participation in it. Such a process shall be approved by the EMS Unit's Medical Director(s).

Quality Management Program and Data Collection

The EMS Unit shall conduct a quality management (QM) program specifically for the community healthcare program. The QM program will incorporate all the components of an EMS QM program as specified in Administrative Rule Saf-C 5921.

Describe what data demonstrates the need for this project, if any. Describe the data to be collected to demonstrate the impact of this project on the population served. Describe the data reporting plan and how FSTEMS will be included in it.

Documentation

The EMS Provider may at any time, using their own discretion, decide to activate the 911 system for emergency treatment and transport to appropriate care.

Electronic patient care reports of all community healthcare patient encounters must be submitted to the requesting medical practice according to policies developed in coordination between the EMS Unit, MRH, collaborating home health agency and medical practice. Copies of these records shall be maintained by the EMS Unit, and be available for review by the NHBEMS.

The EMS Unit will participate in electronic data collection as required by the NHBEMS.

Medical Direction

Must establish a collaborative working relationship between the EMS Physician Medical Director or designee, who will be responsible for operations and continuous quality improvement, and a primary care provider providing medical direction for MIH services.