POLICY

This policy outlines the general operations of Mobile Integrated Healthcare (MIH) and specific definitions of key individuals involved in MIH. This policy is meant to work in conjunction with individual EMS Agency's current MIH policies; however, if a discrepancy exists between the Agency's standard and the OEM standard, the OEM standard will supersede the Agency standard on issues surrounding direct patient interaction and care.

PURPOSE

MIH is a provision of healthcare using patient-centered, mobile resources in the out-of-hospital environment and is performed by EMS Agencies through Community EMS operations. Throughout Milwaukee County, MIH is provided by the choice of individual EMS Agencies. These Agencies conduct similar, yet different activities within the realm of MIH. MIH is provided by a wide array of healthcare entities and practitioners who are administratively or clinically integrated with EMS agencies. For the purpose of OEM documentation, MIH providers encompass Community Paramedics (CP), Community Emergency Medical Technician (CEMT), and potentially other members of an MIH team including nurses, social workers, and other public health officials. CPs and CEMTs are both licensed in their respective EMT level and have completed additional certificate training in MIH.

MIH providers within Milwaukee County perform patient encounters from a variety of inputs including 911 response, interagency referrals, community referrals, healthcare referrals, and further community centered engagement activities. For purpose of Milwaukee County Office of Emergency Management (OEM) documentation, the citizen that is working with MIH providers will be referred to as the "patient"; however, it is recognized that individual departments might utilize the term "client" to define an identical entity. Utilizing these terms, the remainder of this document will outline the general tenants of MIH patient engagements for all activities. Specific guidelines for individual problem sets exist, but only need to be utilized by the MIH provider if the primary purpose of the patient engagement is centered around that guideline. If an individual Department is conducting aspects of an individual guideline that OEM has not published, the individual Department will utilize their internal guideline until a formal OEM guideline is published.

SCOPE

These standard operating guidelines pertain to all MIH providers performing Community EMS operations within Milwaukee County.

MISSION STATEMENT

Milwaukee County OEM looks to provide evidence based guidelines for MIH providers operating within individual EMS Agencies throughout Milwaukee County to improve the health of Milwaukee County citizens and visitors through a proactive, collaborative, and holistic approach that focuses on unmet healthcare needs in the community.

BASIC MEDICAL CARE

Milwaukee County OEM EMS Division Standards of Care (SOC) manual is adopted by the individual Departments. The SOC manual includes medical policies, operational guidelines, practice guidelines, and practical skills meant to guide prehospital medical care provided within the Milwaukee County EMS system. All OEM guidelines shall apply to all patients that have an encounter with a MIH provider. The provider should use these guidelines to determine the severity of illness of the patient and to use those factors to guide the treatment plan for the patient.

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SOCIAL DETERMINANTS OF HEALTH (SDOH)

Conditions in the environment where people are born, live, learn, work, play, worship, and age affect a wide range of health, functioning, and quality-of-life outcomes and risks. These are critical aspects that the MIH provider must consider during all MIH patient engagements to effectively provide care. There is no one complete list of SDOH via the CDC or WHO; however, the following are main considerations for MIH providers with key SDOH added to individual guidelines.

- Access to healthcare
- Access to appropriate nutrition
- Understanding condition and care plan
- Genetic susceptibilities
- Occupational exposures or irritants
- Use or exposure to tobacco or other substances
- Education
- Income and social protection
- Unemployment and job insecurity
- Housing, basic amenities and the environment
- Early childhood development
- Social inclusion and non-discrimination
- Structural conflict

STANDARDS OF CARE

1. Core concepts:
    a. All patients must be assumed to need emergency services until proven otherwise.
    b. MIH providers must be equipped and prepared to address emergent situations during all MIH contacts.
    c. MIH providers will always revert to the OEM standards of care as the core guideline for patient contact.
    d. If MIH providers encounter a patient with a need for emergency services, they will work through their operational process to activate and engage the appropriate 911 response.
    e. MIH providers should recognize that patients can decline current or further care at any time, if this should occur, MIH providers are encouraged to keep lines of communication open with the patient.
2. Prior to patient engagement
    a. Review safety considerations and needed resources: single vs dual MIH providers, partnering public health team members, location access, supply and equipment review, etc.
    b. Review patient's health history and physician orders prior to patient contact if possible.
    c. Plan to follow previously set medical provider's orders unless a discrepancy is noted, indicating the need for provider level discussion.
3. During patient contact:
    a. Review/perform history with patient and conduct an appropriate physical exam.
    b. Perform a full set of vital signs and any other indicated medical evaluation.
    c. Center SDOH in all aspects of the engagement to effectively mitigate health needs.
    d. Always try to identify the root cause of the health and wellbeing needs.
    e. Notify the patient's primary care provider of the visit if possible to maintain continuity of care.

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   f. Always try to identify additional resources outside of MIH that might benefit the patient and actively pursue those referrals.
   g. Determine if patient requires primary care or specialist engagement, via in person or telemedicine and/or further MIH follow up and plan to assist in scheduling if needed.
   h. Provide appropriate referrals if indicated.
   i. Discuss upcoming appointments with the patient including primary care, telehealth, specialists, or further MIH engagement.
   j. Create or update the patients File of Life or equivalent documentation.
   k. Document the visit within the approved ePCR.
4. After patient contact:
   a. Always consider the potential for further MIH engagement through scheduled or unscheduled MIH follow up if indicated.

REFERRALS

Referrals are a key aspect of an MIH provider's patient engagement. MIH providers should consider referrals for further MIH engagements if MIH providers within that Department have the capability and capacity to manage the patient's needs. Utilization of the patient's healthcare home should be considered on the forefront of the referral process if applicable to the patient's needs. Further referrals to community resources can be accomplished through department specific referral lists OR Milwaukee County wide referral lists.

EMS AGENCY ADDITIONAL POLICIES

Milwaukee County OEM recognizes that MIH services hold extreme breadth and depth in the services that might be offered. Individual Departments are encouraged to develop the MIH services that best fit their culture, mission, and operational capabilities. The OEM General Operational Guideline should be followed for all patient engagements and the further use of problem specific OEM guidelines should be utilized by the MIH provider if the patient engagement is specifically focused on that problem. If there are additional aspects of patient care that individual departments would like to perform for problem specific patient engagements, provided they are within the WI EMS Scope of Practice, these should be forwarded via email to qualityems@milwaukee.gov for review by the OEM Medical Direction Team for patient care approval prior to implementation. If no OEM guideline exists for problem specific care, the MIH provider should follow their individual Department guidelines.

SUPPORTING DOCUMENT

Examples of File of Life on following pages

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What is the "File of Life"

- Is for use at time of an emergency
- Has important medical and other information that is helpful if you are transported to an Emergency Room

What information should you supply

- It is up to you – supply as much information as you are comfortable to share
- Leave blank any info you don't want to share
- Review form at least once a year and make necessary changes
- Update form whenever any of the information changes such as medications, phone numbers, surgeries, diagnosed conditions, insurance, and etc.

Form to fill out

- Use a pencil so it is easy to update with changes
- Personal information
- Medical insurance information
- Emergency contact information
- Allergy information
- Diseases/conditions information
- Medication information
- Other pertinent information

Place on Refrigerator

- Put in an envelope marked "FILE OF LIFE"
- Use magnet or tape to attach to front of refrigerator
- Paramedics will look for the File of Life on your refrigerator

Why it's a good idea

- Saves time in an emergency
- Information there even if you are unable to answer questions

Who should have one

- Everyone – nobody knows when the information might be needed
- One form per person
- Even if you have no allergies, no medications, no diseases – it is important for emergency room doctor to know that
- No age limit – anybody of any age may need emergency care

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MEDICAL CONDITIONS (Check all that exist)

☐ No Known Medical Conditions

☐ Abnormal EKG	☐ Clotting disorder	☐ HIV/AIDS	☐ Speech Impairment
☐ Adrenal Insufficiency	☐ Dementia	☐ Hypoglycemia	☐ Stroke
☐ Alzheimer's	☐ Diabetes	☐ Laryngectomy	☐ Thyroid Disorder
☐ Angina	☐ Fractures	☐ Leukemia	☐ Tuberculosis
☐ Angioplasty/Stents	☐ Memory Impairment	☐ Lymphoma	☐ Vision Impairment
☐ Asthma	☐ Hearing Impairment	☐ MS	☐ Anxiety
☐ Bleeding Disorder	☐ Heart Attack	☐ Myasthenia Gravis	☐ Depression
☐ Coronary Bypass Graft	☐ Hemodialysis	☐ Pacemaker	☐ Bipolar
☐ COPD/Emphysema	☐ High Blood Pressure	☐ Seizures	☐ Schizophrenia

☐ Anemia – type: _____ ☐ Hepatitis – type: _____

☐ Arthritis – type: _____

☐ Cancer – type: _____

☐ Other:_____

_____

Recent Surgery: _____ Date: _____

Recent Surgery: _____ Date: _____

Recent Surgery: _____ Date: _____

CURRENT MEDICATIONS

Medication/Supplement	Dosage	Frequency	Medical Condition

Pharmacy: _____ Phone #:_____

Health Care Directive on file at: _____

DNR/DNI form? ☐ YES ☐ NO - Location : _____

Special Conditions: _____

_____

Comments/Additional Info:_____

_____

_____

_____

If more space needed – please attach additional sheets

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Please fill out in pencil so changes can be made as needed

Date when last changed/updated: _____ Sex: M / F

Name: _____ Phone #: _____

Addr: _____ Cell #: _____

City/St/Zip: _____

Birth date: _____ Soc. Sec. # (Opt.): _____

Religion: _____ Blood Type: _____

Doctor: _____ Phone #: _____

Doctor: _____ Phone #: _____

Hospital Preference: _____

MEDICAL INSURANCE

Medicare #: _____ Medicaid #: _____

Medical Ins. Co: _____

Policy/ID #: _____ Group: _____

Medicare Part D Provider: _____

EMERGENCY CONTACTS

Name: _____ Phone #: _____

Addr: _____ Cell #: _____

City/St/Zip: _____

Relationship: _____ Email: _____

Name: _____ Phone #: _____

Addr: _____ Cell #: _____

City/St/Zip: _____

Relationship: _____ Email: _____

ALLERGIES TO MEDICATIONS (Check all that exist)

☐ No Known Allergies ☐ Other: _____

☐ Aspirin	☐ Codeine	☐ Insect bite/sting	☐ Penicillins
☐ Bacitracin	☐ Erythromycins	☐ Latex	☐ Streptomycin
☐ Barbiturate	☐ Demerol	☐ Lidocaine	☐ Sulfa
☐ Cephalosporins	☐ Eggs	☐ Morphine	☐ Tetracyclines
☐ Ciprofloxacin	☐ Horse Serum	☐ Novocain	☐ X-Ray Dyes

Environmental: _____

Food: _____

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