

# COVID-19 Protocol

## Temporary Mobile Integrated Healthcare

### Introduction

The New Hampshire Department of Safety, Division of Fire Standards and Training & Emergency Medical Services (FSTEMS) recognizes that during the COVID-19 state of emergency, patients with non-emergent diagnoses and symptoms, whether COVID-19 related or not, may be better treated in settings outside of the hospital, such as their homes, while hospitals are experiencing a significant increase in patients with COVID-19. In support of these efforts, FSTEMS will accept applications for Mobile Integrated Health (MIH) programs seeking temporary approval for MIH programs during the COVID-19 emergency. The temporary approval for an MIH programs will expire ninety (90) days after the termination of the state of emergency or public health/safety incident, as declared by Governor Sununu on March 13, 2020. FSTEMS will contact approved programs within 30 days after the end of the state of emergency to discuss an appropriate step-down plan for each program, including but not limited to how to apply for a permanent MIH approval or an appropriate plan to cease operations.

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 acute healthcare issues. It is not intended to address long-term medical or nursing case management.

### General Project Description

The COVID-19 pandemic will result in many residents and visitors of New Hampshire needing to quarantine secondary to signs and/or symptoms of the virus or other healthcare conditions. These residents and visitors will need to be evaluated and followed as they remain in place. Many of these residents and visitors will fall outside the homecare agencies purview and EMS is in a unique position to assist in the evaluation and following of these citizens.

Provide a list of the hospital, homecare, and any other community partners involved in the MIH program, and the methodology for addressing the need (including any enhancements of the EMS response system that will result). If there is no local home health agency in the area, or if the local home health agency is unable or unwilling to collaborate with the EMS unit, the applicant shall document this in the application, including a description of the efforts undertaken to engage the local home health agency in collaboration.

### Community Needs Analysis

COVID-19 State of Emergency

### 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.

Policy Continues 

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### Staffing Plan

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

### 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 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 the NH Bureau of EMS 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 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 entry 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.