

Michigan
COMMUNITY INTEGRATED PARAMEDICINE
Program Protocol
PROGRAM POLICY

Initial Date: July 23, 2020

Revised Date:

Section 11-01

Purpose: To establish minimum and consistent requirements for MDHHS approved CIP Special Study programs throughout Michigan.

- I. Definitions and Acronyms
 - a. CIP – Community Integrated Paramedicine: The MDHHS umbrella term encompassing both Community Paramedicine and Mobile Integrated Health
 - i. CP – Community Paramedicine: Providers possess broad based MDHHS approved education. CP programs may conduct both scheduled and unscheduled visits as approved by the MCA and may take referrals directly from the 9-1-1 system.
 - ii. MIH – Mobile Integrated Health: Providers possess focused MDHHS approved education enabling them to conduct care outlined in a single MDHHS approved CIP protocol. MIH programs conduct scheduled visits.
 - b. CP – Community Paramedic: A paramedic who has successfully completed an MDHHS approved community paramedicine education program.
 - c. MIH Paramedic – Mobile Integrated Health Paramedic: A paramedic who has fulfilled the education requirement set forth by the MCA to conduct care as outlined in a MDHHS approved CIP protocol.
 - d. CPU – CP Unit: A vehicle licensed as and compliant with MDHHS standards as an ALS transporting vehicles, or an ALS non-transporting vehicle. A CP Unit must be utilized to conduct any, and all CIP care with the single exception of a community outreach provider visit **see Community Outreach Provider Visit protocol.**
 - e. CIP MD - Community Integrated Paramedicine Medical Director – Physician with oversight for CIP program (s). This may be the MCA Medical Director or an MCA and MDHHS approved designee.
 - f. QATF – Quality Assurance Task Force
 - g. Social Determinants of Health (SDOH) – **DEFINE HERE**
- II. CIP Program Requirements
 - a. All CIP programs must:
 - i. Be approved by MDHHS as a Special Study.
 - ii. Be approved by the MCA.
 - iii. Possess a CIP Medical Director approved by the MCA and MDHHS.
 - iv. Utilize only personnel that have met MDHHS education requirements
 - v. Conduct care within the parameters of the MCA’s adopted MDHHS approved protocols
 - vi. Comply with MDHHS guidelines.
 - vii. Further and without contradiction to MDHHS guidelines, comply with MCA guidelines.
 - viii. Further and without contradiction to MDHHS or MCA guidelines, comply with agency guidelines.
 - b. CIP Special Study programs are allotted an initial 3-year term to provide services.

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- i. CIP Special Study programs may be terminated at any time by the privileging MCA or MDHHS for failure to comply with MDHHS or MCA requirements.
 - ii. CIP Special Study programs will be reviewed by the QATF 3 years after the initial approval date. Programs will be:
 - 1. Continued as special studies with continued MDHHS oversight and reviews
 - 2. Discontinued
- III. CIP Protocol Requirements
 - a. All CIP programs will adopt the following MDHHS approved protocols, or an MCA adapted version approved by MDHHS which achieves the same goals:
 - i. CIP Program Policy.
 - ii. CIP Medical Director Role & Responsibility.
 - iii. CIP Medical Direction.
 - iv. CIP Scope of Service/Treatment Capability.
 - v. CIP Documentation.
 - vi. CIP Program Enrollment
 - vii. CIP Patient Service Plan/Care Plan
 - viii. CIP Program Discharge
 - ix. CIP Fall Risk Reduction Assessment
 - x. CIP SDOH Assessment
 - xi. CIP Medication Audit
 - xii. CIP Patient General Assessment and Care
 - b. All CIP programs will have MDHHS approved protocols that address the following:
 - i. CIP procedures performed.
 - ii. CIP medications administered.
 - iii. CIP treatments and focused populations served.
 - c. All CIP programs will have protocols or MCA and MDHHS approved policies and procedures that address:
 - i. Personnel requirements.
 - ii. Minimum staffing requirements.
 - iii. Dispatching requirements.
 - iv. Personal vehicle usage.
 - v. Vulnerable adult recognition.
 - vi. Reporting process for suspected adult or child neglect, abuse, or exploitation.
 - vii. Patient encounters outside of work.
 - viii. Self-reporting for suspected errors.
 - ix. Receipt of gifts.
 - x. Conflict of interest language that prohibits providers from entering relationships or signing documentation that results in a recognized position of authority or advocacy on the patient's behalf regardless of legal recognition

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- d. Protocols must be reviewed minimally every 3 years
 - e. In the event an MCA has adopted procedure or treatment protocols which do not apply to all CIP programs within the MCA, it will be up to the MCA develop a Quality Assurance system to ensure programs are only utilizing medications and the corresponding protocols for which they are credentialed.
- IV. Reporting Requirements
- a. CIP Data Submission
 - i. All CIP programs will submit MDHHS required data directly to MDHHS on the quarterly basis that a minimum will include:
 - 1. Number of visits conducted (both unique patients and total number of visits)
 - 2. Number of patients that accepted enrollment into the CIP program (if applicable)
 - 3. Average number of patients enrolled at any given time during the quarter (if applicable)
 - 4. Number of patients that received at least one CIP Fall Risk Reduction Assessment
 - 5. Number of patients receiving at least one CIP Fall Risk Reduction Assessment in which a correction or referral needed to be made
 - 6. Number of patients that received at least one CIP Medication Audit
 - 7. Number of patients that received at least one CIP Medication Audit in which a correction or referral needed to be made
 - 8. Number of patients that received at least one CIP SDOH Assessment
 - 9. Number of patients that received at least one CIP SDOH Assessment in which a correction or referral needed to be made
 - 10. Number of CIP calls that ended in a disposition of patient being transported to or sent to the emergency room by any mode of transportation.
 - 11. Additional MDHHS reporting requirements will be based on the CIP programs specific lines of service.
 - ii. All CIP programs will submit MCA required data to the MCA per the schedule established by the MCA.
 - iii. MCA's will submit all collected data to MDHHS on the quarterly basis.
 - b. The following events must be reported to the CIP-MD and the MCA within 24 hours of the occurrence regardless of conclusion of an investigation.
 - i. Death of a patient suspected to be related to the actions or inactions of a CIP provider or program.
 - ii. Illness or injury suspected to be related to the action or inactions of a CIP provider or program.
 - iii. Accusations of misconduct, practicing outside of the established protocol dictated scope of CIP practice or abuse of power.