

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	Document #	5056.05
	<u>PROGRAM DOCUMENT:</u>  <b>Mobile Integrated Health (MIH) Pilot Program. NOTE: Applies ONLY to the utilization of the MIH PILOT program to respond to scene calls</b>	Initial Date:	08/15/22
		Last Approval Date:	09/03/24
		Effective Date:	07/31/25
		Next Review Date:	TBD

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EMS Medical Director

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EMS Administrator

**Purpose:**

- A. Incorporating a Mobile Integrated Health (MIH) consultation as an optional disposition for paramedics in the EMS system to provide an advanced care option without necessitating transport to the Emergency Department (ED) for a select group of medically stable patients who demonstrate decision-making capacity.
- B. MIH can allow selected stable patients to be treated and released on scene (Treatment in Place) or be medically cleared for referral to an approved Alternate Destination (such as a mental health facility, sobering center, or urgent care clinic). This provides options to obtain care in a location other than an ED.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

**Principles:**

- A. Many patients who access 911 are better served with an alternative to the emergency department.
- B. Many patients who decline transport to an ED may benefit from a medical evaluation.
- C. The MIH policy is designed to identify patients whose condition appears medically stable after initial paramedic evaluation, does not appear to require an ED level of care, and may benefit from a medical evaluation by a Physician Assistant (PA) or Nurse Practitioner (NP).

**Policy:**

- A. To utilize the MIH unit for patient care, the patient must meet ALL situational **AND** clinical criteria noted below, **AND** the patient, parent, or legal guardian must both **DECLINE** transport to the ED **AND** accept a consultation with a PA/NP
- B. Any patient who refuses transport and MIH services and wants to sign AMA, follow PD# 2101 – Patient Initiated Refusal of EMS Assessment, Treatment, and/or Transport.
- C. **If the patient or the patient's legal representative requests that the patient be transported to an ED, SCEMSA Destination Policy# 5050 shall be implemented without delay.**
- D. Any patient that is clinically stable and does not meet a specialty center criterion (Trauma, STEMI, Stroke) and in the assessment of the Paramedic may benefit from the care of the MIH unit may be considered for an MIH evaluation.

- E. If the patient meets the criteria for an MIH visit, but the service is not available, SCEMSA Policy #2101 or SCEMSA Policy #5050 shall apply (transport or AMA).
- F. In determining the most appropriate disposition, the MIH PA/NP must consider the clinical status of the patient, clinical needs of the patient (i.e., diagnostics including labs, radiology, as well as needed treatments such as sutures, wound care, etc.), and medical coverage (referral clinics and the Kaiser call center each have specific criteria for the medical coverages they accept).
- G. A MIH consultation may result in one of the following dispositions:
  - 1. Assessment and treatment in place, with release at the scene by the MIH PA/NP
  - 2. Assessment on the scene with the referral of the patient by the MIH PA/NP to:
    - a. The patient's primary physician
    - b. A SCEMSA identified "assess and refer" treatment center, as noted in the section below.
    - c. A call shall be placed by the medic or MIH PA/NP to the clinic to which the patient is referred.
  - 3. Need for further ED evaluation and treatment, necessitating transport by an ALS unit to the ED.
- H. All advice given and referrals made by MIH shall be documented in the electronic Patient Care Record (ePCR).
- I. EMS personnel shall document a disposition of "Patient Evaluated, No Care Required".
- J. Patients that are assessed and referred SHALL NOT be documented as 'Against Medical Advice' (AMA) on the ePCR.
- K. First responders may leave the scene if MIH approves and can be on scene within 30 minutes. This does not apply to patients with psychiatric complaints.

**Criteria necessary to initiate an MIH activation to the scene:**

- A. Situational Criteria: The following criteria must be **present**:
  - 1. The patient must have a low acuity complaint that meets all the clinical criteria below.
  - 2. The patient, parent, or legal representative should meet all of the following:
    - a. ≥ 2 years old with consent for treatment from a parent or legal guardian. MIH cases with patients aged 2 -17 years old will undergo 100% Quality Assurance auditing by the provider.
    - b. Oriented to Person, Place, Time, and Situation.
    - c. Exhibits no evidence of:
      - Altered level of consciousness (GCS must be 15).
      - Alcohol or drug ingestion that impairs decision-making capacity.
    - d. Exhibits evidence of decision-making capacity sufficient to understand the nature of the medical condition, as well as the risks and potential consequences of not seeking additional medical care/transport from the provided referral.
    - e. The patient would benefit from the MIH evaluation.

**SCEMSA Assess and Refer QI Report Requirements:**

- A. Sacramento Metro and Cosumnes FD will conduct an audit review for incidents that have been identified through the SCEMSA unusual occurrence process.
- B. Sacramento Metro and Cosumnes FD will provide monthly reports to SCEMSA with the following metrics:
  - A total number of MIH activations, categorized by paramedic primary impression.
  - 1. MIH disposition. Patient Evaluated; No Treatment/Transport Required.

2. Number of patients who are known to have received an MIH activation and required ambulance transport to an ED within 24 hours of an MIH visit.
  3. Number of patients who are known to have received an MIH 'assess and refer' dispositions:
    - a. Primary Care Provider
    - b. Clinic on SCEMSA approved list.
    - c. Approved behavioral health clinic.
    - d. Kaiser call center.
    - e. Other.
- C. Sacramento Metro and Cosumnes FD will notify the Sacramento County EMS Agency (SCEMSA) within 72 hours of their notification of any sentinel event (e.g., a 911 re-contact within 24 hours for a patient who underwent assess and refer disposition).
1. Any Sentinel Event will result in a comprehensive review, including a detailed description, root cause analysis, and formulation of a corrective action plan as indicated.

**Cross Reference:** PD# 2101 – Patient initiated Refusal of EMS Assessment, Treatment and/or Transport.  
PD# 5050 - Destination