

*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. SDOH - Social Determinants of Health – “conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes” (CDC).
- 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.

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- b. CIP Special Study programs are allotted an initial 3-year term to provide services.
  - 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

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- position of authority or advocacy on the patient's behalf regardless of legal recognition
  - 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.

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- iii. Accusations of misconduct, practicing outside of the established protocol dictated scope of CIP practice or abuse of power.

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