NAMIHP

12 Steps to a Successful MIH Program

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Content

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01

Engaged Active Medical Director

Any prehospital clinical care program must have an engaged and active Medical Director who oversees protocol development, clinical training, clinical procedures, and quality assurance.

02

Define Needs

The program must perform a thorough needs assessment in order to design and operationalize a service delivery model that will address the specific needs of the customer/community. Without a clear understanding of specific needs, how can the program be expected to meet specific objectives?

03

Define Measurable Objectives

Measurable objectives must be developed based on the specific needs identified in step 2. Objectives must be specific to each particular need as well as be measurable in order to assess progress and success.
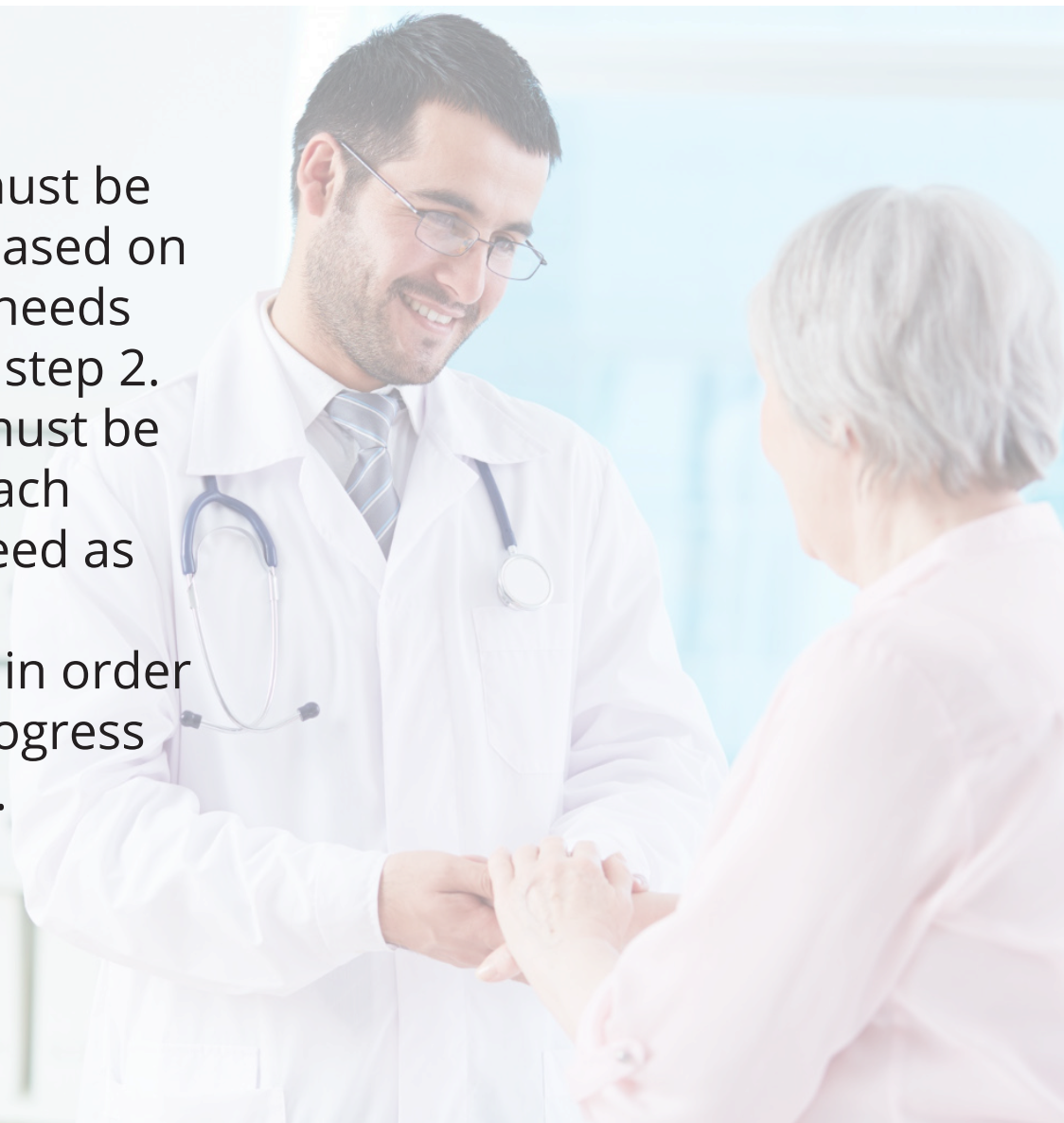
04 Assess Current Capabilities Objectively

Once the program has clear and measurable objectives, a thorough assessment of current capabilities must be performed in order to objectively determine if new and/or additional resources are required in order to carry out the objectives. Any missing or limited capabilities must be acquired before the program can adequately carry out its objectives. It is important to determine limited capabilities well before the program's launch.
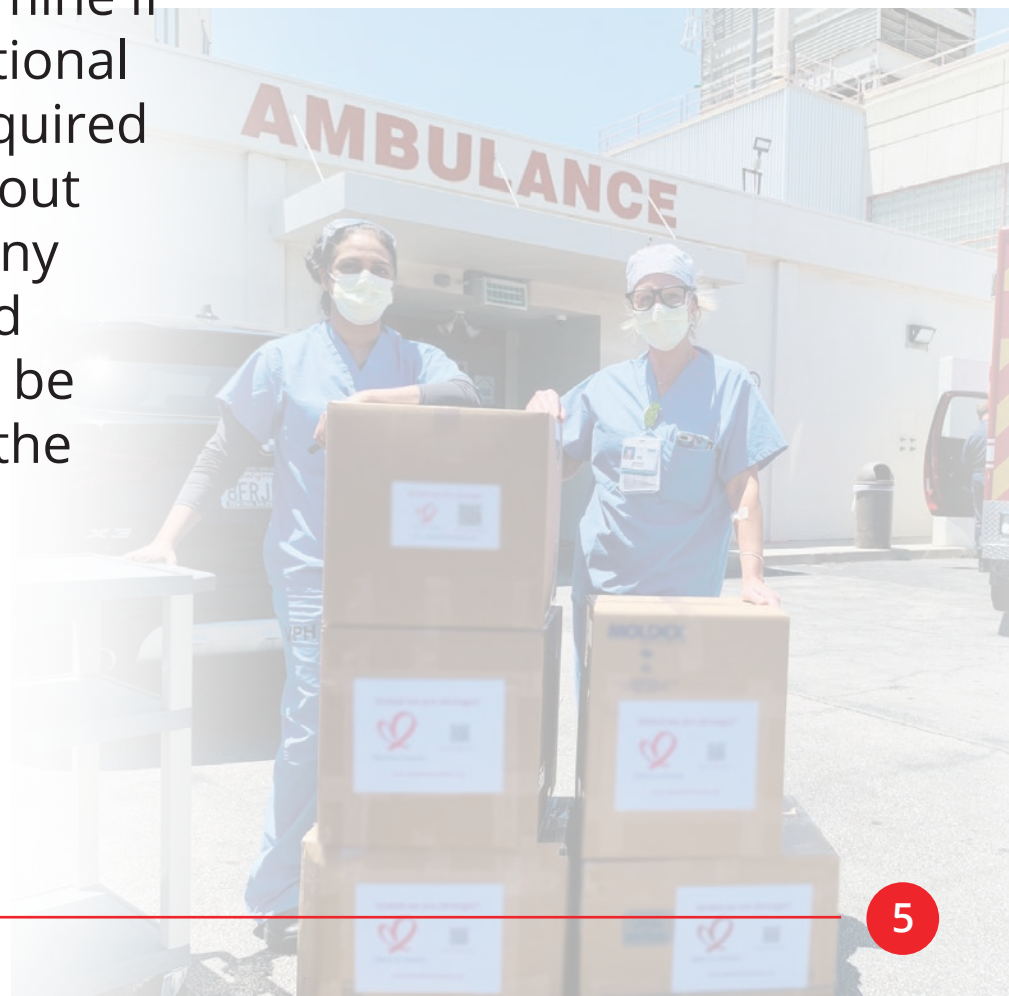
05

Develop Gap-filler Strategies

Comparing the Current State versus the Desired State of capabilities will clearly reveal any gaps that may exist. Specific strategies should be developed and implemented to fill any gaps that exist between current system capabilities and what is required to meet specific mission objectives.

06

Secure Stakeholder Support

Stakeholder support within the organization is vital to success. Without a clear and thorough understanding of the commitments and benefits for/of the program by the leaders, the program may not be sustainable for the long-term. Clear and accurate written expectations should be documented and approved by all affected and responsible stakeholders prior to launch.

07

Identify Referral Sources

Any MIH program will require patients/customers. Depending on the needs of the customers (identified in step 2), a system for obtaining potential patients/customers must be clearly developed. Without an established source for referrals, the program will not be of much use and will certainly not meet any goals or objectives. Common referral sources may include Hospital discharge planners and case managers, emergency departments, 911 "loyalty" customers, community health departments, etc...

08

Build Communications Plan

A well though out system of communications should be developed to address all aspects of the program's goals and objectives.
Considering the program elements chronologically:

· How will the program be promoted?
· What criteria will be used to identify referral candidates?
· Who/when will patient consent be obtained?
· How will referrals be sent/received?
· What information will be required for a referral?
· How will visits be scheduled and dispatched?
· What patient record system will be used?
· How will clinical information be shared and with whom? Etc.....

09 Recruit, Hire, and Train the Right People

Most MIH programs utilize licensed personnel, many of which come from EMS positions including EMTs and/or Paramedics. Although MIH programs address a wide range of clinical needs, often non-clinical needs are also addressed such as social, mental, nutritional, and environmental health. Most Paramedics are not formally trained in these areas so it must be clearly understood that their roles as "Community Paramedics" may be quite different from their experience. They must be willing and able to expand their service knowledge and capabilities in order to serve the needs of MIH patients. It takes a special person to serve the wide range of needs required of successful MIH programs. Thorough vetting of staff is vital.

10 Document and Outline All Processes/Procedures

In order to avoid confusion, omissions, and/or mistakes, all program expectations and processes should be thoroughly outlined and documented. Clear objectives, strategies, methods and processes for all activities involved in the program should be made available for all involved participants.

11

CQI Committee Review / Feedback Process

A formal Continuous Quality Improvement Committee (including key stakeholders and Medical Directors) should be created to review all case activities and outcomes. Formal feedback to care providers should be provided for both positive and constructive results.

12

Define Success

How do you know if your program is achieving the desired results? Through regular and consistent review of the Measurable Objectives identified in Step 3, program administrators can gauge and document program progress and success. If objectives are meeting expected results, refinement and enhancement can be on-going.

If not, Barriers should be identified and mitigated so objectives can be met. Most programs require modifications and adjustments from time to time. The key to success, however, requires the original needs identified in Step 2 to remain the focus of the program.

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