

MOBILE INTEGRATED HEALTH

We match people with the right resources at the right time.

THE PROBLEM

When someone calls 911 for non-emergency reasons, the fire department responds even when the situation may not require emergency attention. This traditional system can be costly in a number of ways: vital resources become unavailable to respond to more urgent calls, the underlying patient needs are not addressed, and patients are not properly connected with the community groups or organizations that can provide appropriate care solutions.

THE SOLUTION

The Mobile Integrated Health (MIH) team responds to people who have requested or been referred for service but likely don't require emergency care. The MIH team performs a medical assessment, determines needs, and helps connect the patient with the appropriate care solution in the community.



of all Olathe 911 calls for emergency service are dispatched for medical reasons.

74% of those calls are considered non-emergency.

CORE **SERVICES**

CARE PROVIDED

See patients where they are Conduct assessments

Provide appropriate on-scene care (i.e. wound care, medication

Identify barriers to medical, psychological, and social needs

Educate patients about their health issues and management

Identify the type of support patient needs, refer them to proper resources or networks

CARE COORDINATION

Identify providers/organizations that can help patient with their medical and non-medical needs

Support patients to ensure they follow through with getting the

Remove barriers to medical. psychological, and social needs



PREVENTION

Outreach and disease/injury prevention (blood pressure checks, sidewalk CPR, fall prevention seminars, etc.)

Cover topics important to our community and help educate residents on how to handle chronic illness and prevent injuries

WHO IS HELPED?



- Under-served residents
- Frequent 911 callers/users of health care systems



- Elderly or disabled residents trying to live independently

LONG-TERM GOALS



. Residents' ability to manage their health is improved

- a) Better health literacy (know what to do and where to go)
- b) Wider support network
- c) More active relationship with doctor or health provider

2. More appropriate use of 911

- a) Fewer non-emergency calls/repeat cases
- b) Fewer unnecessary ER visits



3. Cost savings

a) Resources better matched to problem (MIH unit vs. fire truck: clinic vs. ER)

MIH TEAM



Firefighter/Paramedic



Nurse Practitioner



WHERE WE ARE



Schools

Libraries



Local businesses



Long-term care facilities



Special

Independent & assisted living facilities

HOW DOES THE MIH SYSTEM WORK?

calls 911

911

Typical Response

"Lights & Sirens"



Emergency medical service responds



Patient transported to emergency room

CURRENT SYSTEM:

Emergency-focused

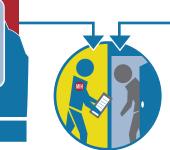
Only option is ER/emergency care; no way to address underlying causes of issues; responders not trained to deal with complex issues beyond emergency response.

MIH SYSTEM: Patient-focused

Problem-solving approach; staff trained to assess and refer patients to proper non-emergency resources.

MIH Response

"Learn & Connect"



Referral

Patient is referred

to MIH by other care providers,

such as social service agencies,

school nurses,

organizations, etc



MIH meets with patient, assesses situation, identifies problem/need



MIH connects patient with appropriate support or solution in the community



Behavioral Health

Specialty Care Provider

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- 1. Community Health Improvement Plan, Olathe Medical Center, 2013 2. Community Risk and Emergency Services Analysis Standard of Cover,
- Olathe Fire Department, 2012 3. Olathe Fire Department Year in Review, 2014
- 4. Community Health Improvement Plan, Johnson County Department of