

**Northwest Community (NWC)/Northern Lake County (NLC)  
Position Description  
Mobile Integrated Healthcare Clinician/Community Paramedic**

**I. GENERAL SUMMARY**

A NWC/NLC Mobile Integrated Healthcare Clinician is a qualified and credentialed EMS practitioner employed or contracted by an EMS Provider Agency, who agrees to serve and is assigned to MIH duties within that Agency, and reports to designated Agency leaders. The Program currently uses Community Paramedics who function with all rights and privileges granted by their Paramedic license and enhanced MIH-CP credentials. All Agency EMS relationships, contracts, covenants and agreements remain in full force and effect unless altered or severed by one of the parties.

MIH credentialing and practice fall under the authority and direction of the EMS/MIH Program MD and IDPH. MIH practice is outside the usual and customary PM duties and work schedule. The scope of practice is commensurate with the qualifications, education, and standards required for MIH clinicians and the populations served. MIH Clinicians provide person-centered quality MIH care within their MIH scope of practice and Clinical Guidelines in a diverse range of settings to achieve the program goals. The focus shifts from episodic acute emergency responses and care under the EMS Program Plan to scheduled longitudinal assessment and monitoring to optimize each client's health, wellness, and safety under the MIH Program Plan.

**II. REPRESENTATIVE FUNCTIONS**

MIH clinicians examine, screen, treat and coordinate MIH health services. Duties include, but are not limited to, the following:

**A. Assess physical, social, psychological, and emotional states of health as defined in the MIH SOPs, educational materials; and HealthCall Assessment tool**

1. **Before the index visit:** Review client health history, previous EMS encounters, ED visits, hospitalizations, baseline status, and desired outcomes/health targets if available. Suggested sources: PCP notes; discharge summary; outpatient medical record; and previous PCRs. Note PCP name and contact info if known.
2. Scene safety and situational awareness prior to entering and while at the location.
3. Determine client's English proficiency, preferred language, and need for interpretive services. Make arrangements for an approved and qualified interpreter.
4. **Obtain the best possible history | Client demographics:** Legal and preferred names; contact information, type of dwelling, historian; client legal/decisional capacity; military service status; sexual orientation and gender identity; preferred pronouns; cultural heritage/ethnicity, individual and family past medical and social history, personal habits; vaccination history; allergies to food, drugs, environment; list of current providers (contact information) involved in their healthcare; advance directives in place. Confirm source of referral; enrollment criteria for MIH; and purpose of this visit.
5. Complete **medication reconciliation** and explore compliance: Obtain best possible medication/supplement list (name, concentration, dose, route, timing; toxidromes); compare what the client is actually taking to the plan, identify discrepancies; explore causes of nonconformities; note time and amount of last dose; and assess for drug-food and drug-drug interactions. Ensure medication access/delivery from hospital or pharmacy. Ensure old/expired meds are appropriately removed from location and discarded. Partner with local pharmacies to secure pill sorters and identify electronic drug information resources to use as references. Ensure client/caregiver understanding regarding medications and need for adherence to instructions.
6. Conduct a targeted MIH **physical exam** using the maneuvers of inspection, palpation, percussion, and auscultation and other assessment tools based on the client's diagnoses/alterations from health. These may include: The Columbia Suicide Severity Rating Scale; AHA's Life's Essential 8; Dimensions of Wellness; COPD Assessment Test (CAT) questionnaire; Wagner-Meggitt Classification of Diabetic Foot Ulcer System; Braden Risk Assessment Scale for Pressure Ulcers; Pneumonia Acuity Assessment Worksheet.

**Psychomotor skills** may include, but not be limited to competently measuring height and weight, measuring limb circumference; assessing for jugular vein distention, performing a neuro exam; auscultating lung, heart, and bowel sounds and carotid bruits; obtaining accurate vital signs (VS) including systolic/diastolic and mean arterial pressures, trending pulse pressures and checking for orthostatic changes; applying leads/sensors correctly and monitoring SpO<sub>2</sub>; EtCO<sub>2</sub>, ECG (rhythm strip and 12 L) and interpreting numeric readings and waveforms, obtaining a capillary glucose reading; assessing limb ROM, skin, wounds, and changing dressings.

7. **Chronic disease monitoring** Review discharge instructions and health targets with client/caregiver if known. Discuss client's progress in meeting health targets. Explore challenges or barriers to compliance, identify therapy failures, and narrow or close care gaps. Support clients in setting their own health goals. [An individual has the right to get involved in the development and implementation of their plan of care which includes establishing goals (CMS regulatory text of tag F553)].
8. **Assess Social/Emotional and Functional Needs**
  - a. **Dimensions of Wellness:** Identify each person's highest level of well-being by exploring the physical, social, emotional, spiritual, intellectual, financial, environmental, and occupational dimensions of wellness.
  - b. **Social determinants of health:** Assess need for community/social services or care navigation to support safety and self-management (transportation, nutrition, heat & utilities etc.).
  - c. **Activities of Daily Living (ADLs)/Instrumental ADLs:** Assess activities related to mobility and personal care: ability to get in or out of a chair or bed, walk, dress themselves, eat, and do personal hygiene such as bathing or showering, oral care, and toileting independently. IADLs are more complex skills needed to live independently: using the telephone, shopping, preparing meals, housekeeping, using transportation, taking medication, and managing finances.
  - d. **Assess disabilities/accommodations in place**
  - e. **Assess if medical resources are needed and available:** Batteries for medical devices; oxygen, mobility aids; disability accommodation equipment; hospital bed or commode.

B. **Provide care and interventions** consistent with MIH protocols and care plan

C. **Prevention, Education, and Resources**

1. **Provide client/caregiver education** on the importance of making healthy choices, smoking cessation, abstaining from unhealthy substances; appropriate exercise, sleep, hydration, nutrition, hygiene, skin, and oral care; stress reduction; and taking precautions to mitigate risk including the need to comply with recommended vaccinations and provide resources where they may be obtained.  
**Answer questions and teach self-management skills** using a teach-back strategy on how to do self-care assessments and competently use medical devices listed in the MIH Guidelines/SMOs.,  
**Conduct a residential safety/fall risk assessment:** Look for high-risk medications, screen for environmental conditions that pose a fall risk, remove or mitigate hazards. Discuss needs with clients/caregivers and forward need for additional risk abatement to PCP or social services for follow-up  
 Inspect dwelling for working smoke and carbon dioxide detectors and offer to install them if none are present. Exchange batteries if nonfunctioning.
2. **Connect clients to appropriate OB and postnatal care** prn to reduce maternal and infant mortality: Educate on safe sleeping and feeding practices for infants, access to well-baby checks, immunizations, and safe cribs and car seats.
3. **Coordinate follow-up** with PCPs and appointments for diagnostic and social services. Report to known PCP the client's health status; level of acuity, response to treatments; education provided, and significant findings since discharge, last EMS encounter, and/or MIH visit. Connect clients to needed resources.

D. **Rate client acuity:** Notify EMS for a 9-1-1 response if emergent/unstable and/or at imminent risk. Consult with the EMS/MIH MD or designee while on scene as needed.

- E. **Documentation:** Complete an electronic medical record using HealthCall® software. Provide client with HIPAA Notice of Privacy Practices and obtain signature. Send EMR with MIH clinician contact information to PCP electronically or via secured fax if applicable.

### III. **REQUIRED QUALIFICATIONS**

- A. **LICENSURE:** Current unrestricted Paramedic or PHRN license in Illinois with ALS practice privileges in good standing in their primary EMS System of record. (Includes being up to date with CPR and all required credentials, CE, and competency assessments). Must have an unrestricted Illinois Driver's license and authorization to operate an agency vehicle.
- B. **EXPERIENCE:** Two years active duty as an ALS practitioner meeting NWC EMSS preceptor-eligibility criteria as defined in Policy P-1 Preceptors unless a waiver is granted for early eligibility based on an individual's outstanding performance or qualifications. Has had direct patient care in at least 6 of the last 12 months. If not, submit how current knowledge and skill competencies have been maintained as listed below.
- C. **PRACTICE EXCELLENCE:** There are no pending or open performance improvement plans (PIP) or disciplinary actions by an EMS System, hospital, professional society, or IDPH. There are no sustained allegations of misconduct classified as at risk or reckless behavior/willful defiance with respect to EMS practice within the past 12 months.
- D. **ESSENTIAL ELIGIBILITY REQUIREMENTS:** Must meet the essential skills, abilities, and aptitudes as listed in the functional job analysis of an MIH Clinician (See end of document) and all mandatory health and safety requirements to remain in good standing.
- E. **MIH EDUCATION:** Successful completion of Program-approved MIH Education.
- F. **COMPETENCIES:** Demonstrated ability to deliver safe, seamless, timely, efficient, effective, and person-centered care to MIH clients.
  - 1. **Conceptual competence:** Intellectual rigor and reasoning with conceptual understanding, insight and application. Demonstrates depth and breadth of subject knowledge relating to EMS and MIH practice. Is able to gather relevant data; reason to logical and valid conclusions; identify key assumptions; trace significant implications; and consider alternatives without distortion, discrimination, or bias.  
**Critical thinking:** Able to think and act with clarity, precision, accuracy, relevance, depth, breadth, logicalness, significance, completeness, and fairness.  
**Intellectual traits:** Intellectual humility/teachable spirit; autonomy, integrity, intellectual courage, perseverance, confidence in reason and fairmindedness.
  - 2. **Technical competence:** Proficiency in performing skills/tasks within an MIH clinician's scope of practice with correct technique, sequencing, timing, and without coaching or critical error.
  - 3. **Adaptive competence:** Adapts fluidly to changing environments, situations, and patient needs. Anticipates the unexpected and is not paralyzed by complexity. Demonstrates superior flexibility and creativity necessary to thrive in a volatile environment without losing productivity or efficiency.
  - 4. **Contextual competence:** Uses contextual intelligence combined with knowledge, abilities and aptitude to plan and manage care to achieve favorable outcomes and avert unnecessary risks. Uses conceptual and technical skills in the right context, avoiding a technical imperative.
  - 5. **Integrative competence:** Able to integrate complex concepts, data, technology, systems, and processes to meld theory and practice to achieve desired outcomes.
  - 6. **Social competence:** Able to evaluate social situations and determine what is expected or required; recognizes the feelings and intentions of others; and uses social behaviors appropriate for that context. Engages well with others; works collaboratively as a team member.
  - 7. **Communicative competence:** Must demonstrate a 12<sup>th</sup> grade or higher command of English and demonstrate written, verbal, and nonverbal communication skills that enable effective professional communication.

IV. **PERFORMANCE EXPECTATIONS: Each MIH Clinician shall**

- A. Demonstrate understanding of legal and ethical responsibilities, uncompromising character, and conformity with Program core values: They shall perform professional activities in a manner that reflects well upon the profession.
- B. Comply with and abide by all federal, state, and local laws, rules, regulations, and Program standards now in force, or which may hereafter be in force, pertaining to MIH healthcare in the jurisdictions in which they are located or conduct their professional activities.
- C. Comply with mandatory health requirements
- D. Maintain competence and proficiency in MIH services and demonstrate steadfast commitment to scholarly improvement, lifelong learning, and excellence in all work units.
- E. Respect professional confidences and protect sensitive information and communications.
- F. Refrain from participating in any activity that demeans the credibility and dignity of the Agency, EMS Profession, or MIH program.
- G. Build trust with all clients and their families, as well as with members of the community. Actively participate in quality management activities that ensure the safety, value, quality and equity of care or service rendered.

V. **CREDENTIALING involves at a minimum**

Completion of an active file that shall contain at a minimum:

- A. **APPLICATION, AGREEMENT, PHOTO:** Submit the following to the MIH Program Director at Northwest Community Hospital:
  1. A completed MIH Application listing all required demographic information, licensure & certifications, levels of academic preparation, length of EMS experience, a statement of interest, and signed verification of qualifications, practice excellence, and competency ratings from an authorized agency leader
  2. Copy of their current Illinois EMS license and AHA CPR for Healthcare Provider card
  3. MIH Education completion certificate
  4. Signed MIH Clinician Agreement form
  5. Recent and high resolution head and shoulders photograph in color.
- B. **VERIFICATION:** The MIH Program Director shall verify that the candidate has a complete file, meets all required qualifications and performance prerequisites, has completed required MIH education, has achieved objectives in all three domains of learning and meets minimum competency requirements to deliver quality person-centered care as defined in the MIH Program Plan, MIH Clinician Position Description, and SOPs.
  1. Cognitive knowledge and critical thinking skills meet or exceed MIH standards;
  2. MIH psychomotor skills are rated as proficient or above
  3. Characterizes Program values and demonstrates social and emotional intelligence
  4. Demonstrated ability to effectively use HealthCall® software
- C. **AUTHORIZATION of PRACTICE PRIVILEGES:** Successful candidates are credentialed by the EMS/MIH MD as an approved MIH clinician in the NWC/NLC MIH Program with a scope of practice commensurate with their level of education, credentialing, and Clinical Guidelines for a period of no less than four years before recredentialing is required. The credentialing and renewal process shall undergo review to ensure that education, continuing education, and measurement activities are adaptive to the evolving practice of MIH.

VI. **WORK ENVIRONMENT:** Generally indoors in diverse settings and poses similar risks experienced during EMS home responses working with a qualified partner. Though safety measures are implemented whenever possible and a culture of safety is embraced, there remain some unavoidable aspects of an MIH clinician's job that may pose a risk of personal illness or injury.

- Driving an MIH vehicle safely without using lights and sirens when conducting visits
- Engaging with persons who may be ill, upset, anxious, agitated, or combative
- Exposure to environmental hazards, communicable diseases, and potential medical waste
- Weather extremes should only be experienced enroute or when entering a client's dwelling.

VII. **Disclaimer** The above statements are intended to describe the general nature and level of the work performed by people assigned to this job. They are not exhaustive lists of all duties, responsibilities, knowledge, skills, abilities or working conditions. They are not intended to construe any type of employee contract or binding employee-employer relationship between the MIH CP and NCH.

## Essential Eligibility Requirements/Functional Job Analysis

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An MIH clinician must confidently accept the challenges and high degree of responsibility entailed within their scope of practice. They must provide consistent, compassionate and evidence-guided MIH care for all clients and be prepared for any situation: big or small, planned or unplanned. This requires excellent knowledge, skills, attitudes, judgment and the ability to rapidly process information, prioritize decisions and act quickly in the best interest of a client and MIH team members.

They must be self-disciplined, able to develop rapport, and effectively interview clients, family members or caregivers unless impossible to do so, and use communication aids, tools, or strategies unique to diverse multicultural groups, ages within those groups, as well as persons with a variety of disabilities under the Americans with Disabilities Act (ADA).

MIH personnel must function independently at optimum levels in an out-of-hospital environment that is constantly changing. They must be lifelong learners; have knowledge with deep understanding for their role; be complex thinkers; creative persons; active investigators; effective communicators; and reflective and self-directed practitioners with the ability to meet the physical, intellectual, psychomotor and affective requirements demanded by their level of licensure and MIH scope of practice.

Candidates for MIH roles are considered on the basis of individual merit. The Program does not discriminate on the basis of race, color, religion, sex, gender identity, sexual orientation, national or ethnic origin, age, marital status, protected veteran status, or other protected classes under the law as long as the individual is otherwise qualified and able to competently perform the essential job functions and meets eligibility requirements for credentialing.

The Program is guided by Title VI and VII of the Civil Rights Act of 1964 and Civil Rights Act of 1991; Title IX of the Education Amendments of 1972 published under the United States Code at 20 U.S.C. §1681-§1688); the Americans with Disabilities Act (ADA) of 1990; the Americans with Disabilities Act Amendments Act of 2008; and other federal laws or Illinois statutes which guarantee equal opportunity to qualified individuals and protected classes within our society.

**Under the ADA, a public entity is prohibited from discriminating against qualified individuals with disabilities on the basis of disability in the granting of licenses or certification.** A person is a "qualified individual with a disability" with respect to licensing or certification if they can meet the essential eligibility requirements for receiving the license or certification [see {35.104)].

The phrase "**essential eligibility requirements**," is taken from the definitions in the regulations implementing section 504, so case law under section 504 is applicable to its interpretation. In *Southeastern Community College v. Davis*, 442 U.S. 397, the Supreme Court held that section 504 does not require an institution to "lower or effect substantial modifications of standards to accommodate a handicapped person," 442 U.S. at 413. Whether a particular job function requirement is "essential" is listed below. All MIH clinicians must meet the qualifications within the MIH-CP job description and functional job analysis. Further eligibility requirements for credentialing are listed in the EMS Systems Act and the Administrative Code.

### **Language and communication – verbal and reasoning skills are used extensively**

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- Communicate effectively (verbal, nonverbal, and written) with English language fluency, range, accuracy, and clarity (speak smoothly and freely without extended pauses to think about grammar, vocabulary or pronunciation needed to communicate).
- Rapidly read, understand, analyze, apply and take action on work-related written messaging, assessments, policies, procedures, forms, publications, and regulations in a time-sensitive manner where there is no extended time or alternate accommodations for receiving, processing or deliberating on the content. This also includes accurately reading and discerning street names through signage, map or GPS reading, and correctly distinguishing house numbers or business addresses.
- Complete factual, accurate, complete, and timely reports and business correspondence that includes all relevant data. This may require a detailed narrative relative to circumstances or conditions that go beyond what is required on a prescribed form or template within electronic documentation software.
- Use required communication equipment to concisely and accurately describe verbally to others their impression of a situation and/or a client's condition.

## Reasoning skills

- Strong reasoning ability to deal with the complexity and variety of each situation in which an MIH clinician works. This includes providing quality care requiring the use of logic and reason to rapidly define problems and arrive at solutions on a practical basis.
- Understand and appropriately apply an extensive variety of complex technical and instructional materials to MIH client assessments and care.
- Must think critically with clarity, precision, accuracy, relevance, depth, breadth and logicalness.
- Must solve problems and reach reasonable, ethical, and legally defensible conclusions from abstract information and variables which may be imperfect, ambiguous, conflicting or disjointed.
- Make rapid and accurate independent judgments and assumptions and determine a plan of care within their scope of practice in a timely manner; while following oral or written directives.

## Mathematical skills | Numerical aptitude (Perform arithmetic operations quickly and accurately)

Practical application of fractions, percentages, ratio, proportion, and measurement. Must accurately add, subtract, multiply, and divide in English and metric units using whole numbers, common fractions and decimals.

## Physical demands and Psychomotor skills

- The job does not require heavy lifting. If a client needs to be lifted from one surface to another, the MIH clinicians should call the local 911 service. The MIH clinician does require sufficient strength, stamina, endurance, conditioning, and motor coordination to stand, walk, stoop, squat, bend, kneel, climb stairs, reach, balance, and carry MIH supplies and equipment and perform all MIH-related skills and tasks.
- Mental alertness, strength, manual and finger dexterity, hand-eye coordination, and sensory perception sufficient to competently perform all MIH-related assessments and skills within their scope of practice with correct technique, sequencing, timing, and without coaching or critical error

**Motor coordination:** Able to make a planned movement response quickly and accurately and coordinate eye-hand movements. Able to safely enter, exit, and drive a vehicle, walk over uneven terrain, up and down stairs, in and out of dwellings and navigate through tight spaces.

**Finger and manual dexterity:** Able to move fingers and hands easily and skillfully and manipulate small objects rapidly and quickly while performing a physical exam, providing care, and typing or writing a report,

**Sensory perception:** Able to detect texture, moisture, temperature, thickness, swelling, elasticity, contour, lumps/masses/deformities, consistency/density/tenseness, strength, resistance, size, vibration, pulsations, fasciculations, and crepitation when assessing clients, and presence of pain in self.

- Competently operate all EMS and communications equipment and safely drive an MIH vehicle
- Accurately type and enter data into and retrieve data from an electronic device using System-approved software and meeting System standards of competency
- (Corrected) vision to 20/30 in at least one eye with near and far visual acuity and full visual fields, depth perception, and color discrimination for at least red, amber, and green to drive an MIH vehicle, assess clients, read small print such as, but not limited to, markings/labels/instructions on medications, medication delivery devices, prescription bottles, and medical equipment, and the ability to differentiate normal and abnormal skin colors and the color of various body tissues/fluids
- (Amplified) hearing adequate to hear conversational speech, phone communication, equipment alarms, percussion notes, and auscultate a BP, carotid bruit; lung, heart, and bowel sounds

## Psychological/Social/Emotional skills

- Must perform effectively under stress due to the demands of the job, high levels of responsibility, dynamic working conditions, and risks inherent in MIH duties. This require self-confidence, self-regulation; self-compassion; strong emotional and social intelligence; tolerance, resilience, and the ability to maintain self-care while caring for others. Clinicians must use healthy coping strategies and effectively draw on a reservoir of strength that helps them appropriately respond to stress, hardship and frustration without dysfunctional anxiety, anger, illness, addictions, or harmful behaviors to self or others.
- Flexible and adaptable to meet job demands in a volatile, uncertain, complex, ambiguous, and changing environment.
- Intellectual humility; integrity; fair mindedness; courage; empathy; autonomy; optimism (confidence in reason); and perseverance
- Must deal well with people and function effectively as a team member and leader
- A preference for working for the presumed good of people and to do no harm
- Must conform to all legal, ethical, and moral obligations inherent within their scope of practice.