

# Mobile Integrated Health (MIH) 2025 Annual Report

## Program Overview

Lebanon Fire Department Mobile Integrated Health Program is a collaboration with Dartmouth Hitchcock Medical Center (DHMC), the Lebanon Fire Department and Lebanon Community Nurse programs.

This program operates under the dual medical direction and oversight of a DHMC Emergency and Primary Care physician and Primary Care Nurse Practitioner, in collaboration with DHMC providers.



Healthcare in the comfort of your home.



Lebanon Mobile Integrated Health Team: Amanda St. Ivany, Community Nurse and Jeremy Thibeault, Community Paramedic.

## Community Paramedic Year 5 (2025) Program Objectives

- ✓ 1. Develop a process for proactively identifying patients from DH ED that would benefit from MIH involvement.
- ✗ 2. Improve Patient satisfaction survey results (returns) by 50%.
- ✗ 3. Increase provider satisfaction survey results (returns) by 50%.
- ✗ 4. Increase number of patients served by 20%.

## Community Nurse Year 5 (2025) Program Objectives

- ✗ 1. Create measurable patient satisfaction survey at discharge to be implemented by 7/1/25.
- ✗ 2. Create a 3-month questionnaire to give to ongoing supported patients by 4/1/25.
- ✓ 3. Hold a BP Clinic at each of the 4 Lebanon Housing Authority Locations by 12/31/2025.



Dartmouth Health



# Patient Story:

The patient currently resides at Maple Manor and is relatively new to the area. Although the patient has an established primary care provider, the office is located over an hour away and the patient has not yet transitioned care locally.

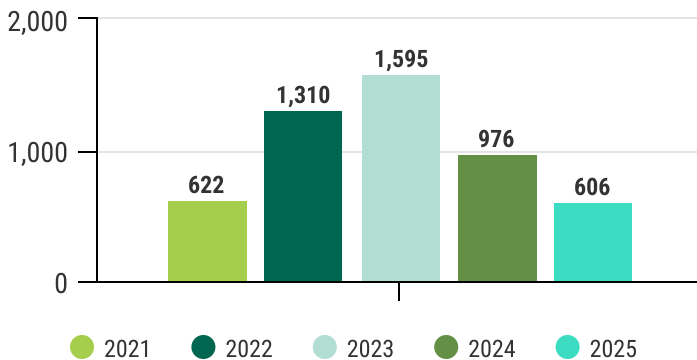
The patient has an extensive cardiac history and, in December, called 911 due to chest pain and anxiety. Following this event, the patient was identified through the weekly screening process through the Community Nurse. A Community Nurse contacted the patient and arranged a home visit to assess needs and provide support.

The Community Nurse met with the patient several times. During a follow-up phone call, it was discovered that the patient was also receiving wound care. To help coordinate and streamline care, a referral was placed for Community Paramedic wound care services to provide coverage between visits at Dartmouth Hitchcock Medical Center.

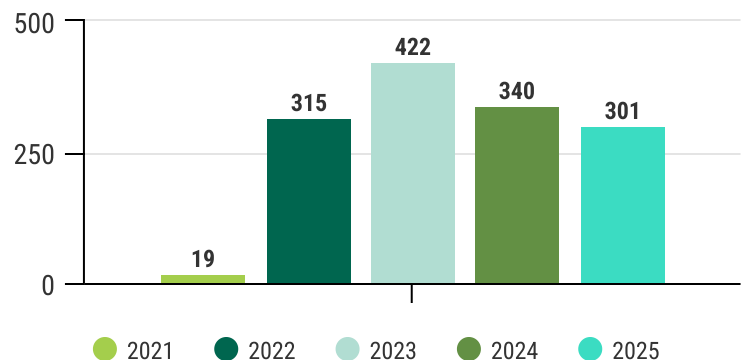
The patient expressed a desire to establish care with a new primary care provider at Dartmouth Hitchcock Medical Center. The Community Nurse reached out to General Internal Medicine, and the patient was successfully connected with a new PCP. The first appointment to establish care is scheduled for February 17, 2026.



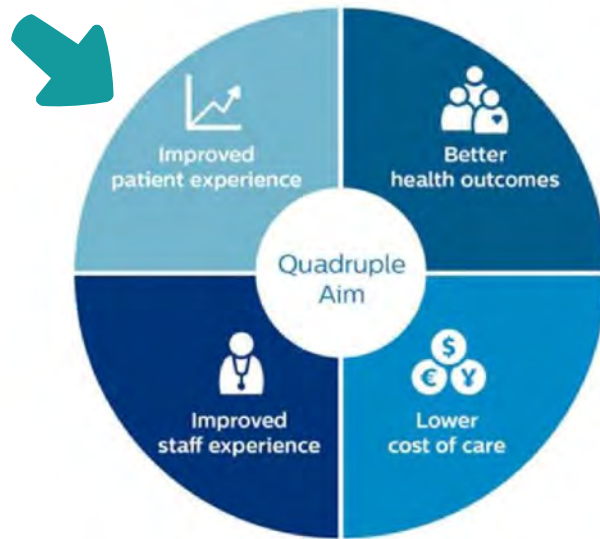
**Community Nurse Total Encounters**



**Community Paramedic Total Encounters**



# Improved Patient Experience:



## Patient Satisfaction Survey Data: n=6



**of patients are very likely to recommend this program to a friend or family member.**

# 100%

of patients were very satisfied with the services provided by the MIH program.



"Jeremy was very prompt in scheduling and came out and quickly took blood. Without him, it may have been months before i could get to the Lab."

"Jeremy was very helpful with my medicine."

"The primary reasons for the score, was because Jeremy was always on time, and he always kept me informed of what was going on."

"Helped get me resources."



# Better Health Outcomes:

For patients enrolled in the MIH program we evaluated the number of visits to the Emergency Department for 6 months prior to their enrollment and for 6 months after their enrollment.



## Community Paramedic

Metric: ED Visits Pre- Post-MIH Intake

Directional Change of ED Visit Count Post Intake

Community Paramedic Intake Dates September 2021- December 31, 2025

	Pre- Post-MIH Intake Time Horizon	
	3 Months	6 Months
# of Eligible MIH Episodes	144	144
# of ED Visits Pre- MIH Intake	67	114
# of ED Visits Post-MIH Intake	62	111
<b>Directional Change (# of MIH Episodes)</b>		
Fewer ED Visits Post-Intake	28	35
More ED Visits Post-Intake	21	26
Same Number of ED Visits Post-Intake	10	7
No ED Visits	85	76

## Community Nurse

Metric: ED Visits Pre- Post-MIH Intake

Directional Change of ED Visit Count Post Intake

Community Nurse Intake Dates September 2021- December 31, 2025

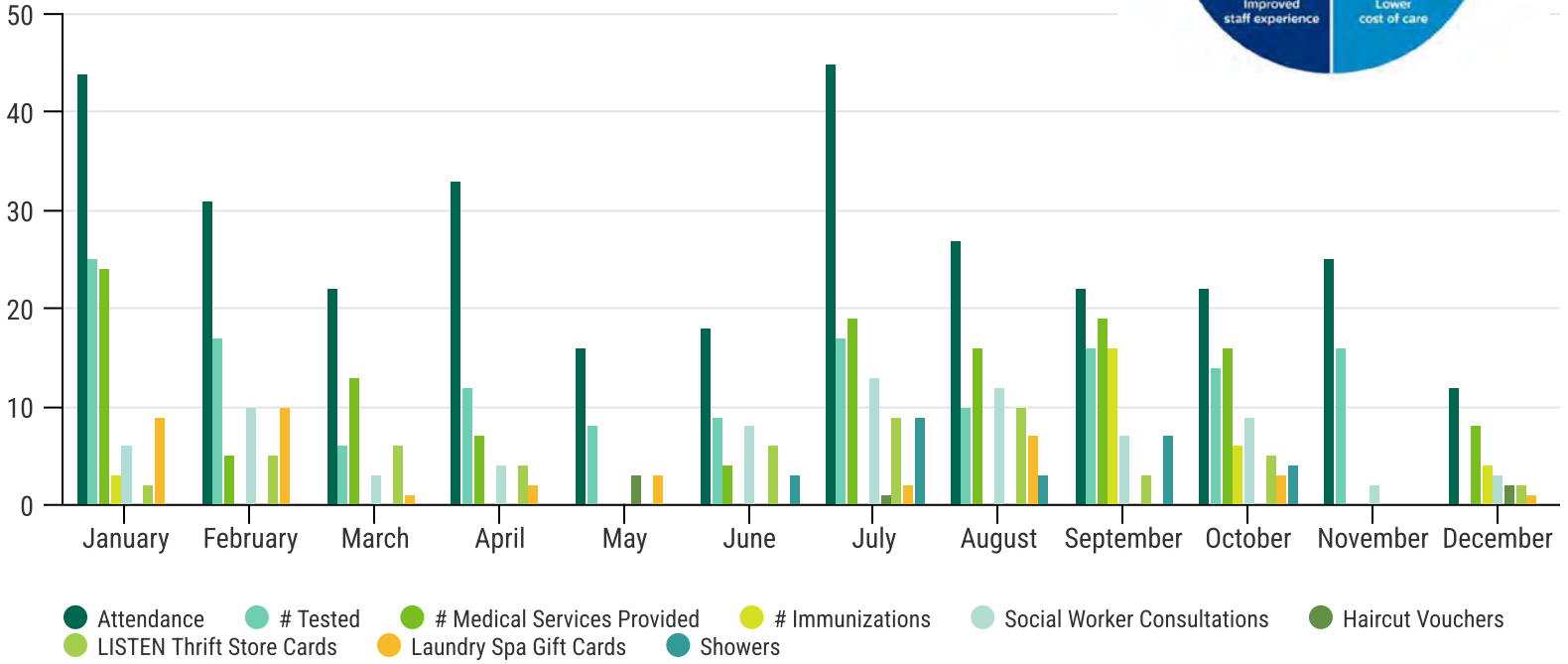
	Pre- Post-Nurse Intake Time Horizon	
	3 Months	6 Months
# of Eligible Nurse Episodes	86	85
# of ED Visits Pre-Nurse Intake	21	33
# of ED Visits Post-Nurse Intake	25	41
<b>Directional Change (# of Nurse Episodes)</b>		
Fewer ED Visits Post-Intake	9	13
More ED Visits Post-Intake	11	14
Same Number of ED Visits Post-Intake	1	1
No ED Visits	65	57



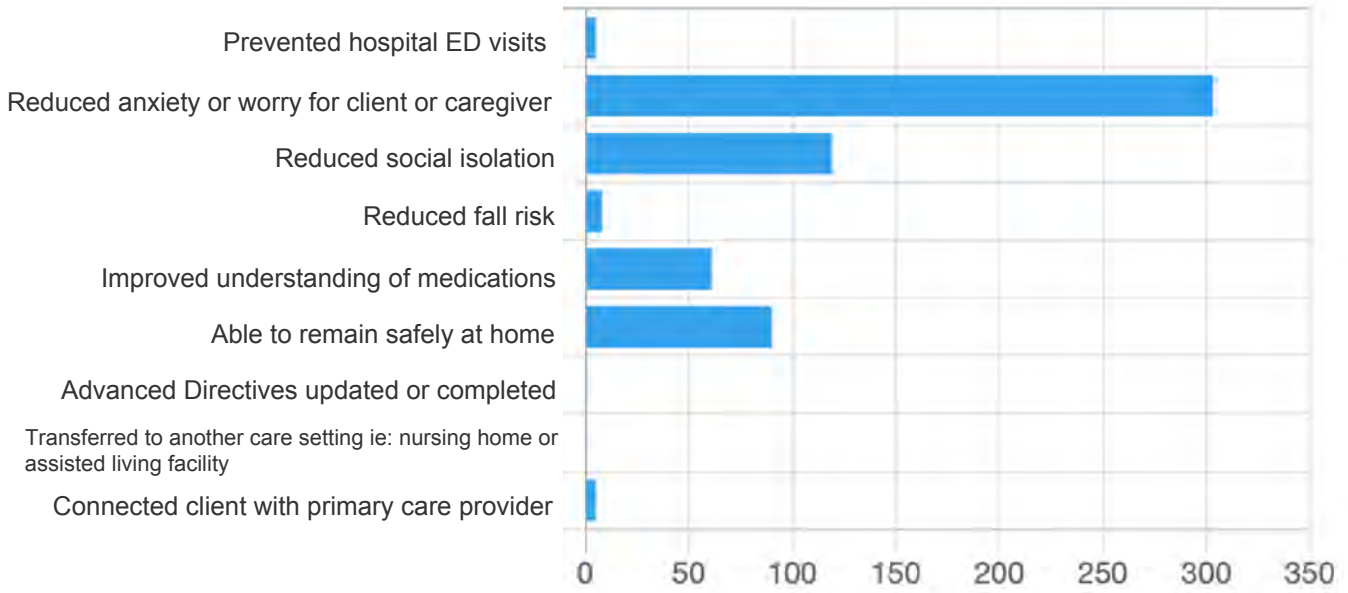
# Better Health Outcomes:



## 2025 Pop-up Clinics



## Community Nurse Health Outcomes- Lebanon 2025



Data collected and reported by Community Nurse Connection



# Lower Cost of Care:



## Community Paramedic

Metric: 911 Calls Pre- Post-MIH Episode  
 Distribution of 911 Calls per Episode  
 September 2021-December 31, 2025

	911 Calls Prior to MIH Enrollment	911 Calls During MIH Enrollment	911 Calls After MIH Enrollment
<b>911 Count</b>	<b>187</b>	<b>87</b>	<b>138</b>
Max per Episode	21	18	8
Min per Episode	0	0	0
Mean	1.3	0.60	0.96
Median	1	0	0
Number with 1+911	80	35	59

## Community Nurse

Metric: 911 Calls Pre- Post-MIH Episode  
 Distribution of 911 Calls per Episode  
 September 2021-December 31, 2025

	911 Calls Prior to MIH Enrollment	911 Calls During MIH Enrollment	911 Calls After MIH Enrollment
<b>911 Count</b>	<b>120</b>	<b>99</b>	<b>62</b>
Max per Episode	18	18	16
Min per Episode	0	0	0
Mean	1.17	1.14	0.71
Median	0	0	0
Number with 1+911	43	28	25



## Lower Cost of Care:

While post discharge referrals are frequent, this measures cases where the MIH visit was within 7 days of discharge.

An "index admission" is a term used to describe the first admission of a patient to a hospital with a principal diagnosis of a specified condition.



## Community Paramedic

**Metric: Inpatient (IP) Readmissions  
Community Paramedic  
September 2021-December 2025**

Index Discharge Year	Lebanon Residents			MIH Patients		
	Index Admits	IP Readmits	Readmit Rate	Index Admits	IP Readmits	Readmit Rate
2021	295	53	18.0%	0	0	0.0%
2022	324	59	18.2%	4	1	25.0%
2023	328	60	18.3%	4	1	25.0%
2024	351	70	19.9%	2	0	0.0%
2025	420	86	20.5%	2	0	0.0%
Grand Total	1718	328	19.1%	12	2	16.7%

## Community Nurse

**Metric: Inpatient (IP) Readmissions  
Community Nurse  
September 2021-December 2025**

Index Discharge Year	Lebanon Residents			Nurse Patients		
	Index Admits	IP Readmits	Readmit Rate	Index Admits	IP Readmits	Readmit Rate
2021	295	53	18.0%	0	0	0.0%
2022	324	59	18.2%	0	0	0.0%
2023	328	60	18.3%	0	0	0.0%
2024	351	70	19.9%	1	0	0.0%
2025	420	86	20.5%	0	0	0.0%
Total	1718	328	19.1%	1	0	0.0%

Note: Readmissions include IP admissions at any D-H system hospital on eDH (i.e. DHMC, APD, NLH and Cheshire Medical Center)

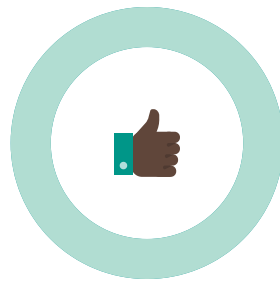


# Improved Staff Experience:

## Provider Satisfaction Survey Data: n=4



of providers said the care provided by the Community Paramedic met their expectations



**100%**  
of providers would refer additional patients to the MIH program.

"The LCP Program is an invaluable asset to our health care system. Every town should have a program as this one to provide outreach when other services aren't able to. Thank you for all you do!"

"Jeremy has been responsive and helpful, and we are so appreciative of this resource!"

"The MIH was an invaluable service for my patient. He was not eligible for VNA but clearly needed home assistance. I was able to refer to the MIH who provided timely assistance, triaged multiple complex needs, and helped get my patient the care they needed. The MIH had a remarkable tangible impact on the quality of my patient's care. There have been multiple other patients I check their addresses hoping they are in Lebanon so they can access this service!"

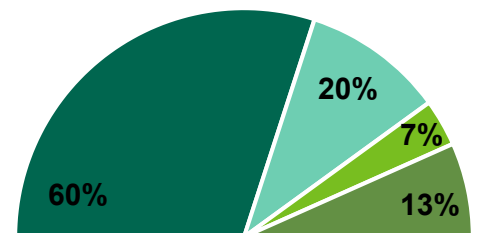
## Lebanon Fire Department (LFD) Satisfaction Survey Data: n=15



**87%**  
of LFD staff would refer additional patients to the Lebanon Community Paramedic program.



of LFD staff said the Community Paramedic program has improved the overall health of the community.



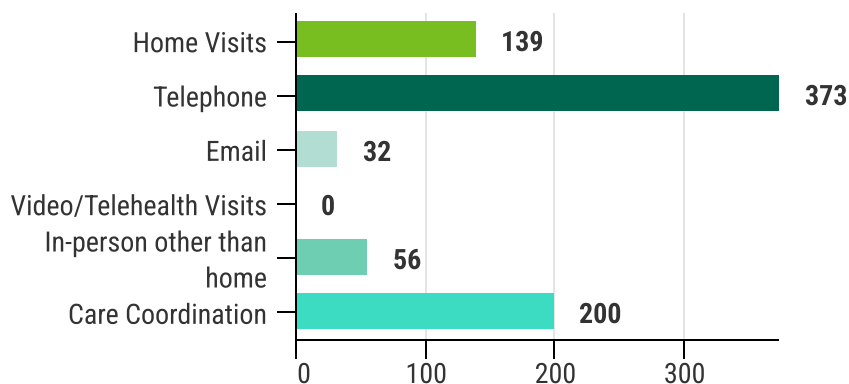
● Agree    ● Neither agree or disagree  
● Disagree    ● Unsure or N/A

Breakdown of LFD staff reporting it was easy to refer patients to the Lebanon Community Paramedic Program.



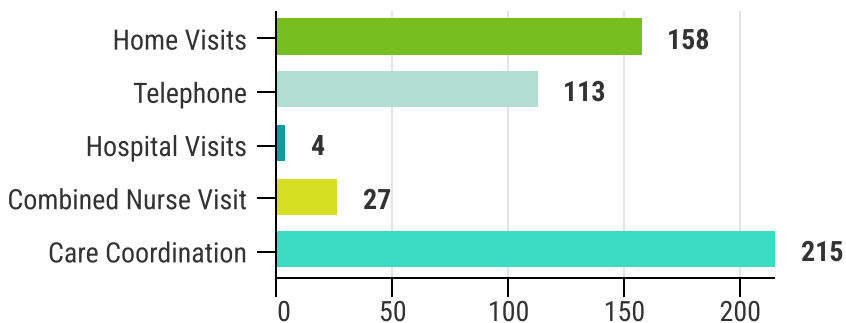
# January- December 2025 Data

## Community Nurse Encounter Types 1/1/2025- 12/31/2025



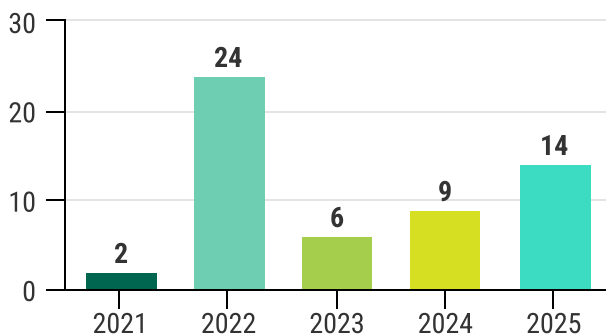
**Community Nurse**  
1/1/2025-12/31/2025  
Unique Patients- 102  
Total Encounters- 606

## Community Paramedic Encounter Types 1/1/2025- 12/31/2025

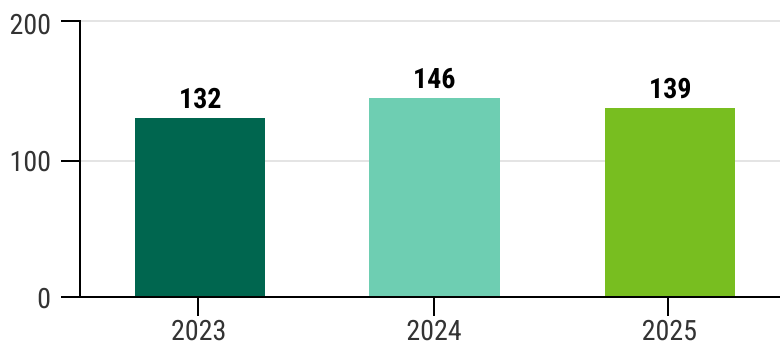


**Community Paramedic**  
1/1/2025-12/31/2025  
Unique Patients-73  
Total Encounters- 293

## Combined Community Nurse & Paramedic Visits



## Total 911 Calls Community Paramedic Responded to in Addition to MIH Calls



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