



**EMERGENCY MEDICAL SERVICES
COMMISSION MEETING MINUTES**

DATE: January 17, 2020

TIME: 10:00am

LOCATION: Zionsville Town Hall
1100 W. Oak St.
Zionsville, IN 46077

MEMBERS PRESENT:

| | |
|----------------------|---|
| G. Lee Turpen II | (Private Ambulance) |
| Myron Mackey | (EMTs) |
| Mike Garvey | (Indiana State EMS Director) |
| Matthew McCullough | (Volunteer Fire and EMS) |
| Sara Brown | (Trauma Physician) |
| Darin Hoggatt | (Paramedics) |
| John Brown | (Director of Preparedness and Training) |
| Melanie Jane Craigin | (Hospital EMS) |
| John P. Ryan | (General Public) |
| John Zartman | (Training Institution) |
| Charles Valentine | (Municipal Fire) |

MEMBERS NOT PRESENT:

| | |
|------------------|------------------------|
| Thomas A Lardaro | (Air Medical Services) |
| Stephen Champion | (Medical Doctor) |
| Andrew Bowman | (RN) |
| Terri Hamilton | (Volunteer EMS) |

OTHERS PRESENT: Field Staff, Robin Stump, Tony Pagano, Candice Pope, Kraig Kinney (IDHS EMS counsel), and members of the EMS Community.

CALL TO ORDER AND ROLL CALL

Meeting called to order at 10:01am by Chairman Lee Turpen. Mrs. Candice Pope called roll and announced quorum. Everyone stood for the Pledge of Allegiance.

ADOPTION OF MINUTES

- a. Adoption of minutes from the November 14, 2019 session.

A motion was made by Commissioner Mackey to approve the minutes as written. The motion was seconded by Commissioner Hoggatt. The motion passed.

HONORARY CERTIFICATES

- a. Debra K. Hart – Mr. Jason Smith read request into record.
To Whom It May Concern,

This message is written in support of Paramedic Debra K. Hart's consideration by the Indiana Department of Homeland Security for the Indiana State Certificate of Merit award. I humbly request this on behalf of Debra, for her years of unfailing service as an Emergency Medical Technician to the people of the State of Indiana. Debra has been an Indiana Certified Paramedic for over 25-years, and an EMT for nearly 30. Debra served Wells County, Indiana early in her career as a basic EMT but has severed full-time in Adams County as a Paramedic since 1993. During her career, Debra has helped countless Hoosiers who had reached out for our help either through calling 911 or simply the basic transfer from the hospital back to the nursing home, and she has done this with honor, professional care, and compassion. Debra has worked directly for me for the past 3-years, and during that short time I have seen her demonstrate a compassion towards her patients that is rare this day-in-age. I have witnessed Debra be the "hand-holder", the Paramedic who cries with her patients (and their family), and the only Emergency Responder who gives them a hug when they need it. During her years at Adams County EMS Debra has also supported her husband Kent, an Indiana Paramedic and Primary Instructor, with countless hours of instruction help by participating in skills labs, mentoring students, and helping with State and National EMT practical exam check-offs, among other things (such as recruiting all of her many children to be patients for the check-off exams). As Debra finishes her final shift at Adams County EMS on December 30, 2019, it is my hope and prayer that your Committee approves this most deserved and prestigious award.

Respectfully Submitted,

Kevin Wellman MSN, RN, EMT-P, CEN
Director of Emergency Services | Adams Health Network
tel: 260-724-2145 x 11250 | fax: 260-728-3811 | cell: 260-223-6679
kevin.wellman@adamshealthnetwork.org

A motion was made by Commissioner Zartman to approve the honorary certificate. The motion was seconded by Commissioner Mackey. The motion was approved.

- b. John Purdy – Legal Counsel Kraig Kinney presented. While Counselor Kinney was in communication with Mr. Purdy's son regarding his father's certification Mr. Purdy unfortunately passed away. Mr. Purdy's son requested that an honorary certification be issued for his father. Director Garvey, Chairman Turpen, and Counselor Kinney decided to go ahead and issue the honorary certification. Counselor Kinney is requesting the Commission formally approve the certificate so that it is on record.

A motion was made by Commissioner Mackey to approve the honorary certificate. The motion was seconded by Commissioner Hoggatt. The motion was approved.

c. Joseph Spaulding – Mr. Jason Smith read the request into record. (see attachment #1).

A motion was made by Commissioner S. Brown to approve the honorary certificate. The motion was seconded by Commissioner Bowman.

d. Cord Coyle – Mr. Jason Smith read the request into record.

Hello , Mr. Pagano,

I would like to nominate Paramedic Cord Coyle for the life time Paramedic certification. Cord lives in Connersville. He has been in EMS over 30 years. He has had a 3 year or longer battle with cancer throughout his body. At this time, he has beaten the cancer. He has chosen retirement now. If this is possible, he is a worthy candidate.

Thank you for your consideration

Bill J. Hufford

A motion was made by Commissioner S. Brown to approve the honorary certificate. The motion was seconded by Commissioner Craigin. The motion was approved.

INDIANA DEPARTMENT OF HEALTH

Ms. Katie Hokanson reported that there is a grant opportunity out for rural first responders for naloxone replacement. Ms. Hokanson let everyone know that there is now a substance use disorder exhibit at the State Museum, and it will be on display at their remote locations. Ms. Hokanson also let everyone know that data day is coming up at the Capitol building on January 22nd. The Health Department will have be having a site visit on February 5 and 6th for Public Health Accreditation. On April 23rd the Next level recovery conference will take place at the JW Marriott. This year the EMS medical Directors conference will take place in conjunction with the IERC conference. Ms Hokanson also discussed the map (see attachment #2) for grants that have been given to counties throughout the state. The Health Department has been busy pursuing grant opportunities.

EMS FOR CHILDREN

Ms. Margo Knefelkamp presented slides to go over the EMSC survey (see attachment #3). Ms. Knefelkamp announced that she does not have any nominations for the EMSC Hero awards yet. Please consider nominating someone. EMCS Day is the Wednesday of EMS week.

INDIANA EMERGENCY MEDICAL SERVICES ASSOCIATION (IEMSA)

Mr. Nathaniel Metz announced that immediately following the EMS Commission meeting IEMSA will be holding their meetings in 2020. There are several pieces of legislation that the association is following. Mr. Metz discussed the bills that have the biggest impact in EMS. Mr. Metz talked about the emails and the forms that EMS services may have received from the association. He encourages anyone with unpaid claims for Southeast Trans to continue to submit the forms to IEMSA.

EMS EDUCATION WORKING GROUP

Mr. Tony Pagano reported for Mr Jeff Quinn. The work group plans on working on the following projects in 2020: scenario development for EMR and EMT levels, creation of psychomotor exam evaluator course, and look over the primary instructor certification process. The next meeting will be February 20th, the April meeting will be held the Thursday of FDIC.

NEW BUSINESS

- a. 2020 Legislative update - Legal Counsel Kraig Kinney updated the Commission members on current legislation. The Commission members requested the Counsel Kinney send a written report after the Commission meeting with the information he gave them at the meeting as well as email updates on legislation as it becomes available. Below is the report from Counsel Kinney:

January 22, 2020

To: EMS Commission Members
From: Kraig Kinney, IDHS Legal
Re: Pending Legislation Report

Pursuant to the request of EMS Commission members that I provide a written list of bills that I noted that could have EMS impacts, here is a current report.

As a reminder, a bill must be passed by Committee and then have a Second and Third reading during which amendments may be made. Once a third reading is done, the bill would be eligible to be transferred to the opposite branch of the legislature for consideration. Many bills will have a First Reading and be assigned to Committee to not be heard there.

Here is a quick link to all the bills from the 2020 session, you can either check updated status or more information of any of these below by clicking the bill number or name: <http://iga.in.gov/legislative/2020/bills/>

HB 1198 Indiana First Responders

Designates an Indiana first responder to include the following employees and volunteers of state and local public safety agencies: (1) Law enforcement officers. (2) Firefighters, including volunteer firefighters. (3) Corrections officers. (4) Public safety telecommunicators. (5) Providers of emergency medical services. (6) Providers of emergency management services. (7) Any other individuals whose duties in serving a public safety agency include rapid emergency response. Provides that the designation of an individual as an Indiana first responder does not affect an individual's terms of employment or volunteer service with the public safety agency.

Status: 1/21/2020 - House Committee recommends passage, as amended Yeas: 11; Nays: 0

HB 1202 FIRE AND EMERGENCY MEDICAL SERVICE LEVIES.

Provides a procedure for Vernon Township of Hancock County to obtain an increase of Vernon Township's maximum permissible ad valorem property tax levy for fire and emergency medical services.

Status: First reading: referred to Committee on Ways and Means

HB 1209 REIMBURSEMENT FOR EMERGENCY MEDICAL SERVICES

Requires Medicaid, policies of accident and sickness insurance, and health maintenance organization contracts to reimburse, on an equal provider basis, certified providers of emergency medical services.

Status: 1/23/2020 - House Bills on Third Reading (Scheduled)

HB 1225 Failure to yield to emergency vehicles.

Provides that, in certain instances, a person who: (1) fails to yield to an emergency vehicle; and (2) causes serious bodily injury or death to any person operating, occupying, or affiliated with the authorized emergency vehicle; commits a Level 6 felony.

Status: 1/22/2020 - House Courts and Criminal Code, (Bill Scheduled for Hearing); Time & Location: 10:30 AM, Rm. 156-D

HB 1300 Administration of auto-injectable epinephrine
Covers the administration of auto-injectable epinephrine to lay persons. Requires training for individuals filling a script. State Department of Health controls the program.

Status: First reading: referred to Committee on Public Health

HB1400 EMERGENCY MEDICAL SERVICES FOR COUNTIES.

Provides that a county shall: (1) establish, operate, and maintain emergency medical services; or (2) enter into an agreement with a city, town, township, or a provider of emergency medical services; to provide adequate emergency medical services to its constituents in areas determined to be underserved or underrepresented in emergency medical services. Urges the legislative council to assign to an interim study committee the task of studying the topic of the ability of the governing bodies of all counties to: (1) provide advanced life support for their constituents; and (2) determine the potential fiscal impact of such advanced life support.

Status: First Reading: Referred to House Local Government

SB 8 911 dispatchers.

Provides that an emergency medical dispatcher who has successfully completed certain training shall be considered an emergency responder.

Status: First reading: referred to Committee on Homeland Security and Transportation.

SB 61 EMS PERSONNEL LICENSURE INTERSTATE COMPACTs.

Implements the emergency medical services personnel licensure interstate compact.

Status: Third reading: passed; Roll Call 24: yeas 50, nays 0

** Has several Senate coauthors and two House Sponsors to accept the bill.

SB 247 Distributions of public safety income tax revenue

Provides that, subject to the approval of a county adopting body, a fire protection district or a qualified fire protection territory may apply for distributions of public safety local income tax revenues. Provides that a township that provides fire protection or emergency medical services (other than a township in Marion County) may apply to a county adopting body for a distribution of public safety local income tax revenue. Requires the adopting body to conduct a public hearing to review and approve the application. Specifies the method for determining the amount of the distribution to the qualified township.

Status: First reading: referred to Committee on Tax and Fiscal Policy

- b. Sanctions for Certification Fraud and Misrepresentation – Counsel Kinney discussed the reason for the request for sanctions for certification fraud and misrepresentation. Counsel Kinney reported that there were three people that were sanctioned because of certification fraud or misrepresentation. Commission members commented on the issue. Comments from the audience were heard by the Commission.

A motion was made by Commissioner Zartman to impose a 30 day suspension followed by a 2 year probation, the automatic audit in two years and a maximum monetary fine of \$500.00. The motion was seconded by Commissioner Mackey. After discuss Commissioner Zartman modified his motion to have staff draft a policy to go with the motion and to give staff discretion in the amount of the monetary fine. Commissioner Mackey seconded the modification. The motion was approved. Chairman Turpen directed staff to also come back with guidance on what the Training Officer, EMS Coordinator, and Medical Director are attesting to when they sign the recertification paperwork.

OLD BUSINESS

- a. Rule Promulgation Process Update - Counselor Kinney notified the Commission that the stroke rule has been published. Counselor Kinney notified the Commission members that he has had a meeting with the Governor's office to go over the rule

rewrite and the reason it is needed. The Attorney General's office is also previewing the rule package at this time as well. The Governor's office had a lot of good feedback and seemed very positive about the rule package.

- b. Mobile Integrated Health update and Committee approval – Dr. Kaufmann requested to have this report deferred to his update later in the meeting. Chairman Turpen agreed to defer this report.
- c. AEMT drug list discussion/approval - Dr. Michael Kaufmann presented information on the new scope of practice update for the AEMT level regarding the medication list. Staff recommends keeping all of the current medications, add the new drugs from the new scope of practice and add Epi 1: 10,000. A lot of discussion followed, and the Commission heard comments from Mr. Brandon Cooper and Mr. Bandon Lorenzo.

A motion was made by Commissioner Hoggatt to add IV Naloxone to the medication list for AEMTs. The motion was seconded by Commissioner Valentine. The motion was approved.

A motion was made by Commissioner Mackey to add IV and IO Epi 1:10,000 to the medication list for AEMTs. The motion was seconded by Commissioner Ryan. The motion was approved. Staff was directed to develop a training on mixing the Epi.

A motion was made by Commissioner S. Brown to add IV Ondansetron to the medication list for AEMTs. The motion was seconded by Commissioner Hoggatt. The motion was approved.

A motion was made by Commissioner Zartman to have staff develop education curriculum for the new drugs that were added to the AEMTs medication list. The motion was seconded by Commissioner Hoggatt. The motion was approved.

ASSIGNMENTS

- a. Past Assignments
 - i. All past assignments have been completed and reported.
- b. Today's Assignments
 - i. No new assignments made at this meeting

ADMINISTRATIVE PROCEEDINGS

Legal Counsel Kinney brought Mr John Purdy's waiver appeal back before the Commission so the appeal could be closed.

A motion was made by Commissioner Hoggatt to dismiss Mr. Purdy's appeal. The motion was seconded by Commissioner Zartman. The dismissal was approved.

- A. Waiver Orders
 - a. Provider
 - i. 836 IAC 2-7.2-1 (f) – 24-hour coverage – granted by staff
 - a. Order number Mooresville Fire Department. – No action required nor taken
 - b. Order number Muncie Fire Department – No action required nor taken
 - ii. IC 16-31 Basic Certification and licensure requirement – denied by staff
 - a. Order number First Care Ohio, LLC
 - b. Waiver Usage report
 - i. Batesville Fire/EMS – information purposes for Commission members.

B. Disciplinary Orders

a. Personnel

i. Letter of Reprimand

- a. Order number Keith, Sandra – No action required nor taken

STAFF REPORTS

- a. Data Registry – This report was deferred to Dr. Kaufmann's update.
- b. Operations Report – Ms. Robin Stump reported that staff is beta testing provider organization renewal process in Acadis. Ms. Stump also talked about the efforts staff is making to get rosters updated in Acadis. There is an upcoming Executive Leadership course 100 and 200 block in Lafayette. The 100 block is set to be help next week (the week after this Commission meeting).
- c. Compliance Report – Mrs. Candice Pope took a moment to wish Lisabeth Handt a happy birthday. Mrs. Pope reminded everyone to have their audit paperwork in order and complete prior to sending it to the office.
- d. Certification report
 - i. Personnel – No report at this meeting
 - ii. Providers – (see attachment #4) report submitted for information only. No action taken. None required.
- e. Training Report – (see attachment #5 for the training report) Mr. Tony Pagano told the Commission that the training manual has been updated with the new practical information and the new portfolio information. The new training manual has been placed on the web site. Mr. Pagano is going to send instructions on where to find it on the web site to primary instructors. Mr. Pagano noted that the Report of Training is in the process of being updated to have a place to show that the portfolio has been done. Mr. Pagano went through the training report.

STATE EMS DIRECTORS REPORT – Director Michael Garvey thanked staff for their work on the waiver reviews. Director Garvey also thanked staff for the work on the online renewal application for provider organizations. He also encouraged everyone to complete the EMSC survey. Director Garvey also stated that staff is really close to getting the advisory board for mobile integrated health.

STATE MEDICAL DIRECTORS REPORT - Dr. Kaufmann reported that we are now at 99% reporting for data into ImageTrend. Dr. Kaufmann noted that the state Data day is coming up. A new CMO has been appointed at the Department of Health Dr. Weaver. Dr. Kaufmann reminded how important completing the EMSC survey is. Dr. Kaufmann briefly talked about a fuel surcharge reimbursement is available for ambulance services. He encourages all services to check into the program. Dr. Kaufmann talked about the survey for FSSA that is mandatory. If you do not complete the survey, they will reduce your reimbursement. Dr. Kaufmann reminded everyone to complete all continuing education before renewing. Dr. Kaufmann announced that we have a new Executive Director Steve Cox. Dr. Kaufmann went through some information on legislation and other topics he and staff are working on (see attachment #6). Dr. Kaufmann talked briefly about the mobile integrated health advisory board. All the invitations that have been extended have been accepted to participate on the advisory board.

CHAIRMAN'S REPORT AND DIRECTION- Chairman Turpen reminded everyone that the EAGLES conference is coming up in June in Hollywood Florida. Chairman Turpen talked about the NASAP conference. It has been over from a week. Somewhat of a refreshing note of data. This conference sets the tone for EMS for the year. EMS Compass data metrics have been changed.

CHANGE OF MEETING DATE

Director Garvey asked that the Commission move the scheduled November 14th meeting to December 3rd to align with the Emergency Medical Services Association's conference. The Commission approved by consensus.

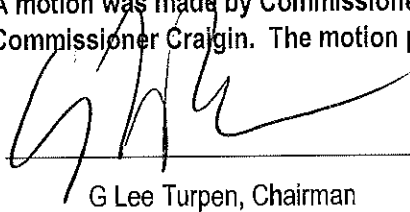
NEXT MEETING

March 26, 2020
10: 00am at
Zionsville Town Hall
1100 W. Oak St.
Zionsville, IN 4607

ADJOURNMENT

A motion was made by Commissioner Mackey to adjourn the meeting at 2:50pm. The motion was seconded by Commissioner Craigin. The motion passed.

Approved



G Lee Turpen, Chairman

Attachment #1



Member of Adams Health Network

1100 Mercer Avenue
P.O. Box 151
Decatur, IN 46733

p: 260 724 2145

adamshospital.com

January 10, 2020

Dear Don,

I am writing relative to requesting a certificate of merit for Joseph Spaulding to honor him for his 20 years of service to Adams County as a Paramedic. Joe's retirement celebration is being held on January 23, 2020.

Joe faithfully served Adams Memorial Hospital and Adams County for 41 years from 1979 to 2020. Joe served 20 of those years, starting in 1979, as a Paramedic for Adams County. He was among the first group of paramedics hired for Adams County.

Joe was instrumental with the set-up of Adams County EMS. Joe is an exceptional writer and he assisted with the writing of policies and procedures during those formative years. Joe also played a key role in teaching his co-workers the importance of proper documentation and the EMS chart. His charting skills were impeccable as his partner of several years noted. He taught many fellow paramedics the importance of documentation during those early years that helped to mold charting requirements for later years.

Joe's writing skills also proved helpful with communication between Adams County EMS and the Community. Joe would often write press releases for the Decatur Daily Democrat, Adams County's local newspaper about EMS services. Joe had the ability to connect with the community through his writing, which helped to elevate the understanding and image of EMS services to our community.

Joe also taught many community CPR classes over the years for Adams County Business and Industry. Joe was often requested as an instructor by many of our local businesses.

Joe will certainly be missed and touched many lives during his professional career with Adams County EMS and Adams Memorial Hospital.

Respectfully,

Susan Sefton, Dir. Community Outreach
Adams Memorial Hospital
1100 Mercer Ave
Decatur, IN 46733

ATTACHMENT

#2

IN CAREs ECHO Awarded Counties

Key

1. **Allen**- Allen County Drug & Alcohol Consortium, Inc.
2. **Clark**- Clark County Health Department
3. **Dearborn County**- Choices Coordinated Care Solutions
4. **Delaware County**- Delaware County Prevention Council
5. **Fayette**- Family Services and Prevention Programs
6. **Floyd County**- Our Place Drug and Alcohol Education Services, Inc.
7. **Grant**- Marion General Hospital
8. **Howard**- Howard County Health Department
9. **Jay**- Jay County Drug Prevention Coalition, Inc.
10. **Jennings County**- Drug and Alcohol Task Force
11. **Madison**- Madison County Health Department
12. **Randolph**- Randolph County Systems of Care
13. **St. Joseph County**- St. Joseph County Department of Health
14. **Starke County**- Porter-Starke Services, Inc.
15. **Vanderburgh County**- Vanderburgh County Health Department
16. **White**- Indiana University Health White Memorial Hospital



ATTACHMENT

#3

Welcome!

You are being asked to participate in a nationwide assessment to help us better understand how pediatric emergency care is integrated in your EMS agency. This paper version of the assessment was developed to assist you in collecting the data necessary to officially submit your response online.

Some things you might want to know:

- We anticipate that the assessment will take approximately 5-10 minutes to complete.
- Results from the assessment will be used to track ongoing success in integrating the needs of children into our overall emergency care systems.
- Questions with an asterisk (*) are required for completing the assessment online.

Before you get started, please tell us about your EMS agency...

1. *Name of your EMS Agency: _____

2. *Address: _____

3. *City: _____

4. *Zip Code: _____

5. *Does your EMS agency respond to 911 emergency medical calls (or emergency medical calls placed through other emergency access numbers if used in your region)?

Yes → Go to 6

No

If your EMS agency DOES NOT respond to 911 calls, you are finished with the assessment. Thank you for your time.

EMS for Children Assessment

6. Approximately how many 911 calls (both adult and pediatric) did your EMS agency respond to in the last year?

(Numeric data only, e.g., 5000, not "five thousand")

7. Which one of the categories below approximates the number of 911 calls your EMS agency responded to for *PEDIATRIC PATIENTS* (as defined by your agency) in the last year?

(Choose one)

- a. Twelve (12) or fewer pediatric calls in the last year (1 or fewer pediatric calls per month)
- b. Between 13-100 pediatric calls in the last year (1 - 8 pediatric calls per month)
- c. Between 101-600 pediatric calls in the last year (8 - 50 pediatric calls per month)
- d. More than 600 pediatric calls in the last year (more than 50 pediatric calls per month)
- e. None

Note: the following two questions (8 and 9) may be customized in the online survey to better reflect individual state/territory terminology.

8. ***What is the HIGHEST level of certification or licensure for your EMS AGENCY?**

(Choose one) While we realize that your agency may have other levels of certification, we ask that you only provide a response for the choices listed below.

- a. Basic Life Support (BLS)
- b. Intermediate Life Support (ILS)
- c. Advanced Life Support (ALS)

EMS for Children Assessment

9. Approximately, how many EMS PROVIDERS currently work at your agency for each of the following level(s) of licensure?

(If no providers for a licensure level, enter 0) Your agency may employ other types of providers than those listed here. For purposes of this assessment, we only need you to provide responses for these four types.

| Provider Level | Number of Providers Full & part-time, volunteer & paid |
|------------------------------------|--|
| Emergency Medical Responder (EMR) | |
| Emergency Medical Technician (EMT) | |
| Advanced EMT (AEMT) | |
| Paramedic | |

Evaluating EMS Providers' Skills Using Pediatric-Specific Equipment

In the next set of questions, we are asking about the process that your agency uses to evaluate your EMS providers' skills using pediatric-specific equipment (i.e. airway adjunct use/ventilation, child safety restraint vehicle installation for pediatric patient restraint, IV/IO insertion and administration of fluids, etc.).

While individual providers in your agency may take PEPP or PALS or other national training courses in pediatric emergency care, we are interested in learning more about the process that your agency uses to evaluate provider skills on pediatric equipment.

We realize that there are multiple processes that might be used to assess the correct use of pediatric equipment; we are interested in the following three processes:

- At a skill station
- Within a simulated event
- During an actual pediatric patient encounter

EMS for Children Assessment

10. *At a *SKILL STATION* (not part of a simulated event), does your agency have a process which *REQUIRES* your EMS providers to *PHYSICALLY DEMONSTRATE* the correct use of *PEDIATRIC-SPECIFIC* equipment?

(This is an isolated skill check rather than part of a simulated event.)

- Yes
 No → Skip to 12

11. *How often is this process required for your EMS providers?

(Choose one)

- a. Two or more times a year
 b. At least once a year
 c. At least once every two years
 d. Less frequently than once every two years

12. *Within a *SIMULATED EVENT* (such as a case scenario or a mock incident), does your agency have a process which *REQUIRES* your EMS providers to *PHYSICALLY DEMONSTRATE* the correct use of *PEDIATRIC-SPECIFIC* equipment?

- Yes
 No → Skip to 14

13. *How often is this process required for your EMS providers?

(Choose one)

- a. Two or more times a year
 b. At least once a year
 c. At least once every two years
 d. Less frequently than once every two years

14. *During an actual *PEDIATRIC PATIENT ENCOUNTER*, does your agency have a process which *REQUIRES* your EMS providers to be observed by a *FIELD TRAINING OFFICER, MEDICAL DIRECTOR, or SUPERVISOR* to ensure the correct use of *PEDIATRIC-SPECIFIC* equipment?

- Yes
 No → Skip to 16

15. *How often is this process required for your EMS providers? (Choose one)

- Two or more times a year
- At least once a year
- At least once every two years
- Less frequently than once every two years

16. If you have any additional thoughts about skill checking, please share them here:

Coordination of Pediatric Emergency Care

Now we are interested in hearing about how pediatric emergency care is coordinated at your EMS agency. This is an emerging issue within emergency care and we want to gather information on what is happening across the country within EMS agencies.

One way that an agency can coordinate pediatric emergency care is by DESIGNATING AN INDIVIDUAL who is responsible for coordinating pediatric-specific activities that could include:

- Ensuring that the pediatric perspective is included in the development of EMS protocols.
- Ensuring that fellow providers follow pediatric clinical-practice guidelines and protocols.
- Promoting pediatric continuing-education opportunities.
- Overseeing pediatric-process improvement.
- Ensuring the availability of pediatric medications, equipment, and supplies.
- Promoting agency participation in pediatric-prevention programs.
- Promoting agency participation in pediatric-research efforts.
- Interacting with the ED pediatric emergency care coordinator.
- Promoting family-centered care at the agency.

EMS for Children Assessment

A DESIGNATED INDIVIDUAL who coordinates pediatric emergency care need not be dedicated solely to this role; it can be an individual already in place who assumes this role as part of their existing duties. The individual may be a member of your agency, or work at a county or region level and serve more than one agency.

17. *Which one of the following statements best describes your EMS agency?

(Choose one)

- a. Our EMS agency *HAS* a designated INDIVIDUAL who coordinates pediatric emergency care —→ **Go to 18**
- b. Our EMS agency does *NOT HAVE* a designated INDIVIDUAL who coordinates pediatric emergency care at this time —→ **Go to 31**
- c. Our EMS agency does *NOT CURRENTLY* have a designated INDIVIDUAL who coordinates pediatric emergency care but we *HAVE A PLAN TO ADD* this role within the next year —→ **Go to 31**
- d. Our EMS agency does *NOT CURRENTLY* have a designated INDIVIDUAL who coordinates pediatric emergency care but we would be *INTERESTED IN ADDING* this role —→ **Go to 31**

18. *You indicated that you have a designated individual who coordinates pediatric emergency care at your EMS agency. Is this individual:

(Choose one)

- a. A person who coordinates care only for your agency
- b. A person who coordinates care for your agency as well as other agencies

We are interested in understanding a little bit more about what this individual does for your agency in the coordination of pediatric emergency care.

EMS for Children Assessment

Does this individual...

(Check Yes or No for each of the following questions)

19. *Ensure that the pediatric perspective is included in the development of EMS protocols?

Yes

No

20. *Ensure that fellow providers follow pediatric clinical practice guidelines and/or protocols?

Yes

No

21. *Promote pediatric continuing education opportunities?

Yes

No

22. *Oversee pediatric process improvement initiatives?

Yes

No

23. *Ensure the availability of pediatric medications, equipment, and supplies?

Yes

No

24. *Promote agency participation in pediatric prevention programs?

Yes

No

EMS for Children Assessment

25. ***Coordinate with the emergency department pediatric emergency care coordinator?**

Yes

No

26. ***Promote family-centered care?**

Yes

No

27. ***Promote agency participation in pediatric research efforts?**

Yes

No

28. ***Other activities?**

Yes

No → **Go to 30**

29. ***You marked 'other' to the previous question. Please describe the 'other' activity/activities performed by the designated individual who coordinates pediatric emergency care at your agency.**

30. **If you have any additional thoughts about pediatric emergency care coordination, please share them here:**

EMS for Children Assessment

In case we have follow-up questions, please tell us...

31. *First and last name of the person completing this assessment:

32. *Job title of the person completing this assessment:

33. *Email address of the person completing this assessment:

34. Phone number for your EMS agency: _____

35. If you have any other additional thoughts about this assessment, please share them here:

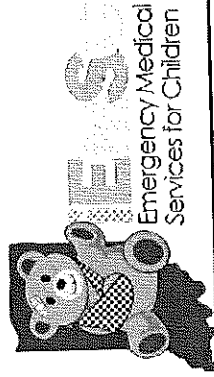
You are now finished with the assessment. Please officially submit your response online.

EMSC EMS ASSESSMENT 2020

Margo Knefelkamp, MBA

Program Manager

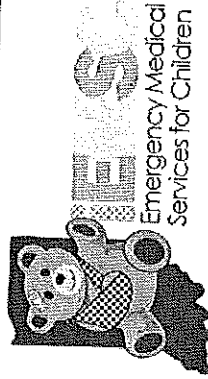
**Indiana Emergency Medical
Services for Children**



Indiana – Emergency Medical Services for Children

EMSC

Federal Program to *reduce pediatric morbidity and mortality as a result of serious injury and illness.*



Indiana – Emergency Medical Services for Children

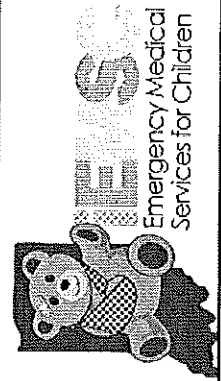
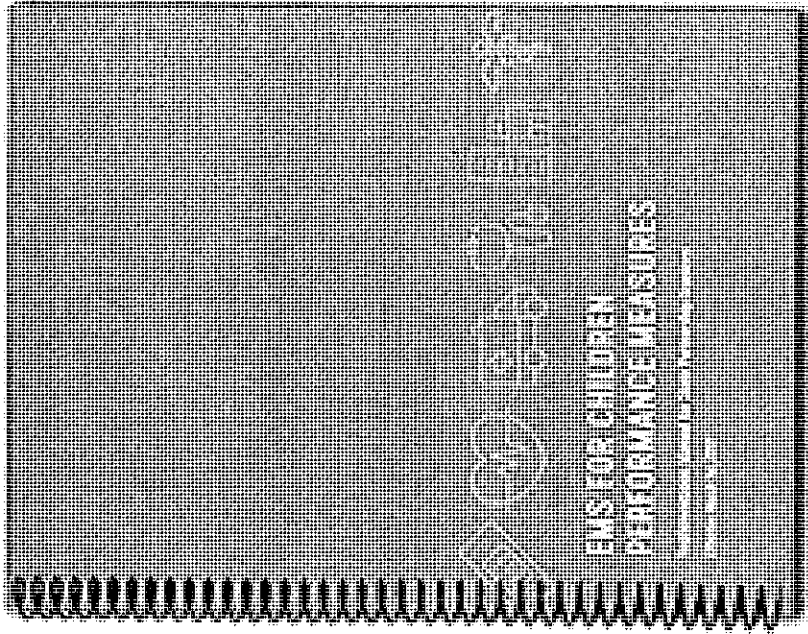
Objectives

- EMSC Pre-hospital performance measures 1, 2, 3 overview
- Annual Assessment
- Communication and Response rate plan
- The Actual Survey
- Indiana EMS agency response rate

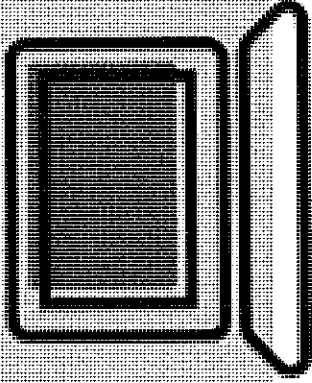


Indiana – Emergency Medical Services for Children

New Performance Measures



Indiana – Emergency Medical Services for Children

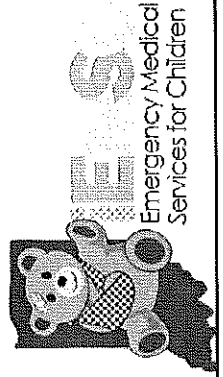


EMERGENCY
SUBMISSIONS OF NEMSIS
COMPLIANT VERSION 3.X DATA

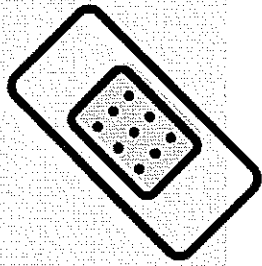
The degree to which Emergency Medical Services (EMS) agencies submit National Emergency Medical Services Information System (NEMSIS) compliant version 3.x- data to the State EMS Office.

Goal for this measure is that by 2021:

Eighty percent of EMS agencies in the state or territory submit NEMSIS version-compliant patient-care data to the State EMS Office for all 911-initiated EMS activations.



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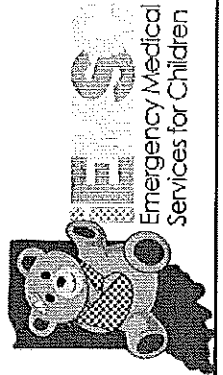


The percentage of EMS agencies in the state or territory that have a designated individual who coordinates pediatric emergency care.

Goal for this measure is that by 2026:

Ninety percent of EMS agencies in the state or territory have a designated individual who coordinates pediatric emergency care.

| Year | Target |
|------|--|
| 2020 | 30% of EMS agencies in the state or territory have a designated individual who coordinates pediatric emergency care. |



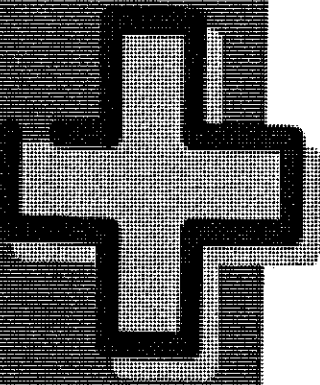
Indiana – Emergency Medical Services for Children

COORDINATION OF PEDIATRIC EMERGENCY CARE

A Pediatric Emergency Care Coordinator is an individual who is responsible for coordinating the emergency care of pediatric patients in an EMS Agency.

This individual may have responsibilities that include ensuring that pediatric protocols and proper equipment and supplies are in place, promoting or developing continuing-education opportunities, overseeing pediatric-process improvement, and much more.





EMSC 03

USE OF PEDIATRIC-SPECIFIC EQUIPMENT

The percentage of EMS agencies in the state or territory that have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment.

Goal for this measure is that by 2026:

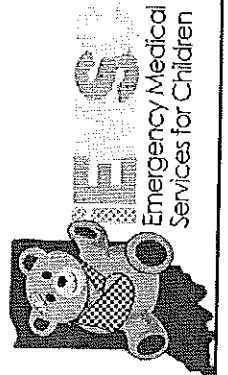
Ninety percent of EMS agencies will have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment.

YEAR

TARGET

2020

30 % of EMS agencies will have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment, which is equal to a score of 6 or more on a 0-12 scale.



Indiana – Emergency Medical Services for Children

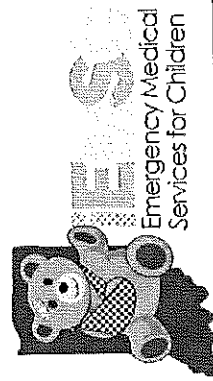
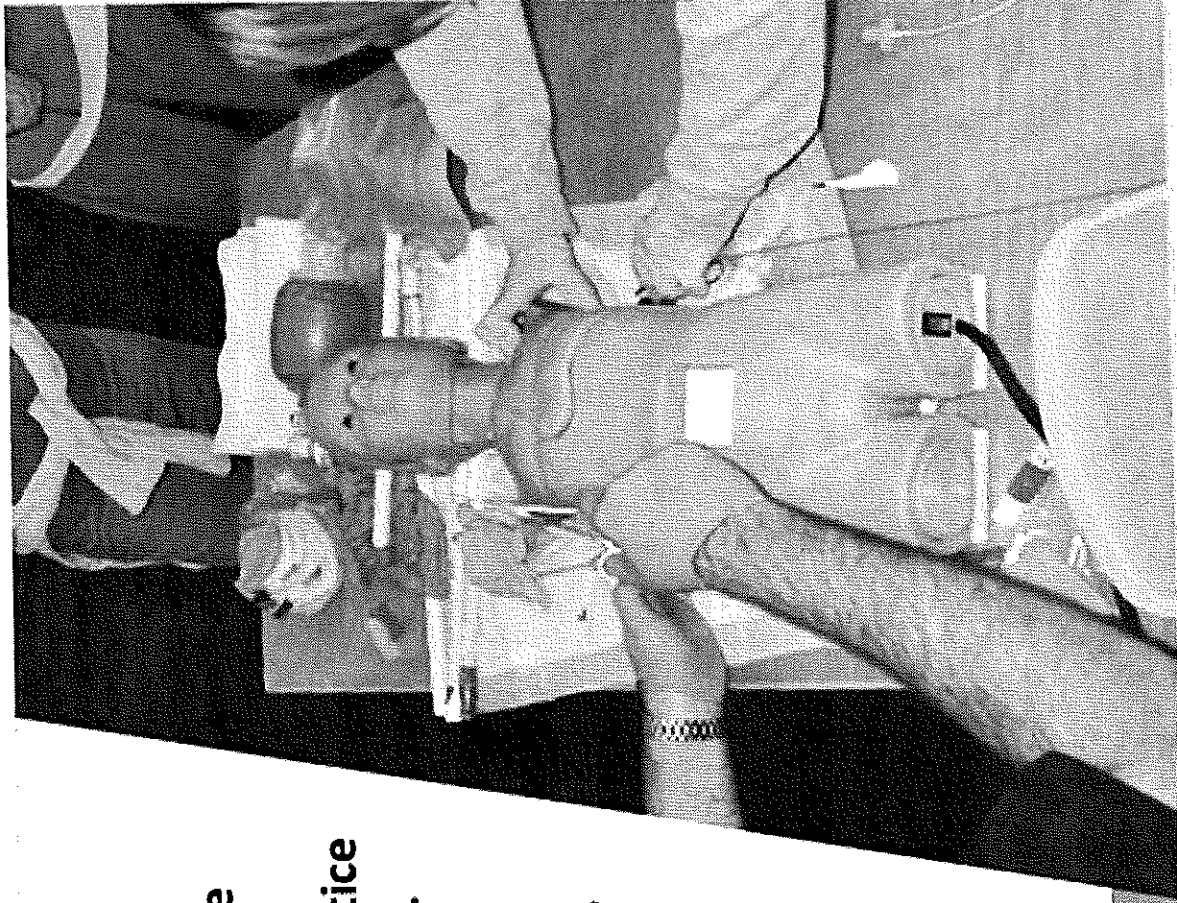
PEDIATRIC TRAINING

Pediatric EMS encounters are often rare so there is little chance for providers to practice the needed skills in the field.

Studies have shown that specific clinical skills, of EMS providers, deteriorate over time when they are not practiced regularly in a training setting or actual patient encounter.¹

¹Lammers, R. L., et al. (2009). Simulation-based assessment of paramedic pediatric resuscitation skills. *Prehospital Emergency Care*, 13(3), 345-356

Performance Measure 03



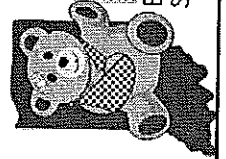
Indiana – Emergency Medical Services for Children

A recent study “found that the availability of a PECC in an agency is associated with increased frequency of pediatric psychomotor skills evaluations.”

Hilary A. Hewes, Michael Ely, Rachel Richards, Manish I. Shah, Stephanie Busch, Diane Pilkey, Katherine Dixon Hert & Lenora M. Olson (2018): Ready for Children: Assessing Pediatric Care Coordination and Psychomotor Skills Evaluation in the Prehospital Setting. Prehospital Emergency Care. DOI: 10.1080/10903127.2018.1542472

PECC = Pediatric Emergency Care Coordinator

Performance Measure 03

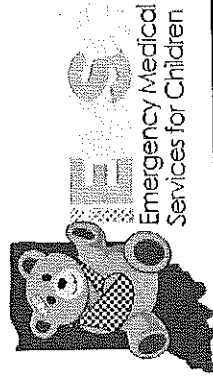


Emergency Medical
Services for Children

Indiana – Emergency Medical Services for Children

EMS Annual Data Collection

- Nationwide EMS assessment to help us better understand how pediatric emergency care is integrated in your EMS agency.
- EMS assessment for **all** EMS agencies who respond to 911 emergency medical calls.
- NEDARC-Data Coordinating Center for EMSC State Partnership program is leading and coordinating assessment.
- Annual data collection-January to March.
- NEDARC to send survey invitations and reminder emails through emsc@hsc.utah.edu
- NEDARC to make follow-up phone calls to non-respondents.

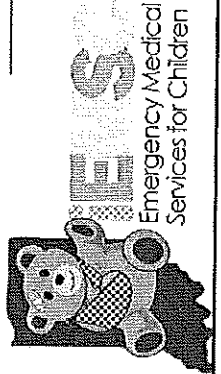


Indiana – Emergency Medical Services for Children

Communication and Response Rate Plan

OPTION 1 TIMELINE

| Task | Responsible Party* | Target Date | Target Audience |
|---|--|---------------|---------------------------------|
| 1. CLMS System EMS Agency Verification | Manager | December 20 | |
| 2. Pre-Notification email (Optional but Recommended) | Manager | January 6 | All EMS agencies to be surveyed |
| 3. Assessment Invitation email | NEDARC | January 7 | All EMS agencies to be surveyed |
| 4. First Reminder email | NEDARC | January 13 | All EMS agencies to be surveyed |
| 5. Second Reminder email | NEDARC | January 22 | Only survey non-respondents |
| 6. Supplemental Reminder email (Optional but Recommended) | Manager | January 30-31 | Only survey non-respondents |
| 7. Final Reminder email | NEDARC | February 3 | Only survey non-respondents |
| 8. Phone Calls | NEDARC to take lead (may reach out to manager for support as needed) | February 10 | Only survey non-respondents |
| 9. Survey Closes (no extensions) | NEDARC | March 31, EOD | Everyone |




Indiana – Emergency Medical Services for Children



This site is for Emergency Medical Services Professionals who have been invited to take an on-line survey for the Emergency Medical Services for Children (EMSC) Program. Please follow the directions in the dropbox.

We recommend that you PRINT a paper copy of the assessment FIRST before you take the assessment in order to assist you in compiling your answers:

 [Paper Version of the Assessment](#) (for reference purposes)

Select Your State/Territory

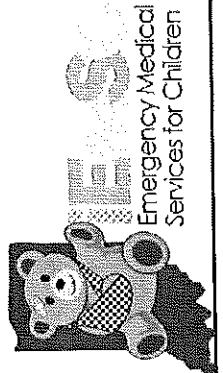
Select your State/Territory from the dropdown, click "Get Started."

Indiana

Get Started >>

If you do not see your state/territory in the dropdown list above, then you are state/territory already covered. If you are an individual from whom you acquired this Web address.

ems surveys.org



Indiana – Emergency Medical Services for Children

The Actual Survey

Before you get started, please tell us about your EMS agency....

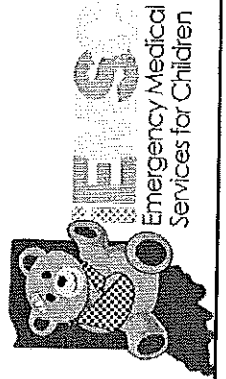
1. *Name of your EMS Agency: _____
2. *Address: _____
3. *City: _____
4. *Zip Code: _____

5. *Does your EMS agency respond to 911 emergency medical calls (or emergency medical calls placed through other emergency access numbers if used in your region)?

Yes → Go to 6

No

If your EMS agency DOES NOT respond to 911 calls, you are finished with the assessment. Thank you for your time.



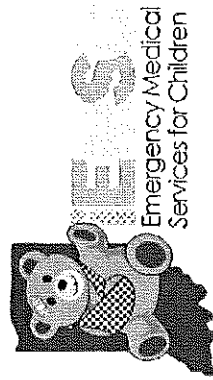
Indiana – Emergency Medical Services for Children

Survey continued...

6. Approximately how many 911 calls (both adult and pediatric) did your EMS agency respond to in the last year?
(Numeric data only, e.g., 5000, not "five thousand")

7. Which one of the categories below approximates the number of 911 calls your EMS agency responded to for *PEDIATRIC PATIENTS* (as defined by your agency) in the last year?
(Choose one)

- a. Twelve (12) or fewer pediatric calls in the last year (1 or fewer pediatric calls per month)
- b. Between 13-100 pediatric calls in the last year (1 - 8 pediatric calls per month)
- c. Between 101-600 pediatric calls in the last year (8 - 50 pediatric calls per month)
- d. More than 600 pediatric calls in the last year (more than 50 pediatric calls per month)
- e. None



Indiana – Emergency Medical Services for Children

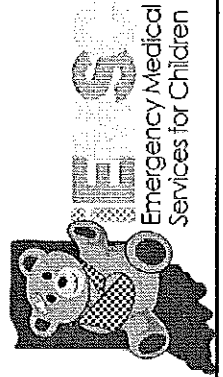
Survey continued...

8. *What is the **HIGHEST** level of certification or licensure for your EMS AGENCY?
 (Choose one) While we realize that your agency may have other levels of certification, we ask that you only provide a response for the choices listed below.

- a. Basic Life Support (BLS)
- b. Intermediate Life Support (ILS)
- c. Advanced Life Support (ALS)

9. Approximately, how many EMS PROVIDERS currently work at your agency for each of the following level(s) of licensure?
 (If no providers for a licensure level, enter 0) Your agency may employ other types of providers than those listed here. For purposes of this assessment, we only need you to provide responses for these four types.

| Provider Level | Number of Providers Full & part-time, volunteer & paid |
|------------------------------------|---|
| Emergency Medical Responder (EMR) | |
| Emergency Medical Technician (EMT) | |
| Advanced EMT (AEMT) | |
| Paramedic | |



Survey Continued....

10. *At a *SKILL STATION* (not part of a simulated event), does your agency have a process which *REQUIRES* your EMS providers to *PHYSICALLY DEMONSTRATE* the correct use of *PEDIATRIC-SPECIFIC* equipment?
(This is an isolated skill check rather than part of a simulated event.)

- Yes
 No → Skip to 12

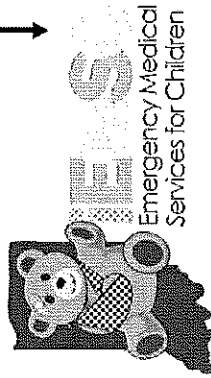
11. *How often is this process required for your EMS providers?

(Choose one)

- a. Two or more times a year
 b. At least once a year
 c. At least once every two years
 d. Less frequently than once every two years

12. *Within a *SIMULATED EVENT* (such as a case scenario or a mock incident), does your agency have a process which *REQUIRES* your EMS providers to *PHYSICALLY DEMONSTRATE* the correct use of *PEDIATRIC-SPECIFIC* equipment?

- Yes
 No → Skip to 14



Indiana – Emergency Medical Services for Children

Survey Continued...

13. *How often is this process required for your EMS providers?

(Choose one)

- a. Two or more times a year
- b. At least once a year
- c. At least once every two years
- d. Less frequently than once every two years

14. *During an actual *PEDIATRIC PATIENT ENCOUNTER*, does your agency have a process which *REQUIRES* your EMS providers to be observed by a *FIELD TRAINING OFFICER, MEDICAL DIRECTOR, or SUPERVISOR* to ensure the correct use of *PEDIATRIC-SPECIFIC* equipment?

Yes

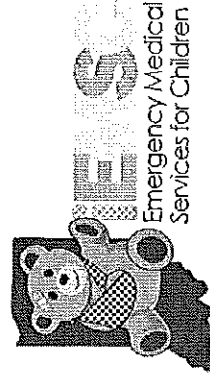
No

→ Skip to 16

15. *How often is this process required for your EMS providers? (Choose one)

- Two or more times a year
- At least once a year
- At least once every two years
- Less frequently than once every two years

16. If you have any additional thoughts about skill checking, please share them here:



Indiana – Emergency Medical Services for Children

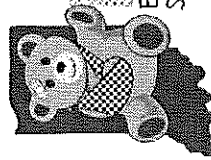
Survey Continued...

A DESIGNATED INDIVIDUAL who coordinates pediatric emergency care need not be dedicated solely to this role; it can be an individual already in place who assumes this role as part of their existing duties. The individual may be a member of your agency, or work at a county or region level and serve more than one agency.

17. *Which one of the following statements best describes your EMS agency?

(Choose one)

- a. Our EMS agency *HAS* a designated INDIVIDUAL who coordinates pediatric emergency care → **Go to 18**
- b. Our EMS agency does *NOT HAVE* a designated INDIVIDUAL who coordinates pediatric emergency care at this time → **Go to 31**
- c. Our EMS agency does *NOT CURRENTLY* have a designated INDIVIDUAL who coordinates pediatric emergency care but we *HAVE A PLAN TO ADD* this role within the next year → **Go to 31**
- d. Our EMS agency does *NOT CURRENTLY* have a designated INDIVIDUAL who coordinates pediatric emergency care but we would be *INTERESTED IN ADDING* this role → **Go to 31**



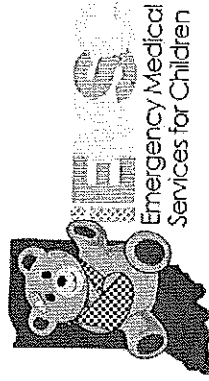
Indiana – Emergency Medical Services for Children

Survey Continued...

18. *You indicated that you have a designated individual who coordinates pediatric emergency care at your EMS agency. Is this individual:
(Choose one)

- a. A person who coordinates care only for your agency
- b. A person who coordinates care for your agency as well as other agencies

We are interested in understanding a little bit more about what this individual does for your agency in the coordination of pediatric emergency care.



Indiana – Emergency Medical Services for Children

Survey Continued...

Does this individual...

(Check Yes or No for each of the following questions)

19. *Ensure that the pediatric perspective is included in the development of EMS protocols?

- Yes
 No

20. *Ensure that fellow providers follow pediatric clinical practice guidelines and/or protocols?

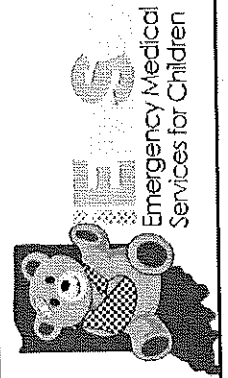
- Yes
 No

21. *Promote pediatric continuing education opportunities?

- Yes
 No

22. *Oversee pediatric process improvement initiatives?

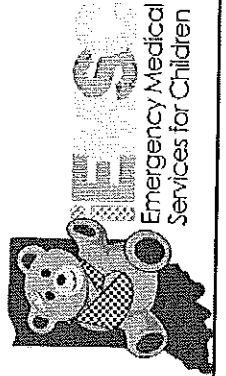
- Yes
 No



Indiana – Emergency Medical Services for Children

Survey Continued...

23. *Ensure the availability of pediatric medications, equipment, and supplies?
 Yes
 No
24. *Promote agency participation in pediatric prevention programs?
 Yes
 No
25. *Coordinate with the emergency department pediatric emergency care coordinator?
 Yes
 No
26. *Promote family-centered care?
 Yes
 No
27. *Promote agency participation in pediatric research efforts?
 Yes
 No
28. *Other activities?
 Yes
 No → Go to 30
29. *You marked 'other' to the previous question. Please describe the 'other' activity/activities performed by the designated individual who coordinates pediatric emergency care at your agency.
-



Indiana – Emergency Medical Services for Children

Survey Continued...

30. If you have any additional thoughts about pediatric emergency care coordination, please share them here:

In case we have follow-up questions, please tell us...

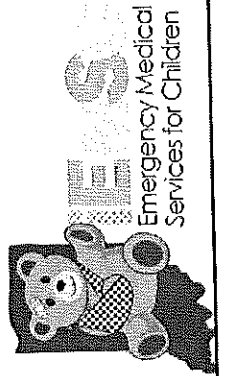
31. *First and last name of the person completing this assessment:

32. *Job title of the person completing this assessment:

33. *Email address of the person completing this assessment:

34. Phone number for your EMS agency: _____

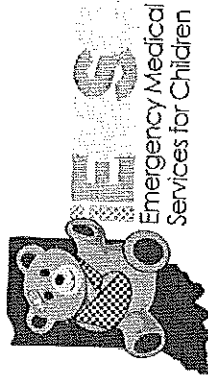
35. If you have any other additional thoughts about this assessment, please share them here:



Indiana – Emergency Medical Services for Children

Response-Rate Requirement

- *“To provide the most accurate representation of the data, an 80 percent response rate is required for your state.”*

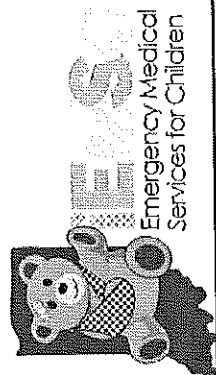
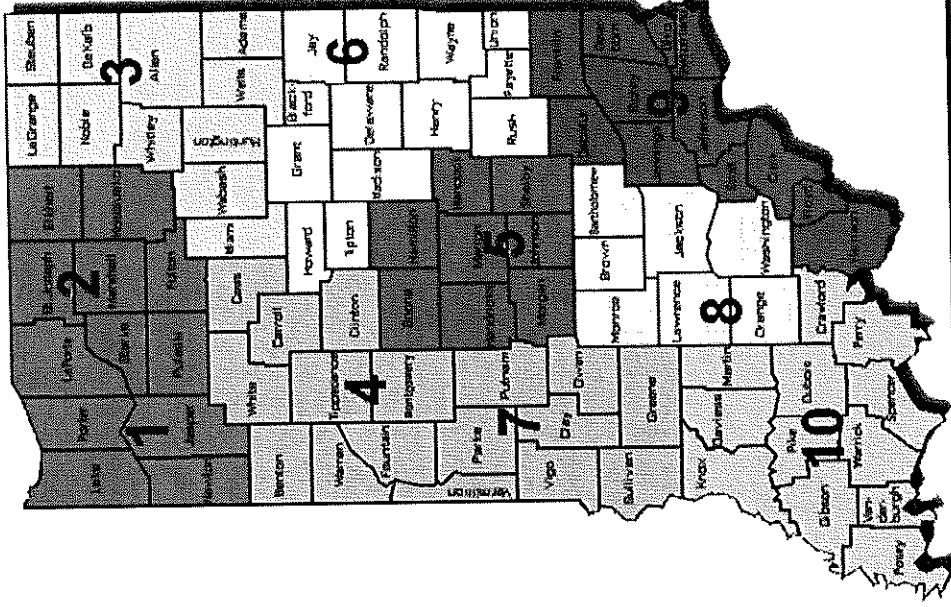


Indiana – Emergency Medical Services for Children

EMS Agencies By District

- D1 = 70
- D2 = 73
- D3 = 80
- D4 = 59
- D5 = 76
- D6 = 100
- D7 = 81
- D8 = 57
- D9 = 78
- D10 = 90

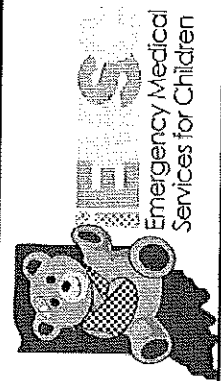
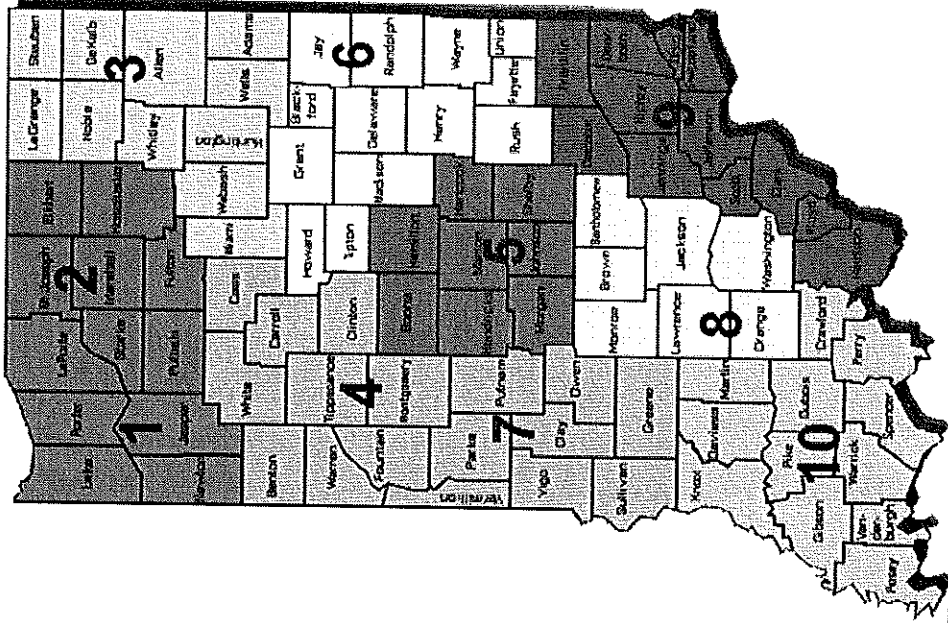
Total = 764



Indiana – Emergency Medical Services for Children

Respondents

- D1 =43 out of 70
- D2 =20 out of 73
- D3 =23 out of 80
- D4 =27 out of 59
- D5 =27 out of 76
- D6 =27 out of 100
- D7 =45 out of 81
- D8 =8 out of 57
- D9 =9 out of 78
- D10=32 out of 90
- Total=261 Respondents



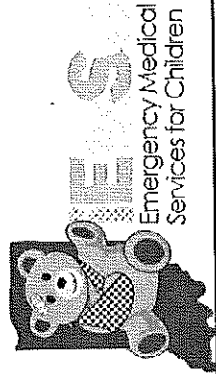
Indiana – Emergency Medical Services for Children

Current State

Response Rate:

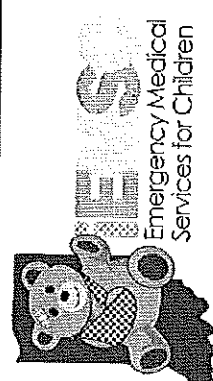
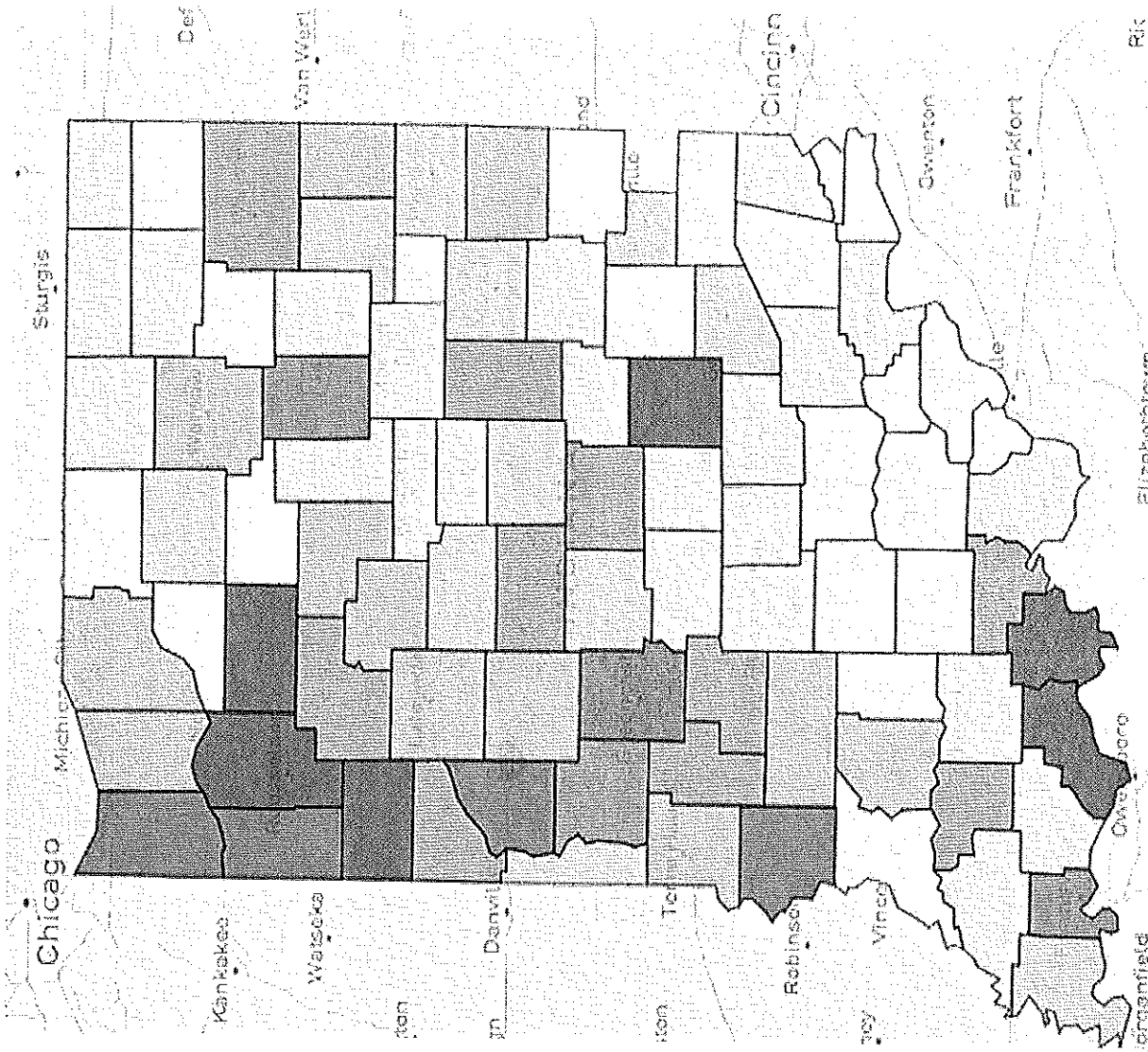
34.2%

(261/763)



Indiana – Emergency Medical Services for Children

Current Respondents- by County

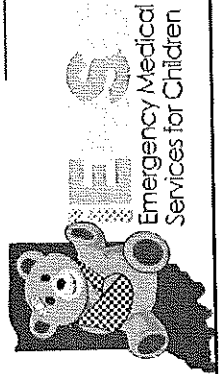
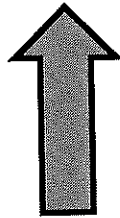


Indiana – Emergency Medical Services for Children

Response Rate Plan continued...

OPTION 1 TIMELINE

| Task | Responsible Party* | Target Date | Target Audience |
|---|--|---------------|---------------------------------|
| 1. CLMS System EMS Agency Verification | Manager | December 20 | |
| 2. Pre-Notification email (Optional but Recommended) | Manager | January 6 | All EMS agencies to be surveyed |
| 3. Assessment Invitation email | NEDARC | January 7 | All EMS agencies to be surveyed |
| 4. First Reminder email | NEDARC | January 13 | All EMS agencies to be surveyed |
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| 9. Survey Closes (no extensions) | NEDARC | March 31, EOD | Everyone |



Indiana – Emergency Medical Services for Children

Collaborating Partners

IDHS

MESH Coalition

ISDH

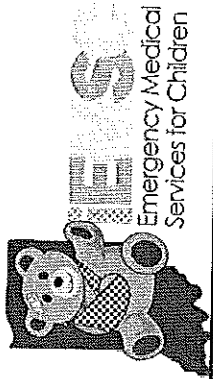
IHA

IEMSA

IRHA

IFCA

IVFA



Indiana – Emergency Medical Services for Children



SOCIAL MEDIA

Indiana Homeland Security @IDHS · Jan 7
Hey Indiana EMS providers, check this out! Please go to emcsurveys.org and take the time to complete this survey by March 31!

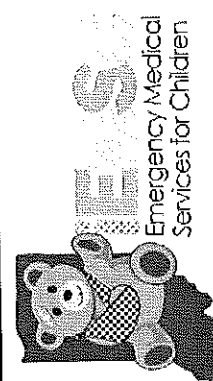
IEMSC @IndianaEMSC · Jan 3
Indiana EMS agencies, the assessment is available January 7th-March 31st. Annual EMS Data Collection 2020 youtu.be/K7n2s1Fq6lg via @YouTube

Indiana Hospital Association @IHACconnect · Jan 13
Important work that our partners at @IndianaEMSC are doing to improve pre-hospital child health care in Indiana!

IEMSC @IndianaEMSC · Jan 10
Kudos to Indiana EMS agencies that have already completed the assessment! In just 4 days, we have reached an amazing 20.3% response rate. Only 612 EMS Agencies remain! If questions please contact your EMS District Manager or @IndianaEMSC. @IDHS emcsurveys.org twitter.com/IndianaEMSC/st...


IEMSC @IndianaEMSC · Jan 10
Kudos to Indiana EMS agencies that have already completed the assessment! In just 4 days, we have reached an amazing 20.3% response rate. Only 612 EMS Agencies remain! If questions please contact your EMS District Manager or @IndianaEMSC. @IDHS emcsurveys.org


IEMSC @IndianaEMSC · Jan 3
Indiana EMS agencies, the assessment is available January 7th-March 31st. Annual EMS Data Collection 2020 youtu.be/K7n2s1Fq6lg via @YouTube



Indiana – Emergency Medical Services for Children

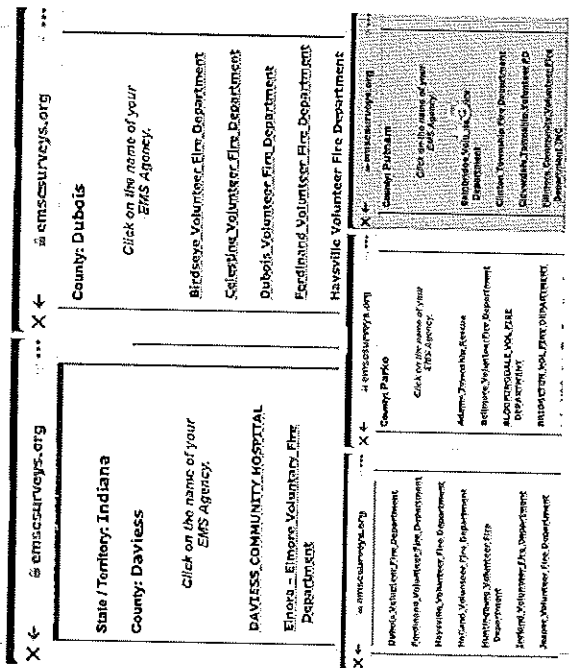
SOCIAL MEDIA

 Andrew Bowman
January 7 at 8:34 PM · 🌐

 Stan Frank
January 7 at 6:55 PM · 🌐

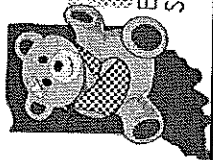
Listed below are a few more counties that have not completed the EMS for Children survey. Please take a few mins to complete it if your department is listed. Here's the link!

<https://emscsurveys.org/>



The screenshot shows the website emscsurveys.org with a list of counties and their corresponding EMS agencies. The list is organized into three columns, each representing a different county.

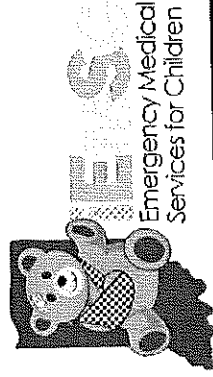
| State / Territory | County | EMS Agency |
|-------------------|---------|---|
| Indiana | Daviess | DAVIESS COMMUNITY HOSPITAL Ellettsville - Ellettsville Volunteer Fire Department |
| Indiana | Dubois | Birdseye Volunteer Fire Department Colesburg Volunteer Fire Department Dubois Volunteer Fire Department Ferdinand Volunteer Fire Department Haysville Volunteer Fire Department |
| Indiana | Parke | Adams Township Fire ALCONY COMMUNITY HOSPITAL DEPARTMENT INDIANATALE VOL FIRE DEPARTMENT |
| Indiana | Putnam | Putnam Volunteer Fire Department Morgan Volunteer Fire Department Putnam Volunteer Fire Department Putnam Volunteer Fire Department Putnam Volunteer Fire Department |



Indiana – Emergency Medical Services for Children

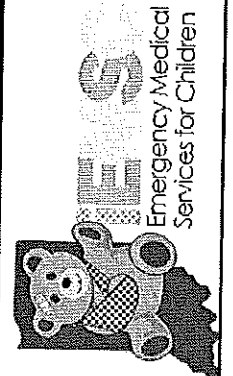
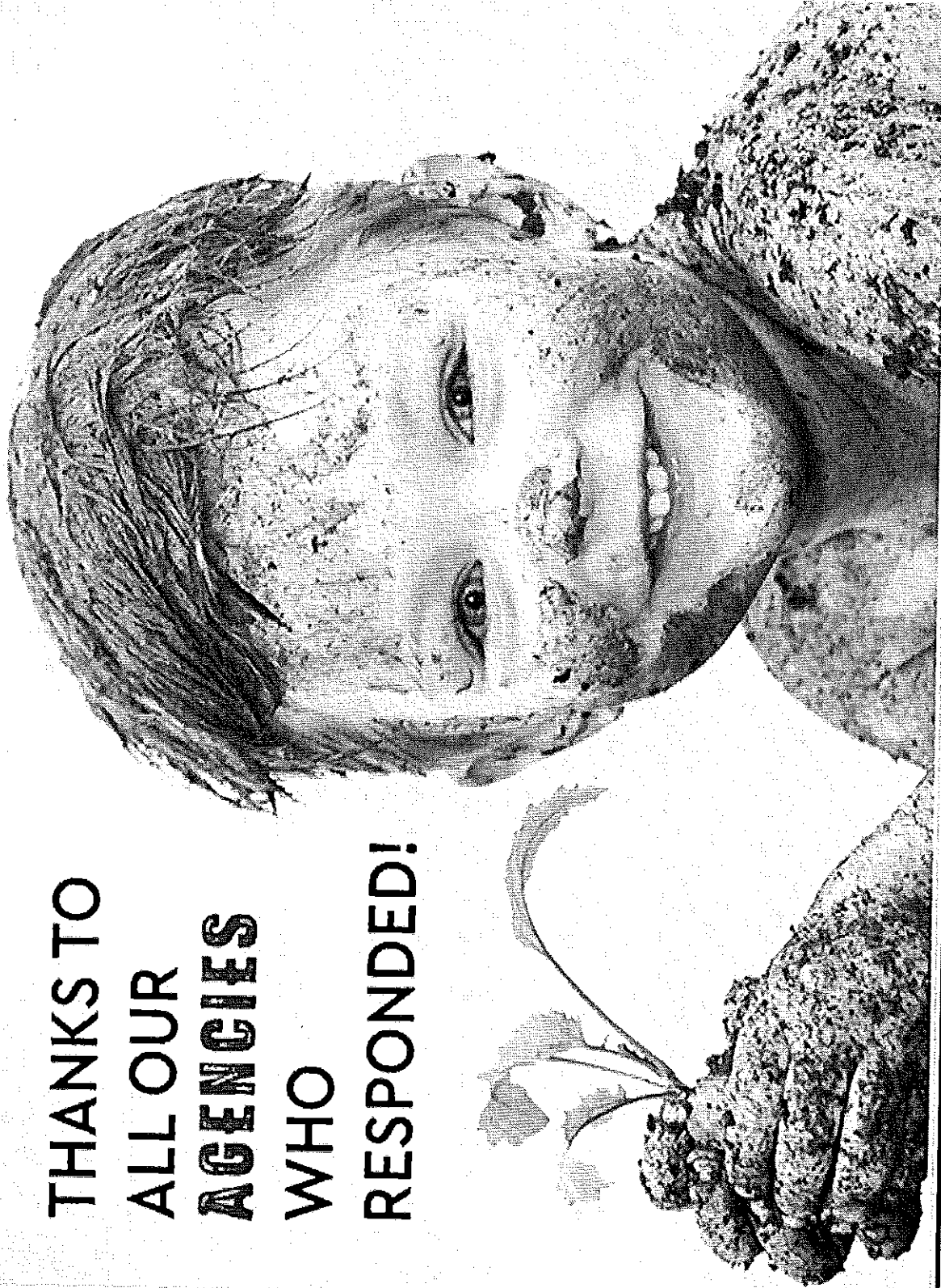
Education Opportunities

- *PECC Quarterly Newsletter*
- *PECC Focus Sessions*
- *Prehospital PECC Network*
- *Prehospital PECC info-graphic*
- *IERC 2020 Pre-hospital PECC workshop/class proposal*



Indiana – Emergency Medical Services for Children

**THANKS TO
ALL OUR
AGENCIES
WHO
RESPONDED!**



Indiana – Emergency Medical Services for Children

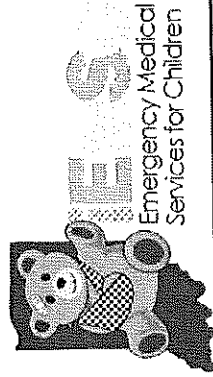
Questions?

Margo.Knefelkamp@indianapolis

ems.org

2020 EMSC EMS Assessment:

emscsurveys.org



Indiana – Emergency Medical Services for Children

ATTACHMENT

#4

Emergency Medical Services Provider Certification Report

Date : January 9, 2020

January 17, 2020

In compliance with the Rules and Regulations for the operation and administration of Emergency Medical Services, this report is respectfully submit to the Commission at the **January 17, 2020** Commission meeting, the following report of agencies who have meet the requirements for certification as Emergency Medical Service Providers and their vehicles.

| <u>Provider Level</u> | <u>Counts</u> |
|---|---------------|
| Rescue Squad Organization | 1 |
| Basic Life Support Non-Transport | 465 |
| Ambulance Service Provider | 100 |
| EMT Basic-Advanced Organization | 5 |
| EMT Basic-Advanced Organization non-transport | 1 |
| EMT Intermediate Organization | 9 |
| EMT Intermediate Organization non-transport | 0 |
| Paramedic Organization | 194 |
| Paramedic Organization non-transport | 14 |
| Rotorcraft Air Ambulance | 11 |
| Fixed Wing Air Ambulance | 3 |
| Total Count: | 803 |

New Providers Since 01-NOV-19

| | |
|------------------------------------|--|
| CASS COUNTY FIRE DISTRICT 1 | Basic Certification: 11/19/2019 |
|------------------------------------|--|

**Emergency Medical Services
Provider Certification Report**

Date : January 9, 2020

January 17, 2020

In compliance with the Rules and Regulations for the operation and administration of Emergency Medical Services, this report is respectfully submit to the Commission at the **January 17, 2020** Commission meeting, the following report of agencies who have meet the requirements for certification as Emergency Medical Service Providers and their vehicles.

| | |
|---|--|
| Mercury Ambulance Service, Inc d/b/a American Medical Response | Basic Certification: 12/20/2019 |
| Mercury Ambulance Service, Inc d/b/a American Medical Response | Paramedic Certification: 12/20/2019 |

ATTACHMENT

#5

January 2020 EMS Statistics

NREMT pass rates are enclosed in this report. These statistics are for courses ending between January 1, 2019 and December 31, 2019. Paramedic pass rates are for two years since most courses are between 18 and 24 months. The EMT courses are broken down into three separate categories. The top category represents those training institutions whose graduates' average at least 70% after the first attempt which is the standard set by the Commission: 22 programs. The programs in the next category (60% -70%) are near meeting the standard set by the Commission: 15 programs. Those in the bottom category are below standard; 40 programs. There were 369 graduates of EMT courses who have tested, but did not get certified and are still eligible to test.

National Registry Pass Rates, January 1, 2019 to December 31, 2019

| National or State | Level of Certification | Initial | 3d Attempt | 6th Attempt | Total Attempts |
|-------------------|------------------------|---------|------------|-------------|----------------|
| National | EMT | 71% | 79% | 79% | 68,300 |
| State | EMT | 60% | 70% | 70% | 1244 |
| National | Adv EMT | 64% | 73% | 74% | 4643 |
| State | Adv EMT | 61% | 73% | 73% | 114 |
| National | Paramedic | 74% | 84% | 85% | 10768 |
| State | Paramedic | 67% | 81% | 83% | 166 |

National Registry Pass Rates, January 1, 2017 to December 31, 2019

| National or State | Level of Certification | Initial | 3d Attempt | 6th Attempt | Total Attempts |
|-------------------|------------------------|---------|------------|-------------|----------------|
| National | EMT | 69% | 80% | 81% | 226,880 |
| State | EMT | 56% | 68% | 69% | 3855 |
| National | Adv EMT | 59% | 74% | 76% | 15,467 |
| State | Adv EMT | 56% | 68% | 69% | 277 |
| National | Paramedic | 73% | 86% | 88% | 32,669 |
| State | Paramedic | 64% | 81% | 86% | 610 |

Emergency Medical Technician

| Program Name | Program Code | Attempts | First Att | total pass | ELIG | First Pass % | Total Pass % |
|---|--------------|----------|-----------|------------|------|--------------|--------------|
| Adams Memorial Hospital | IN-4201 | 2 | 2 | 2 | 0 | 100% | 100% |
| Carmel Fire Department | IN-5989 | 5 | 5 | 5 | 0 | 100% | 100% |
| Noblesville Fire Dept | IN-6086 | 3 | 3 | 3 | 0 | 100% | 100% |
| Dukes Memorial Hospital | IN-4912 | 4 | 4 | 4 | 0 | 100% | 100% |
| Blue River Career Programs | IN-5603 | 4 | 4 | 4 | 0 | 100% | 100% |
| St Mary's Medical Center Evansville | IN-4096 | 10 | 10 | 10 | 0 | 100% | 100% |
| Kosciusko Community Hospital | IN-4517 | 12 | 11 | 12 | 0 | 92% | 100% |
| Fort Wayne Fire Department | IN-5955 | 25 | 23 | 24 | 1 | 92% | 96% |
| Indianapolis Fire Dept | IN-5751 | 46 | 41 | 46 | 0 | 89% | 100% |
| Clay Fire Territory | IN-4756 | 16 | 14 | 14 | 2 | 88% | 88% |
| Community Health Network EMS | IN-4063 | 31 | 27 | 28 | 3 | 87% | 90% |
| New Haven Fire and EMS | IN-5653 | 7 | 6 | 6 | 1 | 86% | 86% |
| Richmond Fire Department | IN-5707 | 5 | 4 | 4 | 1 | 80% | 80% |
| Parkview Whitley Hospital | IN-5023 | 9 | 7 | 8 | 1 | 78% | 89% |
| Lutheran EMS Training Center | IN-6351 | 18 | 14 | 14 | 4 | 78% | 78% |
| Parkview Regional Medical Center | IN-5296 | 22 | 17 | 17 | 5 | 77% | 77% |
| Indianapolis EMS | IN-4083 | 57 | 43 | 47 | 7 | 75% | 82% |
| IU Arnett Hospital EMS Program | IN-5936 | 15 | 11 | 13 | 2 | 73% | 87% |
| Franciscan Saint Anthony Health Crown Point | IN-4079 | 26 | 19 | 23 | 3 | 73% | 88% |
| Eikhart General Hospital | IN-4067 | 18 | 13 | 15 | 3 | 72% | 83% |
| Hands on Instruction LLC | IN-6017 | 7 | 5 | 6 | 1 | 71% | 86% |
| Memorial Hospital South Bend | IN-4157 | 10 | 7 | 10 | 0 | 70% | 100% |
| | | | | | 33 | | |

Emergency Medical Technician

| | | | | | | |
|--|---------|----|----|----|----|-----|
| Dearborn Co Hospital | IN-4065 | 13 | 9 | 9 | 4 | 69% |
| Pelham Training | IN-4668 | 81 | 55 | 62 | 19 | 77% |
| Community Howard Regional Health | IN-5804 | 9 | 6 | 7 | 2 | 78% |
| St Vincent Hospital | IN-4081 | 73 | 49 | 62 | 11 | 77% |
| Greenfield Fire Territory | IN-5732 | 6 | 4 | 4 | 2 | 67% |
| Witham Memorial Hosp | IN-4140 | 6 | 4 | 4 | 2 | 67% |
| Franciscan Indianapolis Hospital | IN-4080 | 34 | 22 | 26 | 8 | 76% |
| St Mary Medical Center/Hobart | IN-4943 | 17 | 11 | 12 | 5 | 71% |
| Franciscan St Elizabeth Health | IN-4068 | 25 | 16 | 20 | 5 | 80% |
| Indiana University | IN-4495 | 40 | 25 | 29 | 11 | 73% |
| Ivy Tech Community College-Evansville | IN-4141 | 24 | 15 | 17 | 7 | 71% |
| Vincennes University Jasper Center | IN-4478 | 8 | 5 | 5 | 3 | 63% |
| Central Nine Career Center | IN-5026 | 15 | 9 | 13 | 2 | 87% |
| Franciscan St. Margaret Health EMS Acade | IN-5267 | 40 | 24 | 27 | 13 | 68% |
| Goshen Hospital | IN-4162 | 10 | 6 | 6 | 4 | 60% |
| | | | | | 98 | |

Emergency Medical Technician

| | | | | | | | |
|--|---------|----|----|----|----|-----|-----|
| White County EMS Education | IN-5834 | 17 | 10 | 11 | 7 | 59% | 65% |
| Otter Creek Fire Emergency Education | IN-5929 | 12 | 7 | 9 | 3 | 58% | 75% |
| Heartland Ambulance | IN-6320 | 19 | 11 | 12 | 7 | 58% | 63% |
| Ivy Tech Community College - Bloomington | IN-4071 | 18 | 10 | 13 | 5 | 56% | 72% |
| Deaconess Hospital | IN-4516 | 15 | 8 | 11 | 4 | 53% | 73% |
| IU Ball Memorial Hospital | IN-4369 | 53 | 28 | 34 | 19 | 53% | 64% |
| St. Vincent Anderson | IN-4588 | 21 | 11 | 13 | 8 | 52% | 62% |
| New Castle Career Center | IN-5718 | 23 | 12 | 12 | 11 | 52% | 52% |
| Columbus Regional Hospital | IN-4355 | 20 | 10 | 13 | 7 | 50% | 65% |
| Ivy Tech South Bend | IN-4070 | 10 | 5 | 5 | 5 | 50% | 50% |
| Riverview Hospital | IN-4077 | 2 | 1 | 1 | 1 | 50% | 50% |
| Ivy Tech Community College Northeast | IN-4169 | 35 | 17 | 21 | 14 | 49% | 60% |
| Hendricks Regional Health | IN-4380 | 25 | 11 | 14 | 11 | 44% | 56% |
| Parkview Health LaGrange EMS | IN-5048 | 7 | 3 | 3 | 4 | 43% | 43% |
| Parkview Huntington Hosp EMS | IN-5269 | 7 | 3 | 3 | 4 | 43% | 43% |
| Ivy Tech Community College-Kokomo | IN-4362 | 12 | 5 | 7 | 5 | 42% | 58% |
| Scott County EMS | IN-4078 | 11 | 4 | 6 | 5 | 36% | 55% |
| Area 30 Career Center | IN-5147 | 11 | 4 | 4 | 7 | 36% | 36% |
| Emergency Services Education Center | IN-4960 | 36 | 12 | 15 | 21 | 33% | 42% |
| Gas City Rescue Squad | IN-6386 | 6 | 2 | 2 | 4 | 33% | 33% |
| Vincennes University | IN-4153 | 9 | 3 | 4 | 5 | 33% | 44% |
| Elkhart Area Career Center | IN-5816 | 6 | 2 | 2 | 4 | 33% | 33% |
| Ivy Tech Community College - Valparaiso | IN-5747 | 19 | 6 | 6 | 13 | 32% | 32% |
| Harrison Twp Vol Fire Dept | IN-5919 | 8 | 2 | 4 | 4 | 25% | 50% |
| Union Hosp Health Group | IN-4431 | 4 | 1 | 2 | 2 | 25% | 50% |
| Ripley County EMS --Training Institution | IN-6146 | 12 | 3 | 5 | 7 | 25% | 42% |
| Methodist Hospitals | IN-4072 | 12 | 3 | 4 | 8 | 25% | 33% |
| Hoosier Hills Career Center | IN-6346 | 19 | 4 | 6 | 13 | 21% | 32% |
| American Medical Response | IN-6316 | 5 | 1 | 4 | 1 | 20% | 80% |
| Hancock Regional Hospital | IN-4577 | 5 | 1 | 2 | 3 | 20% | 40% |
| Crawfordsville Fire Department | IN-5990 | 5 | 1 | 1 | 4 | 20% | 20% |
| Ivy Tech Community College Sellersburg | IN-4864 | 5 | 1 | 1 | 4 | 20% | 20% |
| Edgar County Special Ser Area Amb | IN-5637 | 6 | 1 | 3 | 3 | 17% | 50% |
| Ivy Tech Community College - Marion | IN-6109 | 6 | 1 | 1 | 5 | 17% | 17% |

Emergency Medical Technician

| | | | | | | |
|--|---------|------------|----------|----------|------------|-----|
| DeKalb Memorial Hospital | IN-4446 | 6 | 1 | 1 | 5 | 17% |
| LaPorte Co Career and Tech Ed | IN-5994 | 8 | 1 | 1 | 7 | 13% |
| Ivy Tech Community College Terre Haute | IN-4612 | 3 | 0 | 2 | 1 | 67% |
| Franciscan Alliance Crawfordsville | IN-6002 | 2 | 0 | 0 | 2 | 0% |
| Clinton Co EMS | IN-5863 | 2 | 0 | 0 | 2 | 0% |
| Memorial Hospital Jasper | IN-5271 | 1 | 0 | 0 | 1 | 0% |
| Total | | 239 | 2 | 3 | 370 | |

Advanced EMT

| Program Name | Program | Co Attempt | First Att | Cumuli | Cumula | Eligible | Fo First | Pass % | Third Pass % | Total Pass % |
|--------------------------------------|---------|------------|-----------|--------|--------|----------|----------|--------|--------------|--------------|
| United States Steel | IN-5312 | 4 | 4 | 4 | 4 | 0 | 100% | 100% | 100% | 100% |
| Fort Wayne Fire Dept | IN-5955 | 17 | 15 | 17 | 17 | | 88% | 100% | 100% | 100% |
| Memorial Hospital South Bend | IN-4157 | 9 | 7 | 8 | 8 | 1 | 78% | 89% | 89% | 89% |
| St Vincent Indianapolis | IN-4081 | 9 | 5 | 7 | 7 | 2 | 56% | 78% | 78% | 78% |
| Yellow Ambulance Training Bureau | IN-4085 | 26 | 18 | 19 | 19 | 7 | 69% | 73% | 73% | 73% |
| St Joseph Regional Med Ctr Mishawaka | IN-5529 | 27 | 13 | 17 | 17 | 10 | 48% | 63% | 63% | 63% |
| St Vincent Anderson | IN-4588 | 11 | 3 | 6 | 6 | 5 | 27% | 55% | 55% | 55% |
| Harrison County Hospital | IN-4336 | 7 | 3 | 3 | 3 | 4 | 43% | 43% | 43% | 43% |
| Jennings Co EMS Training | IN-5887 | 3 | 1 | 1 | 1 | 2 | 33% | 33% | 33% | 33% |

Paramedic

| Program Name | Program Cq | Attempt | First Pass | Cumulative | Eligible For | First Pass % | Third Pass % | Total Pass % |
|--|------------|---------|------------|------------|--------------|--------------|--------------|--------------|
| Harrison County Hospital | IN-4336 | 5 | 5 | 5 | 0 | 100% | 100% | 100% |
| Methodist Hospitals | IN-4072 | 9 | 8 | 9 | 0 | 89% | 89% | 100% |
| Franciscan Health Crown Point | IN-4079 | 9 | 8 | 9 | 0 | 89% | 89% | 100% |
| Hendricks Regional Health | IN-4380 | 9 | 7 | 9 | 0 | 78% | 100% | 100% |
| Franciscan Health Indianapolis | IN-4080 | 31 | 25 | 30 | 1 | 81% | 97% | 97% |
| St Vincent Hospital | IN-4081 | 20 | 17 | 19 | 1 | 85% | 95% | 95% |
| Community Health Network EMS | IN-4063 | 20 | 19 | 19 | 1 | 95% | 95% | 95% |
| Indianapolis EMS | IN-4083 | 74 | 61 | 68 | 6 | 82% | 89% | 92% |
| Scott Co EMS | IN-4078 | 15 | 9 | 12 | 2 | 60% | 80% | 87% |
| Ivy Tech Community Northeast | IN-4169 | 62 | 37 | 49 | 9 | 60% | 79% | 85% |
| Ivy Tech Community College Terre Haute | IN-4612 | 25 | 18 | 21 | 4 | 72% | 84% | 84% |
| Ivy Tech Community College Madison | IN-4542 | 11 | 5 | 9 | 2 | 45% | 82% | 82% |
| Ivy Tech Bloomington | IN-4071 | 18 | 11 | 14 | 4 | 61% | 78% | 78% |
| St Mary Medical Center Hobart | IN-4943 | 12 | 7 | 9 | 3 | 58% | 75% | 75% |
| Pelham Training | IN-6266 | 11 | 8 | 8 | 3 | 73% | 73% | 73% |
| Ivy Tech Community college Evansville | IN-4141 | 15 | 4 | 11 | 4 | 27% | 73% | 73% |
| Goshen Health | IN-4162 | 21 | 9 | 15 | 6 | 43% | 71% | 71% |
| Ivy Tech Community College South Bend | IN-4070 | 10 | 5 | 6 | 4 | 43% | 57% | 57% |
| Ivy Tech Community College Kokomo | IN-4362 | 15 | 3 | 8 | 5 | 20% | 53% | 53% |
| Ivy Tech Community College Valparaiso | IN-5747 | 15 | 4 | 5 | 9 | 27% | 33% | 40% |

ATTACHMENT

#6



EMS Update January 2020

**Michael A. Kaufmann, MD, FACEP, FAEMS
State EMS Medical Director
Indiana Department of Homeland Security**

EMS Update Agenda



- Personnel Update
- System Update
- Data Update
- Mobile Integrated Healthcare
- Reimbursement reform
- EMS Scope of Practice
- EMS Compact
- Stroke Rule
- 836 Re-write
- Board of Pharmacy
- KPIs and Data initiatives



Executive Director of IDHS



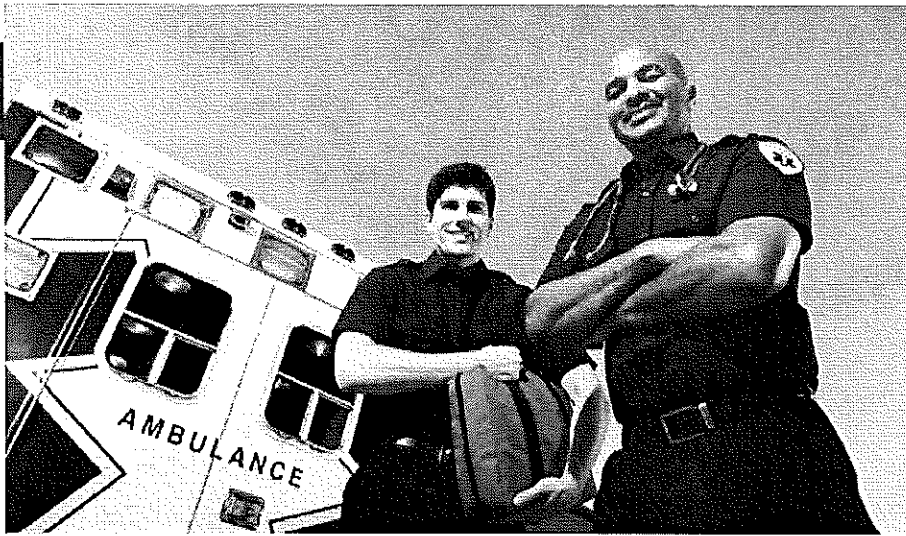
Indiana Department of Homeland Security

8 hrs ·



State Fire Marshal Stephen Cox selected by Governor Eric Holcomb to serve as the executive director of the Indiana Department of Homeland Security.





EMS Certifications/Licensure



Training Institutions – 115 (109)
Supervising Hospitals – 86 (91)
Provider Agencies – 832 (833)
Vehicles – 2,249 (2,600)

Personnel

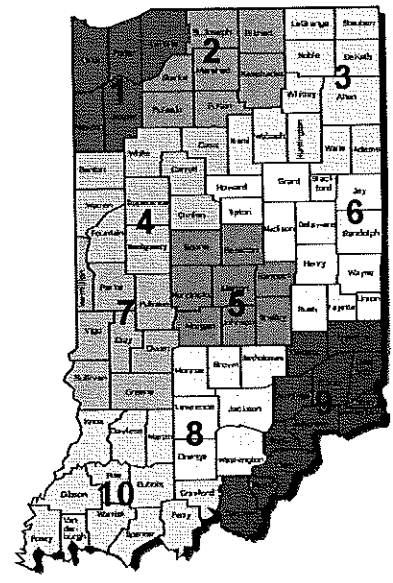
EMR – 5,055 (4,975)
EMT - (14,416) 14,133
Advanced EMT – (605) 578
Paramedic – 4,490 (4,408)
Primary Instructor – 584 (566)



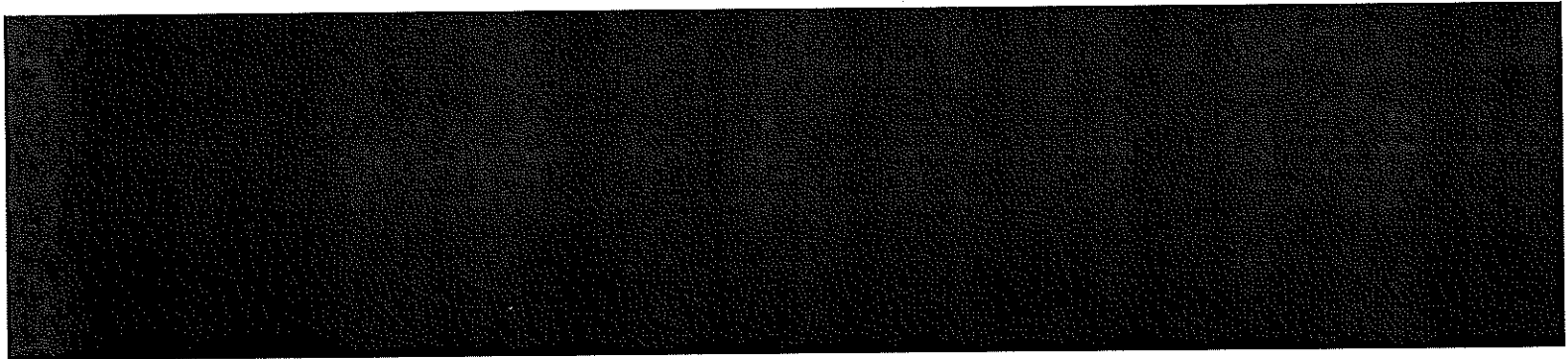
EMS System Metrics

- Total Ambulances in state 1,773 (2,022)
- D1 – 261 (363) (28% drop)
- D2 – 148 (145)
- D3 – 110 (111)
- D4 – 100 (120)
- D5 – 430 (492)
- D6 – 292 (301)
- D7 – 80 (84)
- D8 – 47 (49)
- D9 – 197 (245)
- D10 – 108 (112)
- Total ALS non-transport vehicles 476 (584)
- Total Rotocraft statewide 54 (52)

12.3%
Decrease



Data and KPIs



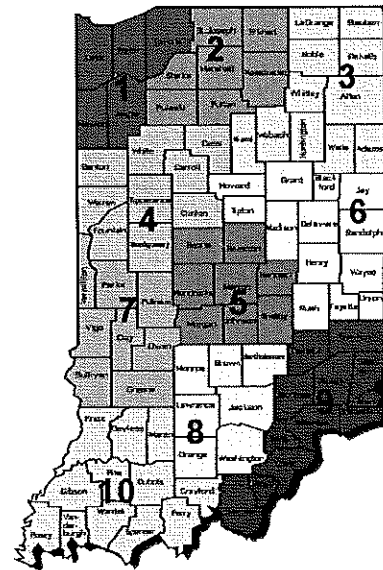
EMS System Metrics

332 Provider Agencies required to report into ImageTrend



- EMS provider agencies reporting as of 1/17/2020
- Server Issue
- Server Ownership
- 5/332 not reporting!

99%





Not Reporting

- Able Ambulance
- Patient Transport Services (Zoll EPCR)
- Priority One (Zoll EPCR)
- Spirit Medical(Zoll EPCR)
- A and A Township VFD



Key Performance Indicators - KPIs

- Historically, Indiana only look at ONE EMS KPI
- Rural response time
- Over the last several months, we've been working with the Governor's Administration to revise several KPIs within IDHS.
- Proposal to adopt NEMSQA measures as Indiana EMS KPIs
- What is NEMSQA and where have we seen this before?

EMS Compass Measures 2018



- State of Indiana First EVER CQI Report – Now available via web.
- Published July 2018
- Intended goal was to publish in July 2019
- Six month behind schedule
- Draft Data Presented TODAY!

State of Indiana
EMS System Quality Improvement Report
July 2018

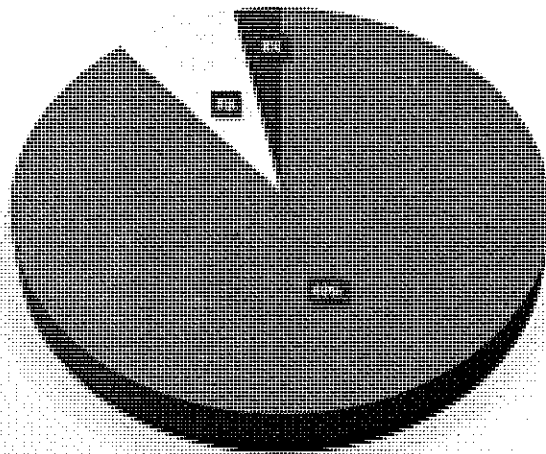


Michael A. Kaufmann, MD, FACEP, FAEMS
State EMS Medical Director
Dimitri Georgakopoulos

Agencies Required to Report



EMS Agencies Required to Report to the State of Indiana.

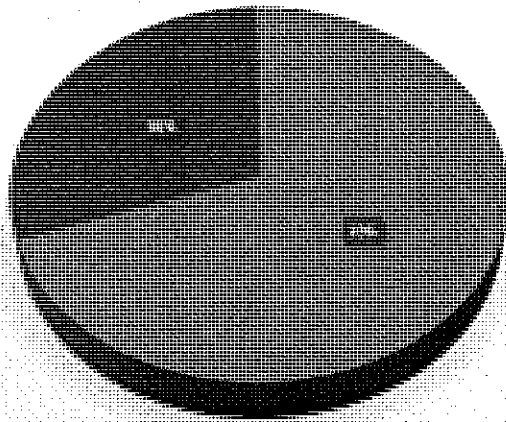


- Agency reporting with a 911 request
- Agency reporting without a 911 request
- Agency not reporting

Aspirin Administration



Reports of Aspirin Being Given to Patients with a Primary Symptom of Cardiac Chest Pain

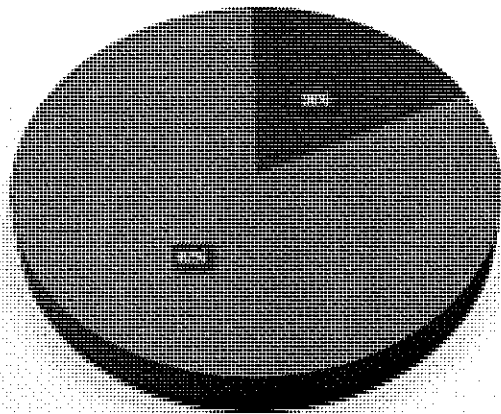


- Aspirin Administration Recorded
- Aspirin Administration not recorded

Hypoglycemia Treatment



Treatment of Patients with a Blood Sugar of <60 with a provider impression of Hypoglycemia

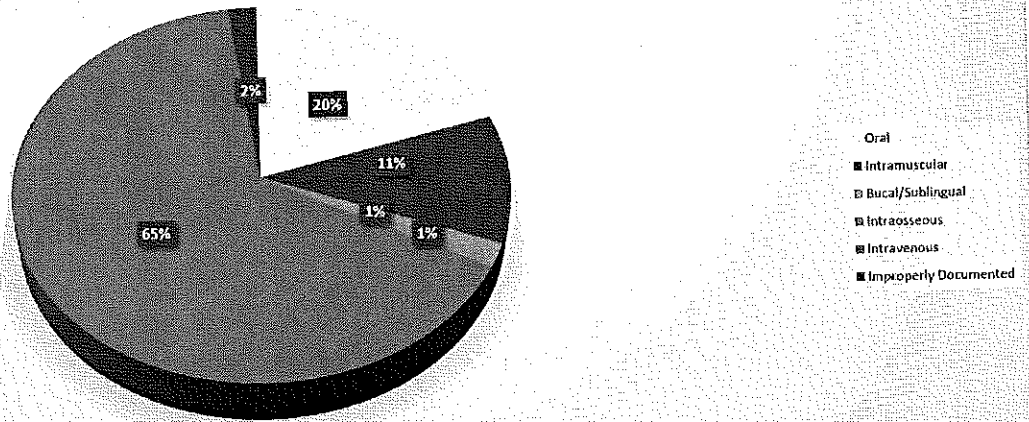


- None/Non Hypoglycemic Medication Documented
- Proper Medication Documented

Treating Hypoglycemia



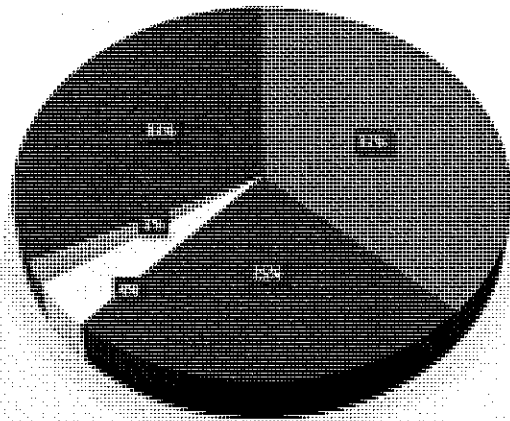
Treatments for Patients Identified as Being Hypoglycemic with a Blood Sugar of <60 mg/dl



Treating Pediatric Asthma



Medications Received by Patients ages 2-15 with a Provider Impression of Asthma with Exacerbation or Acute Bronchospasms

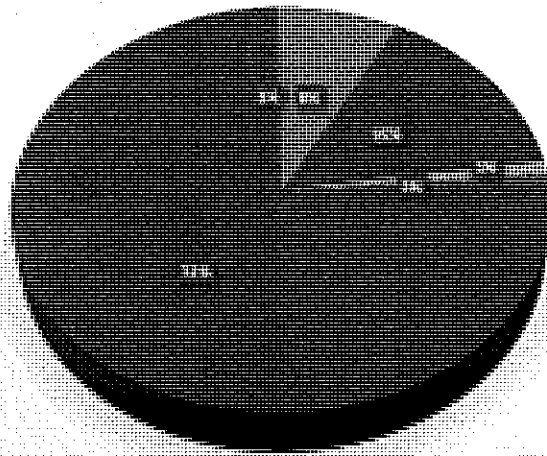


- Albuterol
- Duoneb
- Oxygen
- Racemic Epinephrine
- Not Recorded

Seizure Treatment



Patients Receiving Medications for the Primary Impression of Seizure

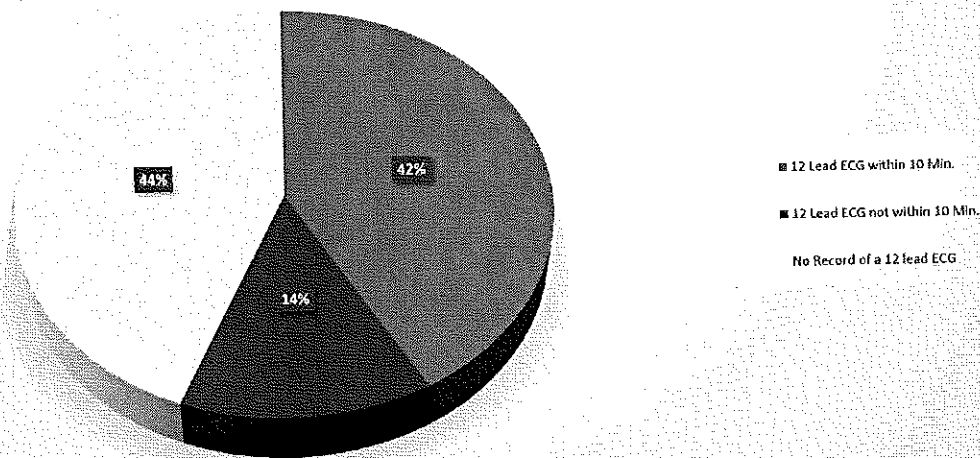


- Oxygen Only
- Midazolam
- Lorazepam
- Diazepam
- No Medication Recorded
- Improper Medication Given

EKG Done in Cardiac Chest Pain Patients



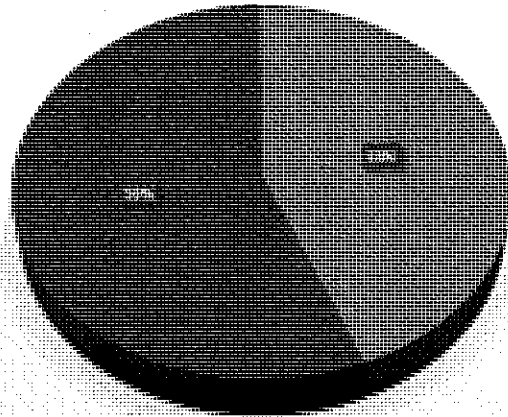
12 Lead ECG's in Patients with a Primary Impression of Cardiac Chest Pain



Stroke Scale Recorded



Stroke Scale Type Assessments Recorded in Patients with a Primary Impression of Stroke



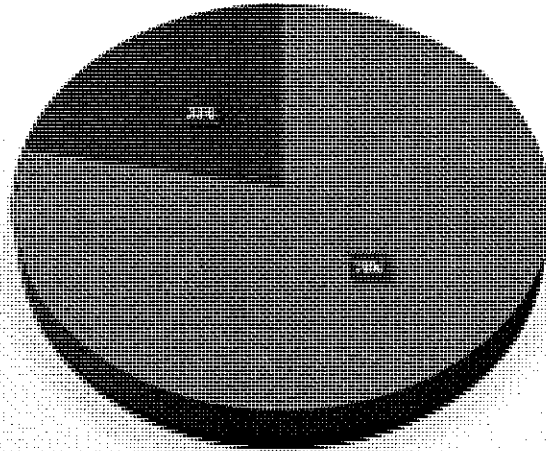
■ Stroke Scale Recorded

■ Stroke Scale Not Recorded

Pediatric Weight



Medication Error Potential in Patients Under 15 Years of Age

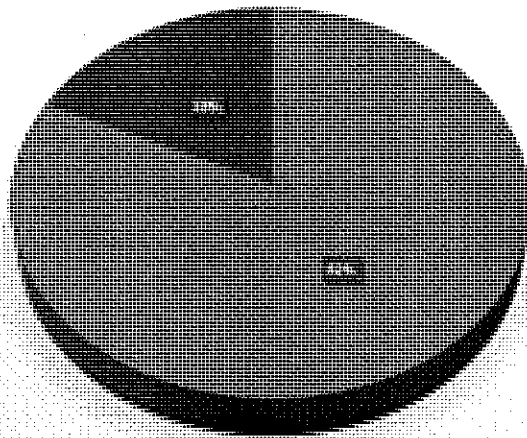


- Weight value entered or length based weight
- No Weight Value or length based weight

Pediatric Respiratory Assessment



SPo2 and Respiratory rate Measurements for Pediatric Patients with Dyspnea, Orthopnea, or Shortness of Breath.

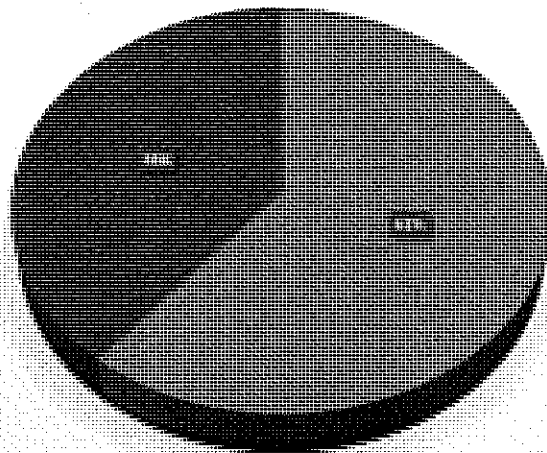


▣ With Both Measurements
■ Without Both Measurements

Accucheck in Seizure Patient



Blood Glucose Evaluation in Patients with a Primary Impression of Seizure

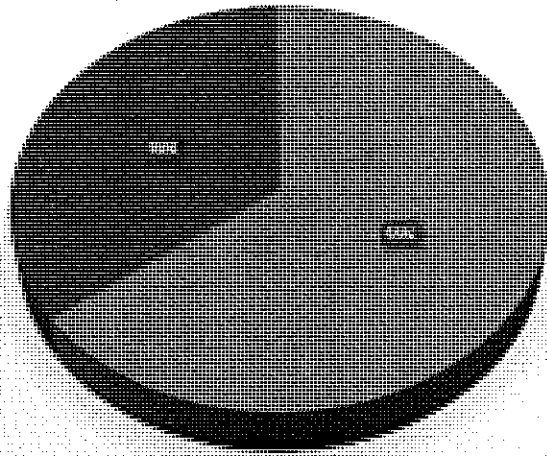


■ Blood Sugar Recorded ■ Blood Sugar not Recorded

Pain Assessment in Trauma Patient



Pain Assessment of Injured Patients

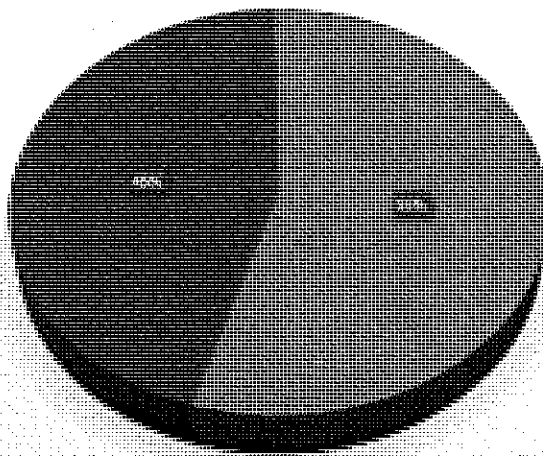


- Patient with a Pain Score Recorded
- Patient without a Pain Score Recorded

Two Sets of Vital Signs



Vital Recording in Patient Treatment Originating from a 911 Request

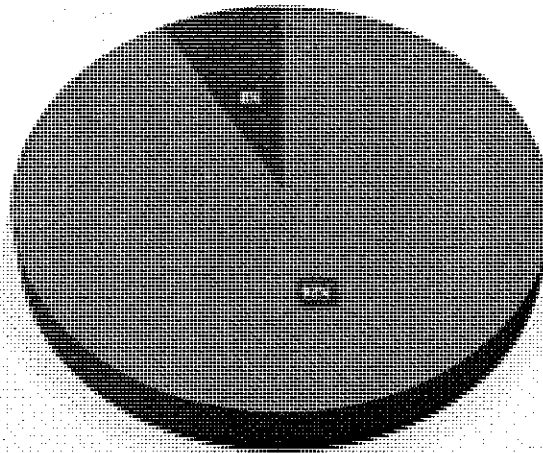


- At Least Two Sets of Vitals
- Less than Two Sets of Vitals

Pulse Oximetry in Opioid Overdose



Pulse Oximetry Reports for Patients with a Provider Impression relating to an Opioid

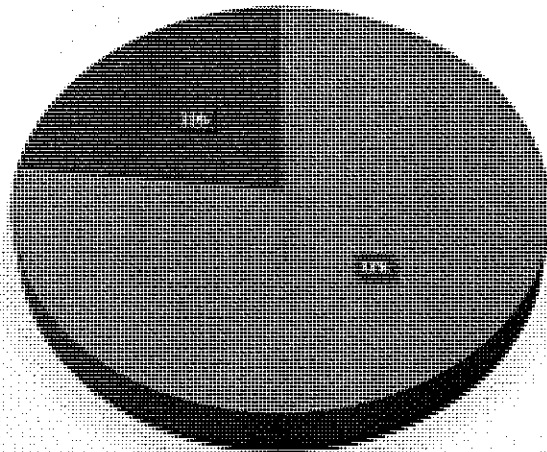


■ SPo2 Recorded ■ SpO2 not recorded

Naloxone Use in Overdose



Naloxone Administered for patients with a Provider Impression relating to Overdose

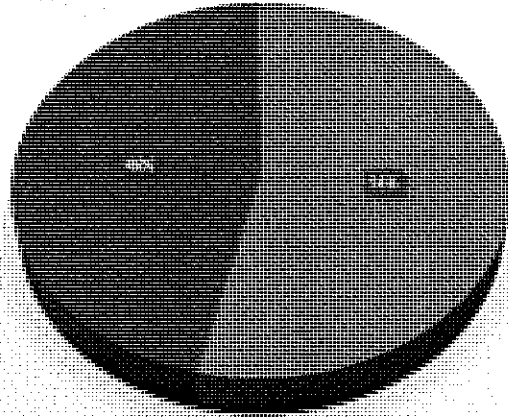


■ Naloxone Administered ■ Naloxone not Administered

Blood Glucose Measurement in Overdose



Blood Glucose levels Reported in Patients with a Provider Impression Relating to an Opioid

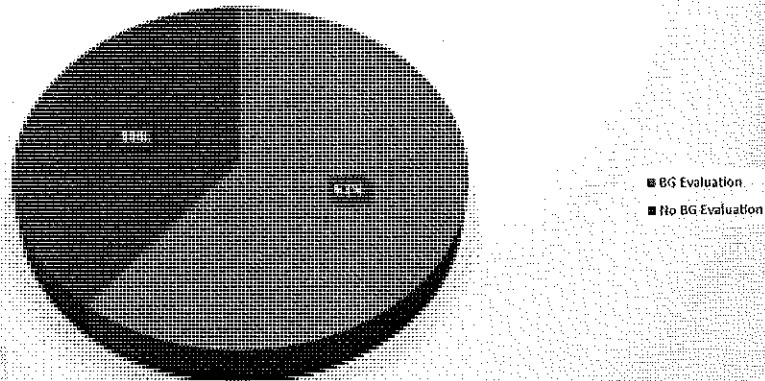


- Blood Glucose Recorded
- Blood Glucose not Recorded

Blood Glucose Eval in Seizure



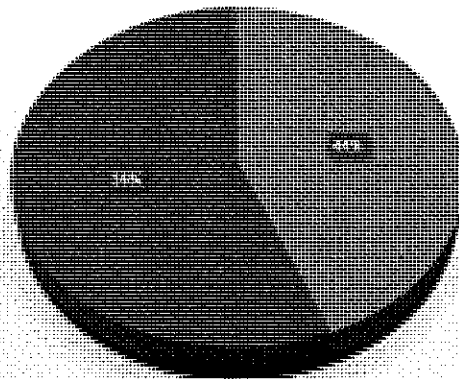
Blood Sugar Evaluations in Patients with Ongoing Seizure Activity (Status Epilepticus)



Stroke Assessment in Stroke Patients



Stroke Scale Type Assessments Recorded in Patients with a Primary Impression of Stroke



■ Stroke Scale Recorded

■ Stroke Scale Not Recorded

NEMSQA

NEMSQA

Establishing Quality Measures for Patient Care

- In April 2019, the NEMSQA Measure Development Committee approved the eleven measures included in the table below. These measures were reviewed and re-specified from their original release in the EMS Compass program.

- Treatment Administered for Hypoglycemia
- Pediatric Respiratory Assessment
- Administration of Beta Agonist for Pediatric Asthma
- Pediatric Weight Documented in Kilograms
- Seizure Patient Received Intervention
- Suspected Stroke Receiving Prehospital Stroke Assessment
- Pain Assessment of Injured Patients
- Effectiveness of Pain Management for Injured Patients
- Trauma Patients Transported to Trauma Center
- Use of Lights and Sirens During Response to Scene
- Use of Lights and Sirens During Transport

Adopted!

<http://www.nemsqa.org/measure-development-process/>

NEMSQA



| Measure ID | Description | Type | National Quality Strategy Domain |
|-----------------|--|---------|----------------------------------|
| Hypoglycemia-01 | Treatment Administered for Hypoglycemia | Process | Clinical Process - Effectiveness |
| Pediatrics-01 | Pediatric Respiratory Assessment | Process | Clinical Process - Effectiveness |
| Pediatrics-02 | Administration of Beta Agonist for Pediatric Asthma | Process | Clinical Process - Effectiveness |
| Pediatrics-03 | Documentation of Estimated Weight in Kilograms | Process | Patient Safety |
| Seizure-02 | Patient with Status Epilepticus Receiving Intervention | Process | Clinical Process - Effectiveness |
| Stroke-01 | Suspected Stroke Receiving Prehospital Stroke Assessment | Process | Clinical Process - Effectiveness |
| Trauma-01 | Injured Patients Assessed for Pain | Process | Patient Experience |
| Trauma-03 | Effectiveness of Pain Management for Injured Patients | Outcome | Patient Experience |
| Trauma-04 | Trauma Patients Transported to a Trauma Center | Process | Clinical Process - Effectiveness |
| Safety-01 | Use of Lights and Sirens During Response to Scene | Process | Patient Safety |
| Safety-02 | Use of Lights and Sirens During Transport | Process | Patient Safety |

The CareWeb logo consists of the word "CareWeb" in a white, sans-serif font, centered within a dark, circular background.

- Meeting with IHIE leadership
- Discussions are underway to integrate EMS data
- Exploratory team looking at EMS data for a CCD
- Integration would allow EMS data to be accessible from CareWeb
- Funding may be an obstacle
- More details to come in 2020

IHIE Integration

Scope of Practice



November 2019 EMS Commission Meeting

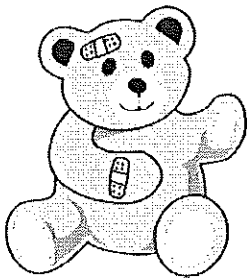


- IDHS submitted a proposal to the EMS Commission with a recommendation to adopt the 2018 National EMS Scope of Practice Model.
- Indiana exceptions and additions from previous iterations were left in place (e.g. supraglottic airways at the EMT level.)
- The EMS Commission unanimously adopted the newly proposed scope of practice model at all EMS provider levels with only one exception
 - Advance EMT medications – TBD January 2020 EMS Commission meeting.

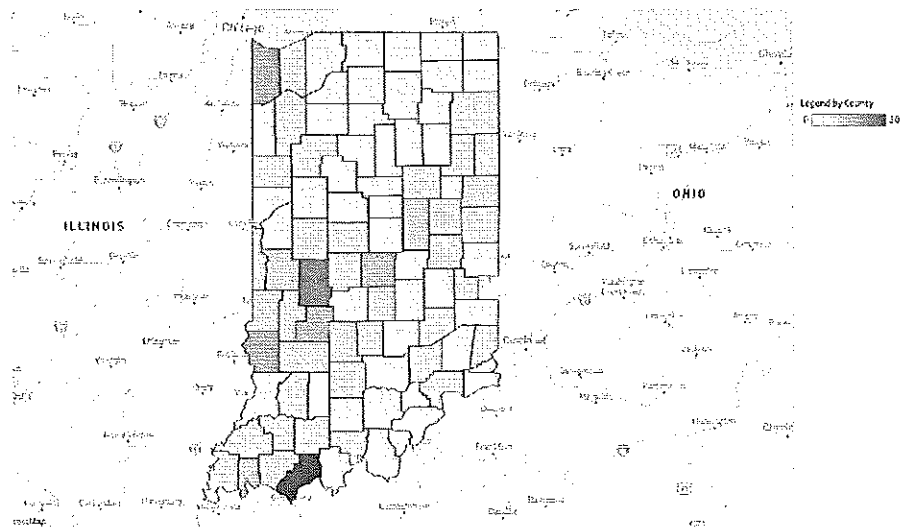
EMS-C Survey



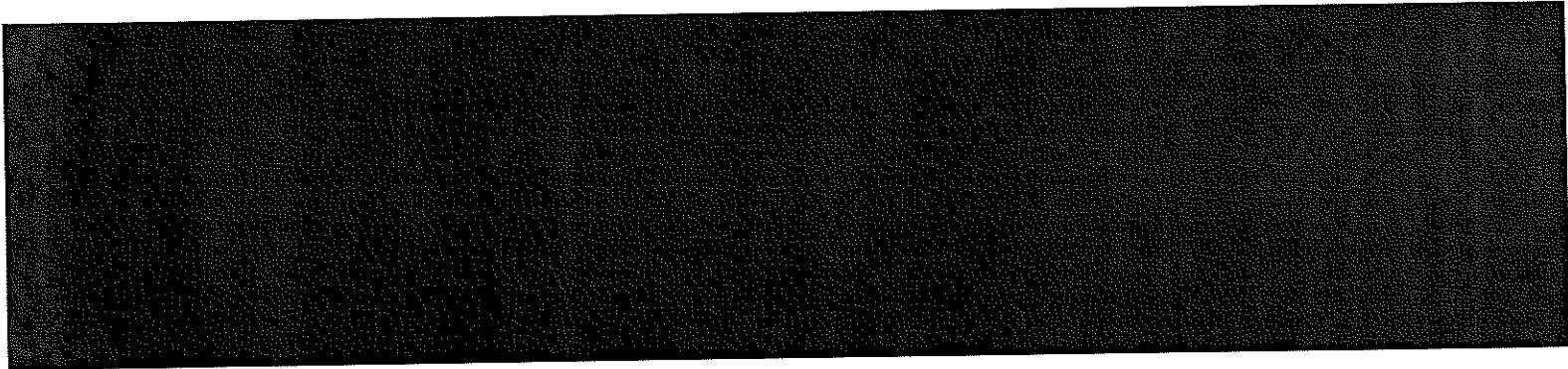
- Your EMS Provider Agency Must complete the EMS-C survey.
- Check your email.
- Answer the questions!
- Discuss with DM.



EMSC
Emergency Medical
Services for Children



MIH-CP



MIH-CP

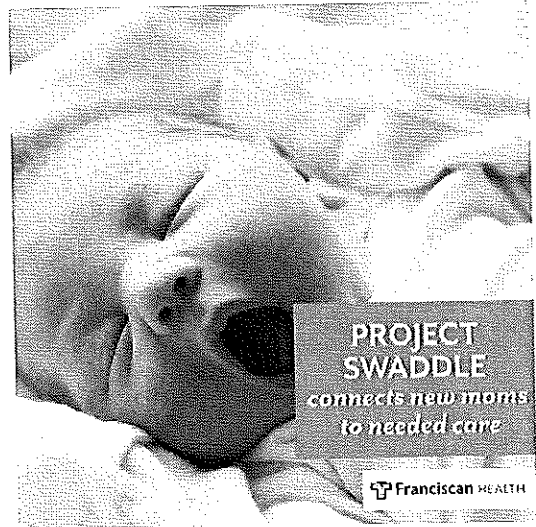


- At the last meeting of Indiana EMS Commission, myself and IDHS introduced our intent to initiate discussion and movement on further developing Mobile Integrated Healthcare/Community Paramedic (MIHP) programs in the State of Indiana. You will recall the passage and adoption of SEA498 that gives the EMS Commission, in consultation with the Department of Homeland Security the authority to do the following:
 - Develop a mobile integrated healthcare program
 - Define the type of healthcare that can be provided under this program
 - Define the training or education that is needed in providing services under this program
 - Address the issues of certification, endorsement, oversight, and reporting for this program
 - Establish an application for EMS provider agencies wishing to develop these programs
 - Establish a committee to review and approve applications and provide general guidance to the development of MIHP programs



Examples in Indiana

- Crawfordsville Fire Department
 - Project Swaddle
 - SUD programs
- Carmel Fire Department
 - SRT Program
 - Post acute discharge program
- Fishers Fire Department
 - Behavioral health program
 - Alternate destination programs
- Lutheran Hospital EMS
 - Sepsis screening program





Building One Indiana

Governor Holcomb's 2020 Next Level Agenda

Economy

Tell Indiana's story by starting up the new Indiana Destination Development Corporation & attracting more jobs & talent

Leverage our defense assets & triple Department of Defense investment in Indiana

Infrastructure

Parks
Rehab & renovation

Roads
Build, preserve & enact hands-free device driving law

Rail
West Lake & South Shore

River
Fourth port

Runways
Nonstop International flights

Finish **\$190M** investment in broadband & trails

Deploy **\$436M** for water quality

Workforce & Education

Support Teacher Compensation Commission in making teacher pay more competitive

Eliminate unnecessary requirements in 2021

Change career-related teacher professional growth points from required to optional

Hold schools harmless for 2018-19 ILEARN scores

Redesign prison education credits to better prepare offenders for re-entry

Public Health

Raise smoking, vaping age to 21 & enhance enforcement

Make health care costs more transparent for consumers

No surprise billing

Add more recovery housing & expand pilot program for jail inmates

Require school relationship with a mental health provider

Increase mental health professionals & services

More community paramedicine programs

Provide more accommodations for pregnant workers

Good Government

Use \$300M in reserves to pay for capital projects that will save more than \$125M in borrowing costs

Improve & expand 2-1-1 call services to help more Hoosiers

IDHS Summer Study Concluded



- Over the summer months, we conducted a state by state survey and assessment of the status of MIH-CP programs across our county.
- To date, MIH-CP programs are recognized in more than 33 other states, many of which have already developed training and education requirements, as well as rules and regulations to guide the development of new MIHP programs.
- IDHS engaged and collaborated with the School of Public Health from Purdue University to further analyze this data and make some specific recommendations for the EMS Commission to consider as next steps in better defining the practice of MIH-CP for EMS provider agencies and their licensed providers in Indiana.

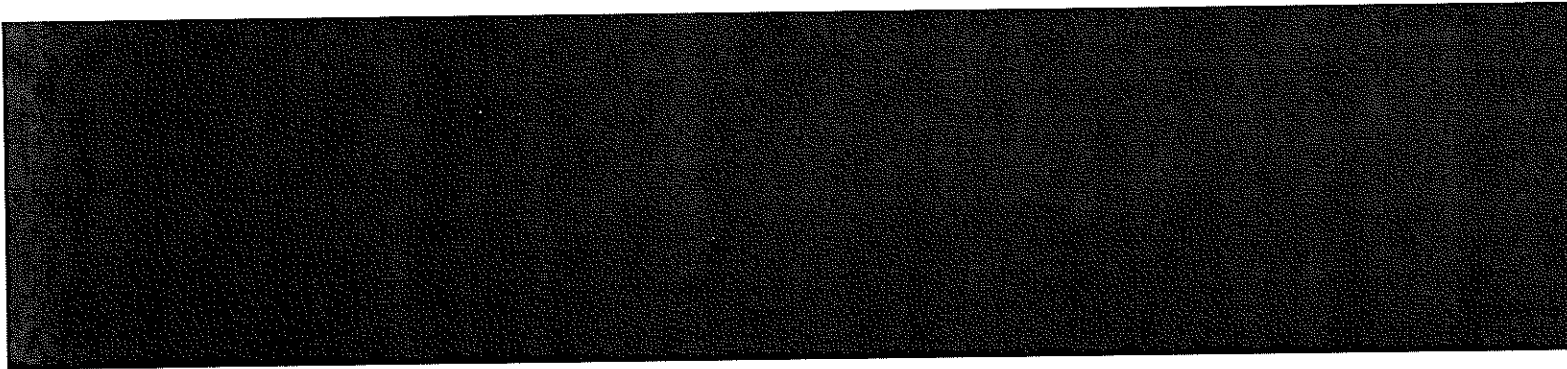
EMS Commission Update



• MIH-CP Advisory Board

- Dedicated MIH-CP board with seats representing the diverse stakeholders in MIH-CP in Indiana, including but not limited to:
- State EMS Medical Director Michael Kaufmann
- State EMS Director Michael Garvey
- EMS Medical Director Rep. Dustin Holland
- MIH-CP Program Director Paul Miller
- Municipal EMS MIH-CP Program Steve Davison
- Non-municipal MIH-CP Program Chad Owen
- College/University Laura Schwab-Reese
- MIH-CP Provider Shane Hardwick
- MIH-CP Patient TBD
- FSSA Representative Dr. Sullivan/TBD
- Insurance Industry Representative TBD
- ISDH Representative Dr. Box/Dr. Weaver
- IHA Representative Andy VanZee
- IEMSA Representative Nate Metz
- IFCA Representative Douglas Randall

Reimbursement Reform



EMS as Transportation Benefit



- Our EMS system of care was created more than 50 years ago and was a simple design; move patients quickly from the scene of an accident to a hospital.
- To this day EMS continues to be regarded as a transportation benefit and in most instances requires transport of a patient before a claim for reimbursement can be submitted.
- Prehospital medical care has evolved over the last 50 years with more complex therapies, procedures, medications and interventions being delivered in the prehospital setting.
- Reimbursement for those services has not.
- There are currently no avenues for EMS provided novel models of care to get reimbursed for those services.

Re-imagining EMS Reimbursement



- Pennsylvania Act 103 of 2018 requires insurance companies and Medicaid to reimburse EMS agencies for calls where the EMS provider treated the patient, but did not transport them.
- In PA, the new law says that in order for the reimbursement to be required, the ambulance must have been dispatched by a county 911 center, but gives EMS providers the option to treat patients at home.
- This is in alignment with the CMS ET3 Pilot study.
- Currently working with Governor Holcomb's administration, FSSA, and the State Department of Health to explore the possibility of similar language here in Indiana.

HB 1209



- Requires payment for non-transport services
- Think of this bill as a “phase 2”
- Last year SEA498 put MIH-CP on the map and gave the EMS Commission regulatory authority over those activities.
- HB 1209 will allow for EMS reimbursement of non-transport activities originating from a 911 call.
- This section applies to an emergency medical services provider that meets the following requirements:
 - (1) Is certified by the Indiana emergency medical services commission under IC 16-31-3.
 - (2) Is a Medicaid provider.
 - (b) The office of the secretary shall provide reimbursement on an equal provider basis for Medicaid covered services provided to a Medicaid recipient that are:
 - (1) rendered by an emergency medical services provider that is a Medicaid provider;
 - (2) within the emergency medical services provider's scope of practice; and
 - (3) provided during a response initiated through the 911 system regardless of whether the patient was transported.
 - (c) The office of the secretary may apply to the United States Department of Health and Human Services for any amendment to the state Medicaid plan or for any Medicaid waiver necessary to implement this section.

HB1209 Continued



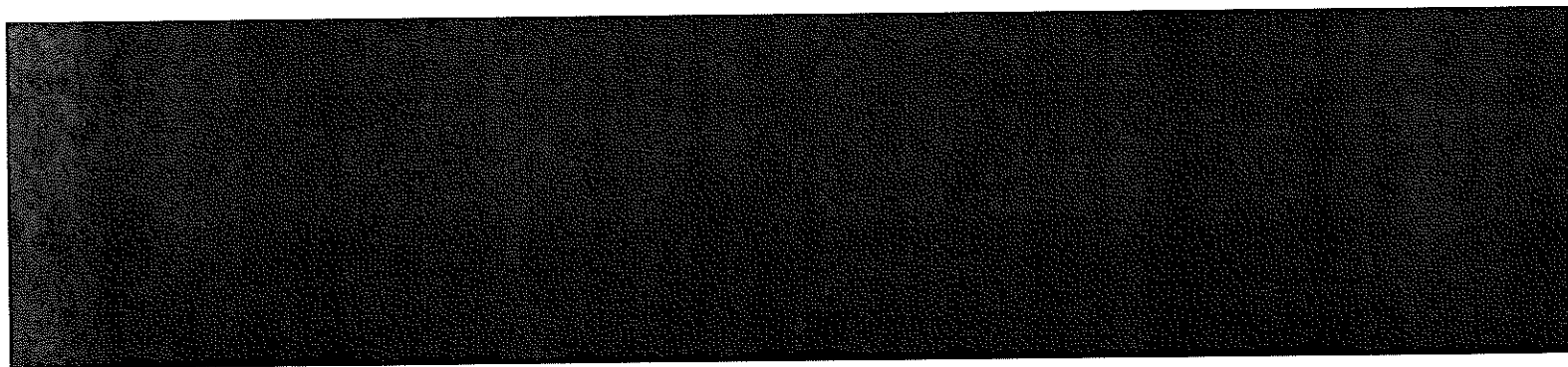
- SECTION 3. IC 27-8-6-8 IS ADDED TO THE INDIANA CODE
- 10 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 11 1, 2020]: Sec. 8. (a) As used in this section, "emergency medical services" has the meaning set forth in IC 16-18-2-110.
- (b) As used in this section, "emergency medical services provider" means a provider of emergency medical services that is certified by the Indiana emergency medical services commission under IC 16-31-3.
- (c) As used in this section, "policy of accident and sickness insurance" has the meaning set forth in IC 27-8-5-1. However, for purposes of this section, the term does not include the following:
 - (1) Accident only, credit, dental, vision, Medicare supplement, long term care, or disability income insurance.
 - (2) Coverage issued as a supplement to liability insurance.
 - (3) Automobile medical payment insurance.
 - (4) A specified disease policy.
 - (5) A policy that provides a stipulated daily, weekly, or monthly payment to an insured without regard to the actual expense of the confinement
 - (6) A short term insurance plan (as defined in IC 27-8-5.9-3).
- (d) A policy of accident and sickness insurance that provides coverage for emergency medical services must provide reimbursement on an equal provider basis for emergency medical services that are:
 - (1) rendered by an emergency medical services provider;
 - (2) within the emergency medical services provider's scope of practice; and
 - (3) provided during a response initiated through the 911 system regardless of whether the patient was transported.
- (e) The department may adopt rules under IC 4-22-2, including emergency rules under IC 4-22-2-37.1, to implement this section.
- (f) This section does not require a policy of accident and sickness insurance to provide coverage for emergency medical services.

Naloxone Sustainability



Currently working with FSSA to establish a reimbursement mechanism for naloxone administration!

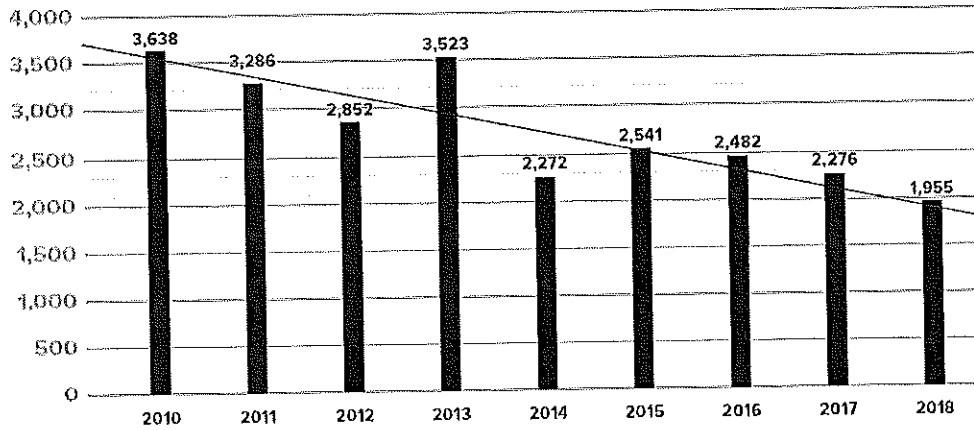
EMS Compact



Workforce Development



NEW EMS CERTIFICATIONS ISSUED SINCE 2010
(EMR, EMT, PARAMEDIC)

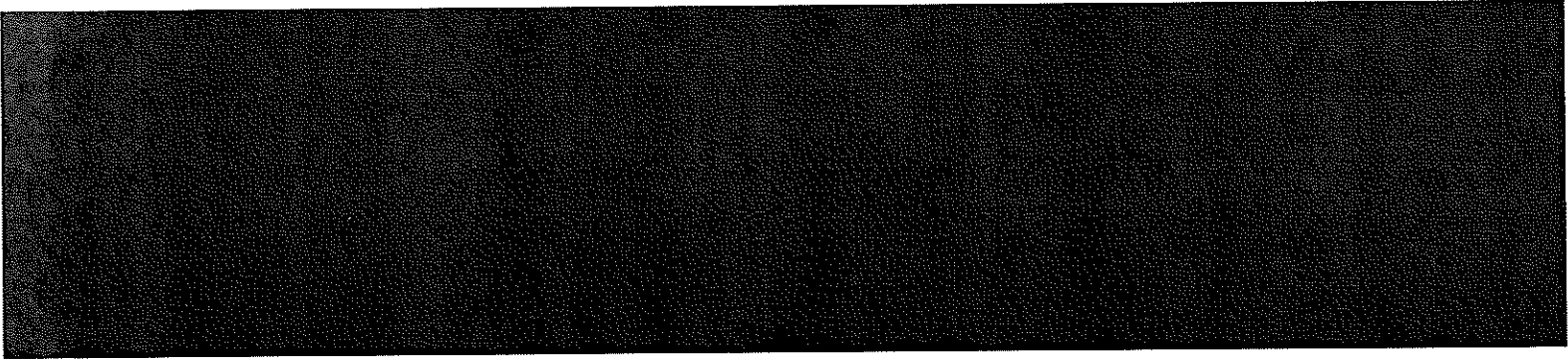




Current State – SB 61

- Senate SB-61
- Senate Homeland Security Committee hearing 1/6/2020
- State EMS Medical Director to testify
- Passed Senate Committee 6-0
- Second reading 1/16/2020 - passed

Rules



Rule Making Update



- **836 IAC Re-write currently underway**
- EMS rules last updated more than a decade ago.
 - ARTICLE 1. EMERGENCY MEDICAL SERVICES
 - ARTICLE 2. ADVANCED LIFE SUPPORT
 - ARTICLE 3. AIR AMBULANCES
 - ARTICLE 4. TRAINING AND CERTIFICATION
- All articles re-written and reviewed
- Approved by EMS Commission
- Completed fiscal impact study
- Pre-review by the A.G.
- Governor's office reviewing.

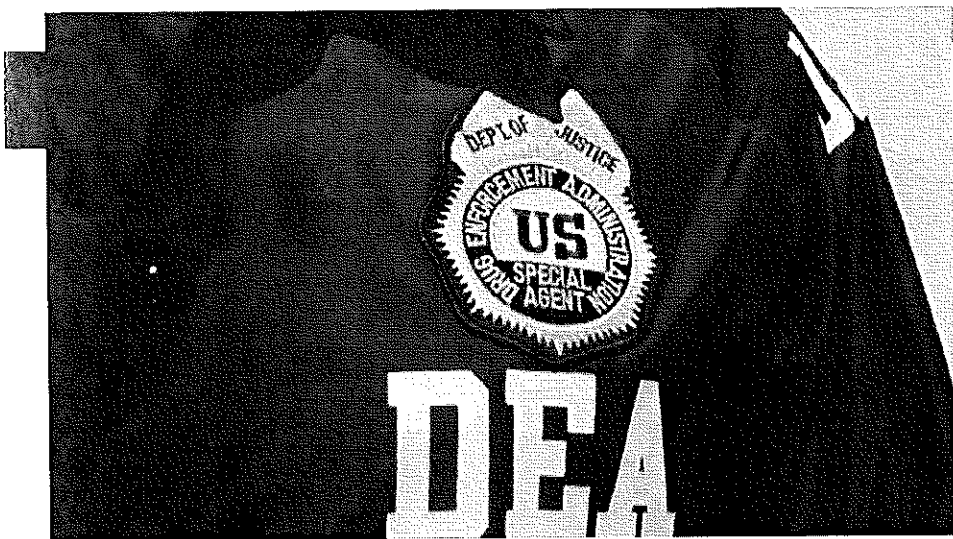
PENDING



Stroke Rules Draft

| | |
|--|-------------------|
| Anticipated date of review by the Governor | November 4, 2019 |
| Anticipated effective date | December 20, 2019 |

- To meet the below standards, local EMS medical directors shall develop protocols based on an assessment of local and regional hospital stroke capabilities. The appropriate stroke hospital destination shall be based on local and regional protocols which shall consider;
 - Capability to administer TPA (alteplase) accurately, promptly, and safely
 - Nationally recognized evidence-based science
 - Nationally recognized guidelines
 - The list of available certified stroke centers and network participating hospitals published by ISDH.
- Emergency medical services personnel shall provide early advance notification to the receiving hospital or stroke center whenever possible to allow appropriate activation of resources prior to patient arrival.



- Controlled Substance Issues
- DEA 222 Forms
- EMS Medical Directors

- Public Law No: 115-83 (11/17/2017)

DEA

Planning for DEA/CSR for EMS Providers



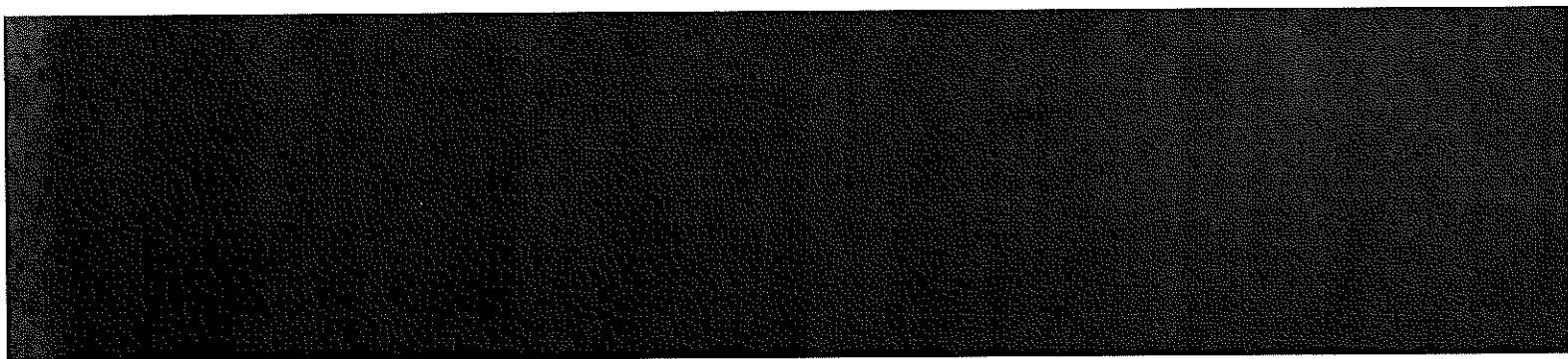
- This law amends the Controlled Substances Act to ensure that paramedics and other emergency medical services (EMS) professionals are able to continue to administer controlled substances, such as pain narcotics and anti-seizure medications, pursuant to standing or verbal orders when authorized by State law.
- Further, the bill specifies that EMS agencies are permitted to have one DEA registration, rather than having separate registrations for each EMS location, so long as certain requirements are met relating to the transportation and storage of controlled substances are met
- Have met with BOP, PLA, DEA
- BOP has created and PASSED new rule language allowing EMS provider agencies to obtain a CSR
- Working through the rule promulgation process

Other Bills to Watch

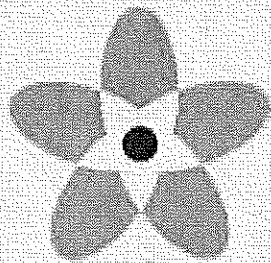


- HB 1400
- HB 1193
- HB 1174

Other Ongoing Initiatives



Dementia Friends



Dementia
Friends
Indiana 

Biospatial



biospatial



- National Collaborative for Bio-preparedness
 - NCBP provides operational and clinical insight to state and local data owners to help improve operations and patient outcomes.
 - NCBP provides alerts to anomalous health events, visualization of syndromic events and trends, and clinical and operational dashboards.
 - The collaborative data network widens the context of events by enabling sharing of data and syndromic trends with neighboring jurisdictions.
 - NCBP also enables new health- and safety-related insights through multi-agency collaboration, such as linking motor vehicle crash records with injury severity derived from the EMS Revised Trauma Score.



AED Registry

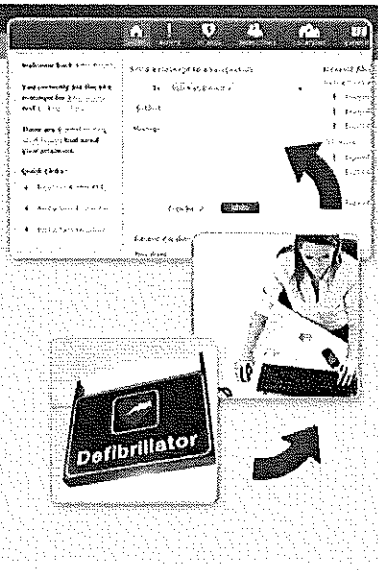


National AED Registry

AED location information comes from the Atrus National AED Registry™.

Organizations with AEDs use this free online tool to comply with registration requirements, easily and efficiently manage AED location and maintenance information, and receive battery and electrode expiration reminders.

This registered AED data is available to 911 agencies that subscribe to the AED Link.



IDHS EMS Division



- Governor's Sepsis Task Force
- EMS-C pediatric survey for EMS
- Patient/Provider safety
- Stop the Bleed
- Suicide awareness/prevention and first responder mental health
- Biospatial, AED registry
- Dementia awareness
- Overdose education
- Local Jurisdiction and provision of services

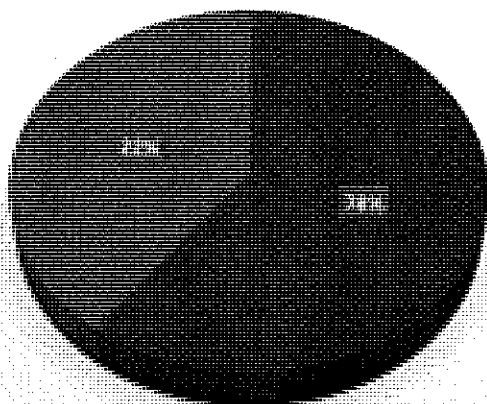
Thank you! The End.



ALL Indy Affiliates - Stroke Scale Recorded



Stroke Scale Type Assessment Recorded in Patients with a Primary Impression of Stroke



- Stroke Scale Recorded
- Stroke Scale Not Recorded