



**EMERGENCY MEDICAL SERVICES
COMMISSION MEETING MINUTES**

DATE: July 18, 2019
TIME: 10:00am
LOCATION: Zionsville Town Hall
1100 W. Oak St.
Zionsville, IN 46077

MEMBERS PRESENT:

G. Lee Turpen II	(Private Ambulance)
John Zartman	(Training Institution)
Myron Mackey	(EMTs)
Mike Garvey	(Indiana State EMS Director)
Matthew McCullough	(Volunteer Fire and EMS)
Sara Brown	(Trauma Physician)
Darin Hoggatt	(Paramedics)
Thomas A Lardaro	(Air Medical Services)
John P. Ryan	(General Public)
Andrew Bowman	(RN)
John Brown	(Director of Preparedness and Training)
Terri Hamilton	(Volunteer EMS)
Melanie Jane Craigin	(Hospital EMS)

MEMBERS NOT PRESENT:

Stephen Champion	(Medical Doctor)
John P. Ryan	(General Public)
Charles Valentine	(Municipal Fire)

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

CALL TO ORDER AND ROLL CALL

Meeting called to order at 10:02am 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 May 16, 2019 session.

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

HONORARY CERTIFICATES

An honorary certificate was requested for David Short Jr. by Mr. Jeffrey Quinn, Indianapolis Fire Department EMS Education Director. Mr. Quinn read his request into record (see attachment #1). Chairman Turpen conveyed the Commissions sincere condolences for their loss.

A motion was made by Commissioner Hamilton to approve the honorary certificate request. The motion was seconded by Commissioner Lardaro. The motion was approved.

INDIANA DEPARTMENT OF HEALTH

The Health Department report is being delayed until later in the meeting. The report for the Health department was given after the Education Working Group presentation. Elkhart General Hospital has become a verified level 3 trauma hospital. At this time there are no other hospitals in the process. Presented updated information regarding the Naloxone grant. Director Garvey asked how long the Health department foresees being able to provide free Naloxone. Best guess is that it will be sustained for at least the next couple of years. Director Garvey just doesn't want providers to lose site of the funding source available from FSSA.

EMS FOR CHILDREN

Ms. Margo Knefelkamp reported on May 22 the 8th annual Hero's Award breakfast was held with 75 attendees. Dr. Michael Kaufmann was the key note speaker. 39 Indiana residents were recognized during the awards breakfast. Dr. Elizabeth Weinstein was awarded the 10 year award for her work for pediatric patients and her work with Indiana EMS for Children. Ms. Knefelkamp briefed the Commission on the current surveys and upcoming surveys to help IEMSC to move forward with their initiatives.

INDIANA EMERGENCY MEDICAL SERVICES ASSOCIATION (IEMSA)

Mr. George Schulp, Vice President for the IEMSA, reported that IEMSA will be sponsoring a conference again this year. The conference will be held December 5th and 6th in West Lafayette at the Sheraton. The association is looking for speakers and exhibitors for the conference. The cost has not been determined yet but it will lower because of the license plate sales. So far there has been 157 license plates sold this year. Which brings the total to 1711 license plates sold since the beginning. \$110275 has been deposited into the account. The money goes toward the memorial and the rest goes to education. We are also having a governors gold cup this year. Mr. Schulp talked briefly about Care source and its effects on EMS. Mr. Schulp spoke about the legislation breakfast. The association is in a position to start working on their legislation actions in August. The association is going to become more proactive in legislative actions instead of reactive.

INDIANA FIRE CHIEFS ASSOCIATION

Mr. Douglas Randall the co – chair of the EMS Section reported to the Commission regarding the meeting the Fire Chiefs Association's held concerning the paramedic shortage in Indiana (see attachment #2). Mr. Randall stated this is not going to be resolved overnight. It is going to take some time. They want to send out a survey to gather data to help understand the issues services are encountering. Mr. Randall discussed the upcoming IERC conference and the awards program at the end of the conference.

EMS EDUCATION WORKING GROUP

Mr. Jeffrey Quinn, EMS Education working group Chairman, reported that the group has been working for the last couple of months on the EMT practical exam skills sheets for Indiana vs the National Registry EMT practical exam skills sheets. The group has compared the two sets of exam skills sheets and Mr. Quinn pointed out the similarities and differences of the two sets of sheets. Mr. Quinn presented the group's recommendations to the Commission members. The group recommendation is to transition to the National Registry EMT skill sheets. Any classes that start after September 1, 2019 will use the National Registry skills sheets with adding the National Registry advanced supraglottic airway sheet to the packet and then as we work toward the first of the year the group and staff will work on reviewing the whole exam process. The group is further asking to be allowed to develop a portfolio process for the EMT level to help validate the skills of the students. The group is asking for permission from the Commission to develop a primary instructor update to roll out at the beginning of the year. The work group is also working on the EMT scenarios. Any of the people working on the scenarios will be required to sign a non-disclosure agreement before working on the scenarios. Discussion followed Mr. Quinn's presentation of the group recommendations.

A motion was made by Commissioner Zartman to accept the group's recommendation to move to the National Registry EMT psychomotor skills exam sheets with the addition of the National Registry advanced supraglottic airway skills sheet for any EMT classes beginning or applied for after September 1, 2019. The motion was seconded by Commissioner Hamilton. After some discussion the motion was voted on. The motion passed.

NEW BUSINESS

- a. Waiver Policy (See attachment #3) - Mr. Kraig Kinney presented the non – rule policy as well as the office policy for the new waiver process. After some discussion and a few questions for clarification the Commission took action on the non – rule policy. Discussion was also had regarding how the waivers would be reported to the Commission by staff.

A motion was made by Commissioner Mackey to adopt the non – rule policy as written. The motion was seconded by Commissioner Bowman. The motion passed.

Ms. Candice Pope presented to the Commission the list of waivers that staff reviewed and approved since July 1, 2019.

- b. AHA Mission Lifeline Recognitions – Chairman Turpen announced that Mr. Greg Poe will be presenting at the September meeting instead of today's meeting.

OLD BUSINESS

- a. Stroke Rule Update - Mr. Kinney informed the Commission members that the Stroke rule was ready for public hearing. The public hearing was set for July 29, 2019 at 10am at the Indiana Government Center South Conference Center Room 5. Mr. Kinney briefly went over the process of the public hearing. Another update and possible finalization of the rule will be presented at the September 18, 2019 Commission meeting. It is anticipated that the finalized rule will be in place by the end of the year.

- b. Suicide Prevention update – Mr. Mikel Fort reported that data has been pulled from the suicide prevention training. 11,566 people has completed the training so far. 229 have checked yes on the question about asking for a district manager to contact them for help. 189 people have been contacted so far of those that have been contacted only 2 have actually been in crisis and we were able to get them to professional help. Through the data collected so far we have been able to identify the areas that need or want training.
- c. Tabled business and/or waivers
- d. Current ongoing studies
 - a. CPAP use at the BLS level – Mr. Chris McFarland reported that the study is still ongoing but does not have an update for the meeting.

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

- A. Non – Final orders
 - a. J. Joseph

A motion was made by Commissioner Zartman to affirm the non-final order. The motion was seconded by Commissioner Hoggatt. The motion was approved.

- B. Certification/License Surrender
 - a. Howard, Jason J.
No action taken, none required.

STAFF REPORTS

- A. Data Report – this report was delayed until State Medical Director Dr. Michael Kaufmann's report.
- B. Operations Report – Mr. Jason Smith reported that field staff is working on trying to close out some opened investigations/complaints within the system. Field staff is also working closing with training with stop the bleed classes and TCCC courses to assist with the training. Director Garvey have kudos to field staff and Elizabeth Westfall for their work in getting the provider organizations applications, certifications and renewals into Acadis.
- C. Compliance Report- Mrs. Candice Pope reported the following:
 - a. Announced that Mr. Aaron Hedges has been hired as an EMS Certification Specialist
 - b. 10 violation letters have been sent out since the last Commission meeting
 - c. 0 audit letters have been sent out since the last Commission meeting
 - d. We have 19 certifications on probation
 - e. 15 revoked
 - f. 9 Suspended
 - g. 372 under review
 - h. 91 pending audits
 - i. We have 23 people logged in view the web casting of this meeting
 - j. The expiration date issue from the last upgrade has been fixed
 - k. Rosters are now viewable to instructors through their portal account
 - l. There is now a clear all filter button on the searches through portal accounts

- m. Demonstrated the new search screen
- n. Briefed the Commission on the new workflows and the new process for the Commission members to receive their packets.

D. Certifications report – (see attachment #4)

- a. Personnel report – Mr. Alex Straumins opened discussion on the information that the Commission members would like to see in the personnel certification report. Commissioner Zartman asked if there was any way in the system to see if a person is working in the field or if after an amount of time they are still working in the field. The Commission decided that they would like to see the following information/questions answered:
 - 1. What are the age groups of people working in the field for paramedics at first then for all levels of EMS? Chairman Turpen would like the extrapolation of that data. Mr. Straumins already had the data and was able to show the Commission members at the meeting. Chairman Turpen asked if there was a way to put this information in a couple page report for distribution to provider organizations. Mr. Straumins stated that a report can be made available through a report. That could also be over laid on a state map.
 - 2. Run volume data per county over laid on top of the state map with the first set of data that was requested. Maybe break it down to emergent runs verse non emergent runs. Mr. Straumins stated that he would get the first lay completed then bring it back to the Commission to build more layers from there.
- b. Provider report – no action required. None taken. Commissioner Bowmen asked about the numbers on the report. Ms. Pope explained the report showed the currently active organizations. Discussion was had over the names of the levels of certification for the provider organizations.

- E. Training Report – (see attachment #5) – Mr. Tony Pagano discussed the report that was included in the packet. Commissioner Zartman requested that a separate report be ran taking out the high school programs for the next meeting.

STATE EMS DIRECTORS REPORT – Director Michael Garvey reported that the POST training has been updated and the updated content has been uploaded to Acadis and ready for people to take. Director Garvey encouraged individuals to go into Acadis and retake the updated training for continuing education hours. Director Garvey shared with the Commission the announcement of State Fire Marshal James Greeson's retirement. Director Garvey requested that the Commission approved an honorary Paramedic certificate for Marshal Greeson in recognition of his 50 years of service to EMS and the state during his time in office.

A motion was made by Commissioner Mackey to approve the honorary certificate. The motion was seconded by Commissioner Bowman. The Commission voted unanimously to approve the honorary certificate.

STATE MEDICAL DIRECTORS REPORT - Dr. Michael Kaufmann gave updated on several projects that the staff as well as he is working on to move forward (see attachment #6). Discussion was had regarding provider organizations reporting data. Dr. Kaufmann stated it was time to take action to get the organizations that are not reporting to report. After discussion it was affirmed that the Commission had previously approved levying fines against the provider organizations that are not reporting.

A motion was made by Commissioner S. Brown to reaffirm the Commissions earlier approval of the fines against the agencies that are not reported to the state office. The motion was seconded by Commissioner Bowman. The motion passed to reaffirm the fines.

CHAIRMAN'S REPORT AND DIRECTION: Chairman Turpen reminded everyone that the IERC conference is coming up in September and the EMS Association Conference in December. Chairman Turpen talked briefly about reimbursement and the Southeastern Trans issue. Everyone needs to first protect reimbursement and increasing reimbursement. Any steps that people can take in helping let other groups know what the issues they are having with reimbursement are. Chairman Turpen stated that the best journal for evidence based medicine is Prehospital Emergency Care Journal. There is the potential to read some of the articles online. If you are unable to get the journal there is a podcast called the PEC podcast that reviews the articles in the journal. Chairman Turpen applauded any of the providers that are taking steps towards helping fix the fatigue issue.

NEXT MEETING

September 18, 2019
2:00pm at
Indiana Emergency Response Conference
Sheraton – Indianapolis
8787 Keystone Crossing Suite 16
Indianapolis, IN 46240

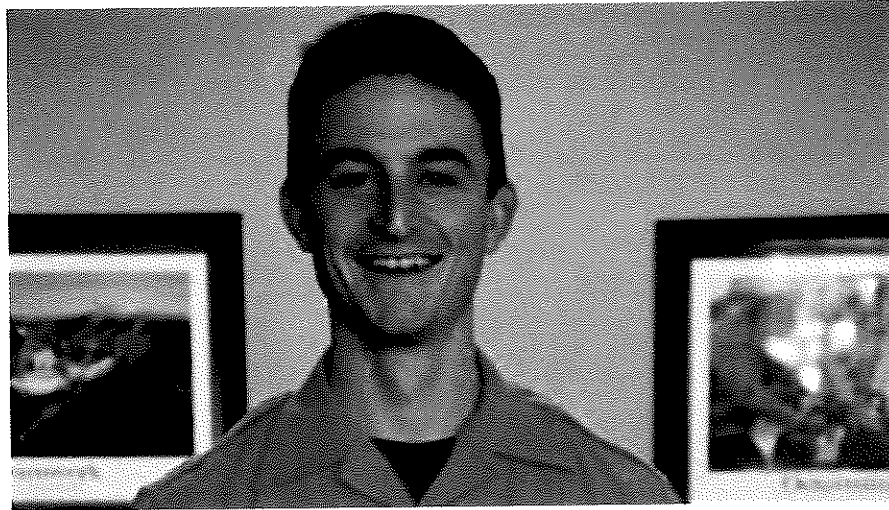
ADJOURNMENT

A motion was made by Commissioner Hoggatt to adjourn the meeting. The motion was seconded by Commissioner S. Brown. The motion passed. Meeting was adjourned at 12:43pm.

Approved _____


G Lee Turpen, Chairman

Attachment #1



July 18, 2019

*Semi-1st
Tom - 2nd
Approved*

Ladies and Gentlemen of the Commission,

I wish to stand before you this morning on behalf of the Indianapolis Fire Department Recruit Class 84, the EMS Education staff of IFD and the family of David Short Jr.

David came to us from what he described as a somewhat troubled back ground. Some would call it normal teenage stuff. When he introduced himself the first day of EMT class, he told a story about how he had run his arm through a window as a child when his parents were not home. He had run next door to the neighbor lady for help. She freaked out at the sight of the blood, so he ran to the next neighbor and finally got 911 help.

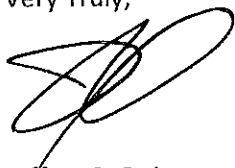
As his story continued, he explained how the firefighters arrived, cool, calm and collected. Their confidence changed the entire mood of the scene. David knew at that time, he wanted to be a firefighter/ EMT. He wanted to be just like those that took him in their hands and calmed the situation. He wanted to make changes in the lives of others! He wanted to specifically be an IFD firefighter.

As his stories continued, several of his friends had died from over doses. As tears began to roll down his cheek, he explained that these deaths drove him to remember his experience years earlier with the EMT's and firefighters. He was then driven to become a firefighter/ EMT and to fulfill his lifelong dream.

As I began to receive the calls on April 19 of 2019, I could not help but see David with his contagious smile, telling us everything would be just fine. He had fulfilled his lifelong dream. You see, David once again needed EMS. A car crash in Hancock County took his life, just a week prior to his taking the psychomotor exam and the cognitive exam where I am extremely confident that he would have passed without much effort.

It is due to David's love for life, love for EMS and love his fellow mankind, I would like to request the Commission considers granting David Short Jr (9000-5326) a posthumous EMT certification so that David's contagious smile be once again seen as he gains his dream with his family in attendance today. Thank you for your time and consideration.

Very Truly,

A handwritten signature in black ink, appearing to read 'Jeffrey S. Quinn', with a large, stylized flourish at the end.

Jeffrey S. Quinn

EMS Education Director

Indianapolis Fire Department

ATTACHMENT

#2

ATTACHMENT

#3

Indiana EMS Commission

Non-Rule Policy

Policies and Procedures for EMS Rule Waivers

I. PURPOSE

The purpose of this document is to define how the EMS Commission and the EMS section of the Indiana Department of Homeland Security will review and handle EMS rule waiver requests authorized by IC 16-31-3-5 and governed by 836 IAC 1-1-3.

II. BACKGROUND

This policy applies to EMS rule waiver requests that are submitted authority to IC 16-31-3-5 effective July 1, 2019, as amended by HEA 1269 (2019). Previously, the EMS Commission had reviewed all waiver requests and the EMS Commission remains the ultimate authority for all orders granted regarding waiver requests. See IC 16-31-3-5(f).

III. REFERENCE IN ADMINISTRATIVE CODE

Pursuant to the amendments made by HEA 1269 (2019), references to the EMS Commission in 836 IAC 1-1-3 are to be interpreted broadly as the EMS Commission has ultimate authority for EMS Waivers. The processes of this non-rule policy clarify how the waiver process will proceed. The parameters for EMS waiver requests delineated in 836 IAC 1-1-3 remain in full force.

IV. POLICY

A. *Waiver Initiation.*

1. Requesting Party: Any "person" under the EMS Code and rules may request a waiver of a rule if it impacts that person. This can include individuals, provider organizations, supervising hospitals, and training institutions.
2. Initiation: The applicant must submit a completed IDHS form APPLICATION FOR WAIVER OF EMS RULES (836 IAC). Any supporting documentation should be submitted at the time of application for waiver. Submissions may be made to the EMS office or via the EMS District Manager can be via email, fax, or United States postal service mail.

B. *Routing of EMS Waiver Requests*

1. Individual waiver requests will be reviewed by the EMS Certification and Compliance Section Chief.
 - i. Once the Section Chief has completed their review then they should present their review and recommendation to EMS staff via a monthly waiver meeting

/ conference call presentation. This process will ensure consistency among the EMS districts

2. Provider organization and Supervising Hospital waiver requests will be reviewed by the EMS Education & Training Manager (EMS District manager supervisor).
 - i. The EMS District Manager supervisor may assign the appropriate EMS District manager to review the waiver request.
 - ii. Once the EMS District Manager has completed their review then they should present their review and recommendation to EMS staff via a monthly waiver meeting / conference call presentation. This process will ensure consistency among the EMS districts.
3. Training Institution waiver requests will be reviewed by the Training/Education Coordinator.
 - i. Once the Section Chief has completed their review then they should present their review and recommendation EMS staff via a monthly waiver meeting / conference call presentation. This process will ensure consistency among the EMS districts
4. All requests for a pilot study or requests for change of scope of practice that have not been previously addressed by the EMS Commission shall be considered by the EMS Commission directly although they may involve a waiver component.

C. **Waiver Review process.** An EMS waiver request shall be reviewed by the designated staff member who may make additional information requests to the applicant. The following options are available for resolving the waiver request (all must be reviewed by the State EMS Director):

1. Approval based upon prior EMS Commission precedent.
2. Denial based upon prior EMS Commission precedent.
3. Approval based upon review on an isolated issue.
4. Denial based upon review on an isolated issue.
5. Requesting a committee review of IDHS staff, as appointed by the State EMS Director, for new issues.
6. Requesting the EMS Commission review the waiver request for new issues that are either complex or could have far-reaching impacts.

D. **Applicant responsibilities.** Applications are required to be accurate and truthful. Applicants are strongly encouraged to cooperate with staff requests for additional information or participation in a meeting to discuss the waiver request. Failure to comply with staff requests for further information or a meeting does not summarily preclude consideration of the waiver request, but may be considered as a factor in whether the request should be approved or denied. IC 16-31-3-5(f) provides that the Commission is the ultimate authority for orders issued for EMS waivers.

E. **Action on waiver request.** Once a decision to approve or deny a waiver request has been finalized, an Administrative Order under Indiana Code § 4-21.5 should be prepared by the assigned staff member with review by the State EMS Director and IDHS legal. Said Order should include the following:

1. Date of the order.
2. Applicant name, contact information and PSID number or certification number, whichever is applicable.
3. The specific rule that is the subject of the waiver request.
4. The reason for the waiver request.
5. Discussion of the rationale for granting or denying the request.
6. The specific decision on denial or approval of the waiver—with a specific approval noting what is approved and any limitations.
7. Any other requirements if the waiver request is approved, such as reporting requirements.
8. The time period for which the waiver request is being approved, if applicable.
9. A notation of the appeal rights pursuant to Indiana Code § 4-21.5.

F. **EMS Commission notice.** Copies of all Administrative Orders for EMS rule waivers (both denial and approval) will be provided to the EMS Commission via their EMS Commission meeting packets. There will be an agenda line item for waivers, and staff will give an overview of the EMS waivers decided upon since the preceding EMS Commission. EMS Commission members may inquire as to any of the decisions issued and may order an EMS Commission review and consideration of any EMS Waiver Administrative Order via a majority vote.

G. **Appeals for administrative review.** Applicants have the right to appeal decisions made by IDHS regarding the EMS waiver request. This can include either denials or the terms of an approval. All time deadlines and the process for the administrative review shall follow the basic administrative review processes for the State of Indiana in Indiana Code § 4-21.5.

1. If an Order is timely appealed, the effectiveness of the order will always be stayed.
2. If IDHS staff receives a petition for review, these should be stamped or marked in some way to show the date we received the request for review and brought to IDHS paralegal immediately.
3. The Office of General Counsel will determine if the order is timely and issue a letter making this determination.
4. If the appeal is timely filed, the waiver request appeal will go to the EMS Commission directly who will consider the appeal as subject matter experts on the rules. The matter will be placed on the agenda of the next available EMS

Commission meeting. If the EMS Commission determines that an administrative law judge ("ALJ") review could be beneficial, then the EMS Commission may assign the appeal to the ALJ. IC 16-31-3-5(f) provides that the Commission is the ultimate authority for orders issued for EMS waivers.



Policies and Procedures for EMS Rule Waivers

I. VERSION

1.0 – Created July 11, 2019.

This policy is effective on the date it is signed by the State EMS Director and it will remain effective until modified or revoked by the State EMS Director or Executive Director, unless otherwise specified.

II. PURPOSE

The purpose of this document is to define how the EMS section of IDHS will review and handle EMS rule waiver requests.

III. SCOPE

This policy applies to EMS rule waiver requests that are submitted authority to IC 16-31-3-5 effective July 1, 2019, as amended by HEA 1269 (2019).

IV. POLICY

A. *Waiver Initiation.*

1. Requesting Party: Any "person" under the EMS Code and rules may request a waiver of a rule if it impacts that person. This can include individuals, provider organizations, supervising hospitals, and training institutions.
2. Initiation: The applicant must submit a completed IDHS form APPLICATION FOR WAIVER OF EMS RULES (836 IAC). Any supporting documentation should be submitted at the time of application for waiver. Submissions may be made to the EMS office or via the EMS District Manager can be via email, fax, or United States postal service mail.

B. **Routing of EMS Waiver Requests**

1. Individual waiver requests will be reviewed by the EMS Certification and Compliance Section Chief.
2. Provider organization and Supervising Hospital waiver requests will be reviewed by the EMS Education & Training Manager (EMS District manager supervisor).
 - i. The EMS District Manager supervisor may assign the appropriate EMS District manager to review the waiver request.
 - ii. Once the EMS District Manager has completed their review then they should present their review and recommendation to the EMS staff via a weekly staff

ATTACHMENT

#4

Emergency Medical Services Provider Certification Report

Date : July 11, 2019

July 18, 2019

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 July 18, 2019 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	496
Ambulance Service Provider	101
EMT Basic-Advanced Organization	6
EMT Basic-Advanced Organization non-transport	1
EMT Intermediate Organization	9
EMT Intermediate Organization non-transport	0
Paramedic Organization	198
Paramedic Organization non-transport	13
Rotorcraft Air Ambulance	12
Fixed Wing Air Ambulance	3

Total Count: 840

New Providers Since 01-MAY-19

CLINTON LABS FIRE DEPARTMENT

**Basic Certification:
06/25/2019**

**Emergency Medical Services
Provider Certification Report**

Date : July 11, 2019

July 18, 2019

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 **July 18, 2019** Commission meeting, the following report of agencies who have meet the requirements for certification as Emergency Medical Service Providers and their vehicles.

DAVIESS COMMUNITY HOSPITAL	Basic Certification: 06/25/2019
DAVIESS COMMUNITY HOSPITAL	Paramedic Certification: 06/25/2019
ESKENAZI HEALTH	Basic Certification: 05/15/2019
Smith Township FD	Basic Certification: 06/04/2019
VERNON TOWNSHIP FIRE DEPARTMENT	Basic Certification: 05/28/2019

ATTACHMENT

#5



422 South Fifth Street, Fourth Floor • Springfield, Illinois 62701-1824 • www.dph.illinois.gov

To: EMS Medical Directors
EMS System Coordinators
EMS Advisory Council

From: Leslee Stein-Spencer R.N., M.S. *Leslee*
Acting Division Chief
Division of EMS and Highway Safety

Date: July 9, 2019

Subject: **National Registry Testing**

As part of an effort to adopt national EMS standards, IDPH is seeking to transition away from the Illinois State EMS Exams and towards the National Registry (NR) exams. As part of this process, beginning April 1, 2020, the Division of EMS will **ONLY** be offering the NREMT cognitive licensing exams (written and practical). Section 515.530 states the following:

- b) After completion of an approved education program and a recommendation to test by the EMS MD or designee, candidates shall take a written licensure examination. Candidates shall have the choice of taking either the NREMT written and psychomotor examination or the Department's examination if eligible and available. The Department's written examinations shall be based on the national EMS education standards and practice analysis and are equivalent to the NREMT written examinations as modified by the Department.

The Illinois State Paramedic and EMT exams will no longer be available as of April 1, 2020. The Illinois State exams will be replaced by the NR exams as of April 1, 2020.

Looking at what other states do, Illinois is one of only four states (MT, NC, and NY) that does not require NR as the initial licensing/certification exam. It is time for Illinois to meet the national standard and become a NR testing state. This new change will allow for enhanced reciprocity and, in time, open the door to Illinois becoming an EMS Compact state.

As you are aware, EMS Systems and training programs adopted the New Education Standards and prepared their teaching curriculums to adhere to these new standards

beginning **January 1, 2013**. In addition, IDPH adopted the National EMS Scopes of Practice Model, with some minor adjustments.

Existing EMT-I's can maintain an Illinois license by meeting all required criteria and CME. However, new EMT-I classes will need to adhere to the IDPH adjusted national A-EMT training standards and subsequently take the NR A-EMT cognitive exam.

A National Registry exam will only be required for initial testing and licensure, following graduation from an Illinois approved EMS provider training program. So long as a new applicant for licensure successfully passes a NR Exam and thereafter continuously maintains Illinois licensure (and required CME), it will not be necessary to repeat a NR Exam in order to renew an unexpired Illinois EMT, A-EMT or Paramedic license.

Existing licensees will not be required to pass an NR exam in order to renew an unexpired Illinois EMS license.

After initial Illinois licensure, maintenance of a NR Certification will be optional. It will be up to each individual to decide whether or not he/she wants to maintain a NR certification. However, in order to practice in Illinois, maintenance of a valid Illinois EMS license continue to be required. This will not change.

In order to answer all questions and concerns, staff from the National Registry will be coming to ICEP on October 3rd from 1-3 p.m. They will give a brief overview of their testing process and answer any and all questions. Additional details will be provided in a future memorandum, in the meantime, please save the date.

c: Winfred C. Rawls, Deputy Director
Regional EMS Coordinators
Jason Kegg M.D., State Medical Director
Katheryn Lokaitis, Ambulance, Education & Licensing Section Chief

July 2019 EMS Statistics

NREMT pass rates are enclosed in this report. These statistics are for courses ending between July 1, 2018 and July 1, 2019. Paramedic pass rates are for two years since most course are between 18 and 24 months. The EMT courses are broken down into four 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. The programs in the next category (60% -70%) are near meeting the standard set by the Commission and those in the bottom two categories are below standard. There were 344 graduates of EMT courses who have tested, but did not get certified and are still eligible to test

Our National Registry statistics are improving. In June of 2018 there were 210 first time attempts at the basic exam with a 53% pass rate. June 2019 saw 285 attempts at the exam with a 63% first time pass rate. April, May and June were the first months with pass rates above 60%. The attached graph show pass rates and numbers tested since April of 2018.

National Registry Pass Rates, Courses Ending July 1, 2018 to July 1, 2019

National or State	Level of Certification	Initial	3d Attempt	6 th Attempt	Total Attempts
National	EMT	71%	79%	80%	69,310
State	EMT	61%	70%	70%	1166
National	Adv EMT	62%	72%	73%	4663
State	Adv EMT	60%	69%	69%	48
National	Paramedic	73%	85%	86%	10,826
State	Paramedic	60%	74%	76%	210

National Registry Pass Rates, Courses Ending July 1, 2016 to July 1, 2019

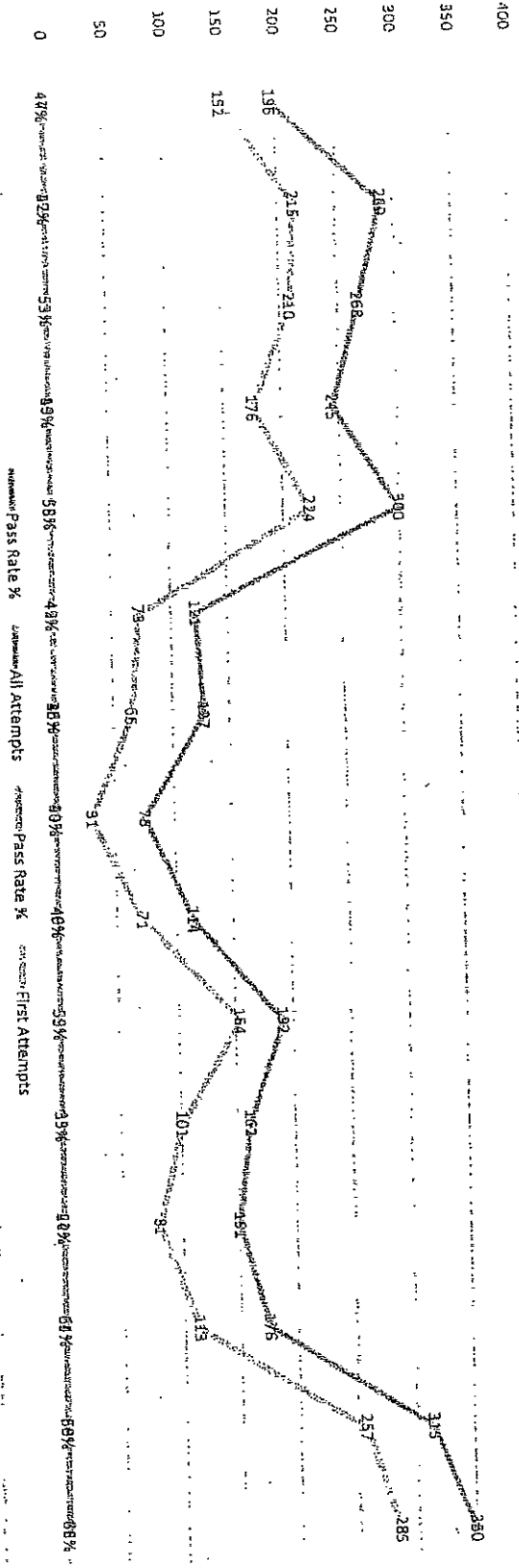
National or State	Level of Certification	Initial	3d Attempt	6 th Attempt	Total Attempts
National	EMT	69%	80%	81%	225,396
State	EMT	56%	68%	69%	3109
National	Adv EMT	58%	73%	75%	15,547
State	Adv EMT	50%	62%	64%	242
National	Paramedic	73%	87%	89%	31,409
State	Paramedic	63%	80%	85%	618

National Registry Pass Rates, Courses Ending January 1 to July 1, 2019

Level of Certification	Initial	3rd Attempt	6th Attempt	Total Attempts
EMT	65% (403)	68% (420)	68% (421)	619

April 2018 - June 2019 EMT Pass Rates

Month	Pass Rate %	All Attempts	Pass Rate %	First Attempts
Apr 18	44%	196	47%	152
May 18	47%	289	52%	215
Jun 18	53%	268	53%	210
Jul 18	49%	245	53%	176
Aug 18	53%	300	58%	224
Sep 18	42%	121	49%	73
Oct 18	35%	127	46%	65
Nov 18	40%	75	34%	31
Dec 18	46%	114	49%	71
Jan 19	53%	192	59%	154
Feb 19	35%	162	33%	101
Mar 19	42%	151	54%	81
Apr 19	55%	176	64%	113
May 19	56%	315	60%	257
Jun 19	56%	350	63%	285



Emergency Medical Technician

Program Name	Program Code	Attempt	First Att	total pass	ELIG	First Pass %	Total Pass %
Adams Memorial Hospital	IN-4201	2	2	2	0	100%	100%
St Mary's Medical Center Evansville	IN-4096	12	12	12	0	100%	100%
Fort Wayne Fire Department	IN-5955	8	8	8	0	100%	100%
Ivy Tech Community College Sellersburg	IN-4864	4	4	4	0	100%	100%
Noblesville Fire Dept	IN-6086	3	3	3	0	100%	100%
Ivy Tech Community College - Marion	IN-6109	1	1	1	0	100%	100%
Dukes Memorial Hospital	IN-4912	4	4	4	0	100%	100%
Parkview Health Lagrange EMS	IN-6048	2	2	2	0	100%	100%
Clay Fire Territory	IN-4756	15	14	14	1	93%	93%
New Haven Fire and EMS	IN-5653	7	6	6	1	86%	86%
Deaconess Hospital	IN-4516	7	6	6	1	86%	86%
Hands on Instruction LLC	IN-6017	13	11	12	1	85%	92%
St Mary Medical Center/Hopart	IN-4943	20	16	17	3	80%	85%
Wishard Health Services	IN-4083	44	34	38	6	77%	85%
Blue River Career Programs	IN-5603	8	6	7	1	75%	88%
Richmond Fire Department	IN-5707	4	3	3	1	75%	75%
Parkview Regional Medical Center	IN-5296	19	14	14	5	74%	74%
Franciscan Indianapolis Hospital	IN-4080	43	31	38	5	72%	88%
Palhart Training	IN-4668	81	58	62	19	72%	77%
Parkview Whitley Hospital	IN-5023	18	13	13	5	72%	72%
Parkview EMS	IN-5303	10	7	8	2	70%	80%
Community Health Network EMS	IN-4063	37	26	27	10	70%	73%

Emergency Medical Technician

Memorial Hospital South Bend	IN-4157	13	9	12	1	69%	92%
Ivy Tech South Bend	IN-4070	13	9	11	2	69%	85%
Columbus Regional Hospital	IN-4355	29	20	22	7	69%	76%
Indiana University	IN-4495	52	36	39	13	69%	75%
Community Howard Regional Health	IN-5804	9	6	8	1	67%	89%
Franciscan Saint Anthony Health-Crown Point	IN-4079	27	18	20	7	67%	74%
IU Arnett Hospital EMS Program	IN-5936	6	4	4	2	67%	67%
Witham Memorial Hosp	IN-4140	6	4	4	2	67%	67%
IU Ball Memorial Hospital	IN-4369	52	32	35	17	62%	67%
Franciscan St. Margaret Health-EMS-Academy	IN-5267	34	21	22	12	62%	65%
Franciscan St Elizabeth Health	IN-4068	23	14	16	7	61%	70%
St Vincent Hospital	IN-4081	67	41	43	24	61%	64%
New Castle Career Center	IN-5718	15	9	9	5	60%	60%
Vincennes University Jasper Center	IN-4478	7	4	4	3	57%	57%
Riverview Hospital	IN-4077	7	4	4	3	57%	57%
Hendricks Regional Health	IN-4380	9	5	5	4	56%	56%
White County EMS Education	IN-5834	25	14	17	8	56%	68%
Ivy Tech Community College-Evansville	IN-4141	29	16	18	11	56%	62%
Other Creek Fire Emergency Education	IN-5929	9	5	5	4	56%	56%
Hearthand Ambulance	IN-6320	13	7	8	5	54%	62%
Ivy Tech Community College Northeast	IN-4169	44	23	27	17	52%	61%
Morgan Co. EMS	IN-6193	4	2	2	2	50%	50%
Ivy Tech Community College - Valparaiso	IN-5747	10	5	6	4	50%	50%
Central Nine Career Center	IN-5028	18	9	10	7	50%	56%
St. Vincent Anderson	IN-4588	30	14	19	11	47%	63%
Ripley County EMS-Training Institution	IN-6146	15	7	10	5	47%	57%
Ivy Tech Community College-Kokomo	IN-4362	11	5	10	1	45%	91%
Methodist Hospitals	IN-4072	22	9	16	6	41%	73%
Emergency Services Education Center	IN-4960	36	13	16	20	36%	44%
Area 30 Career Center	IN-5147	11	4	4	8	36%	36%
City of Fishers Fire and Rescue	IN-5953	6	2	6	0	33%	100%
St Joseph's Regional Medical-Clymouth	IN-5001	6	2	3	3	33%	50%

Emergency Medical Technician

Cameron Memorial Hospital	IN-4534	3	1	1	2	33%	33%
Elihnart General Hospital	IN-4067	6	2	2	4	33%	33%
Elihnart Area Career Center	IN-5816	6	2	2	4	33%	33%
Ivy Tech Community College Terre Haute	IN-4612	16	5	8	8	31%	50%
Goshen Hospital	IN-4162	7	2	5	2	29%	71%
Ivy Tech Community College Bloomington	IN-4071	19	5	8	9	26%	42%
Scott County EMS	IN-4078	4	1	1	3	25%	25%
Vincennes University	IN-4153	12	3	5	7	25%	42%
American Medical Response	IN-6316	5	1	4	1	20%	80%
Hancock Regional Hospital	IN-4577	5	1	2	3	20%	40%
Franciscan Alliance Crawfordsville	IN-6002	5	1	2	3	20%	40%
Crawfordsville Fire Department	IN-5990	5	1	1	4	20%	20%
Union Hosp Health Group	IN-4431	3	0	1	2	0%	33%
Clinton Co EMS	IN-5868	2	0	0	2	0%	10%
Laporte Co Career and Tech Ed	IN-5994	7	0	0	7	0%	0%
					183		
					344		

Advanced EMT

Program Name	Program Co	Attempt	First Att	Cumuli	Cumula	Eligible	For First	Pass %	Third	Pass %	Total	Pass %
Ivy Tech Bloomington	N-4071	1	1	1	1	0	0	100%	100%	100%	100%	100%
St Vincent Anderson	N-4588	1	1	1	1	0	0	100%	100%	100%	100%	100%
Yellow Ambulance Training Bureau	N-4085	21	15	17	17	4	4	71%	81%	81%	81%	81%
St Joseph Regional Medical Mishawaka	N-5529	25	13	15	15	10	10	52%	60%	60%	60%	60%
Jennings Co EMS Training	N-5887	2	1	1	1	1	1	50%	50%	50%	50%	50%

Paramedic


Program Name	Program Co	Attempt	First	1st Ath	Cumuli	Cumula	Eligible	For	First	Pass %	Third	Pass %	Total	Pass %
St Vincent Hospital	IN-4081	18	18	18	18	18	0	0	100%	100%	100%	100%	100%	
Palham Training	IN-6266	3	3	3	3	3	0	0	100%	100%	100%	100%	100%	
Community Health Network EMS	IN-4063	19	16	19	19	19	0	0	84%	100%	100%	100%	100%	
Handricks Regional Health	IN-4380	8	7	8	8	8	0	0	88%	100%	100%	100%	100%	
Franciscan Health Indianapolis	IN-4080	29	24	29	29	29	0	0	83%	100%	100%	100%	100%	
Franciscan Health Crown Point	IN-4079	24	17	20	22	22	2	2	71%	83%	83%	92%	92%	
Indianapolis EMS	IN-4083	72	51	63	66	66	6	6	71%	88%	88%	92%	92%	
Methodist Hospitals	IN-4072	13	9	11	13	13	0	0	69%	85%	85%	100%	100%	
Goshen Health	IN-4162	31	20	26	28	28	3	3	65%	84%	84%	90%	90%	
St Mary Medical Center Hobart	IN-4943	11	7	8	8	8	3	3	64%	73%	73%	73%	73%	
Ivy Tech Community Northeast	IN-4169	63	39	49	54	54	9	9	62%	78%	78%	86%	86%	
Scott Co EMS	IN-4078	15	9	11	12	12	3	3	60%	73%	73%	80%	80%	
Ivy Tech Community College Terre Haute	IN-4612	27	16	21	22	22	5	5	59%	78%	78%	81%	81%	
Ivy Tech Community College	IN-4071	16	9	12	12	12	4	4	56%	75%	75%	82%	82%	
Ivy Tech Bloomington	IN-4542	11	5	9	9	9	2	2	45%	82%	82%	82%	82%	
Ivy Tech Community College Madison	IN-4070	18	5	11	12	12	6	6	43%	57%	57%	57%	57%	
Ivy Tech Community College South Bend	IN-5747	20	6	8	8	8	12	12	30%	40%	40%	40%	40%	
Ivy Tech Community College Valparaiso	IN-4141	14	4	9	9	9	5	5	29%	64%	64%	64%	64%	
Ivy Tech Community college Evansville	IN-4362	15	3	5	5	5	10	10	20%	33%	33%	33%	33%	

ATTACHMENT


#6

State of the State: EMS
 VTD Update July 2019
 Michael A. Kaufmann, MD, FACEP, FAEMS

EMS Medical Director
 Indiana Department of Homeland Security



1



EMS Certifications/Licensure

Training Institutions – 109 (117)
 Supervising Hospitals – 82 (91)
 Provider Agencies – 832 (833)
 Vehicles – 2,185 (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)

2

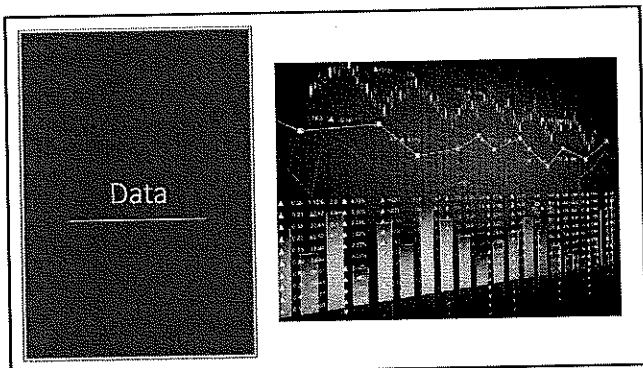
EMS System Metrics

332 Provider Agencies required to report into ImageTrend

- Total Ambulances in state 2,022
 - D1 - 363
 - D2 - 145
 - D3 - 111
 - D4 - 120
 - D5 - 492
 - D6 - 301
 - D7 - 84
 - D8 - 49
 - D9 - 245
 - D10 - 112
- Total ALS non-transport vehicles 584
- Total Rotocraft statewide 52



3




4

EMS System Metrics

- EMS provider agencies reporting as of 7/16/2019
- December 17th – Deadline for reporting data or at least making significant strides to be reporting
- 28/332 not reporting!

90%

332 Provider Agencies required to report into ImageTrend



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Agencies Not Reporting Data

Agency Name	File Number	Last Reported	Total Calls
Accu-Reporting Dispatch	01791		0
AD&S Ambulance Inc.	01653		0
Columbus FD	01825		0
East City One	01588		0
Harrison FD	01588		0
Lake County Special Trauma and Rescue	01846		0
Palmer Firestation Services, Inc.	01814		0
Preferred Medical Transportation Inc.	01494		0
Priority One EMS	01641		0
Spoke Medical Transport, LLC	01557		0
Union City, Ohio Fire & Rescue	01121		0
Yellow Ambulance Service	01440		0
Personal Care Ambulance Transport, Inc.	01440		0
United EMS of Community Wide EMS	1172	10/11/2014	1
Thomsonland Fire Protection Territory	1075	5/27/2019	1
Deputy FD	01341	11/29/2018	2
Deputy Fire	01471	1/11/2019	3
Copeland VFD	01474	4/21/2018	0
Palmyra Volunteer Fire Company	01571	2/15/2019	11
FD/Local Township VFD	01534	1/15/2019	17
Ellettsville Emergency Unit Inc.	01514	11/25/2018	22
Ellettsville Community Ambulance	01511	1/28/2019	24
SP-Wing-Bellevue	01771	1/17/2019	38
L. E. A Township VFD	01571	1/10/2019	33
Marion Township VFD	01441	5/21/2019	181
Clarks Hill - Lancaster Fire Department	01871	8/17/2018	229
Caribou VFD	01822	5/11/2019	289
ELRIC - Innovative Flight Inc.	01829	11/27/2018	401
Health Alliance - University of Mobile Care	01605	5/21/2019	12,774
Trips-Lite, Inc.			

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EMS Commission Petition

- Begin fining those EMS provider agencies that have proven to be recalcitrant to data reporting:
 - Being too busy is no longer an excuse
 - Reporting is required by state law
 - Everyone was notified August 2018
 - All have been contacted on a monthly basis
 - All have been offered software and assistance

While staff has been working to bring all providers required to report into compliance your provider organization was identified as not currently reporting data. During the July 19, 2018 EMS Commission meeting the Commission voted to start sanctioning providers that remain non-compliant after November 15, 2018. Each provider organization that is non-compliant after this date could be sanctioned up to \$500 for each month that data is not reported under IC 16-31-3-14 (b)(5).

7

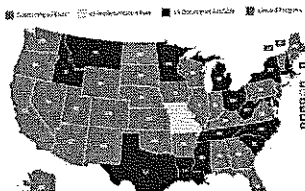
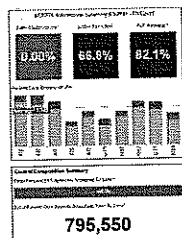
NEMESIS Reporting Update

- In order for NEMESIS to accept a report from a State level agency the DEM or Demographic file must be submitted to NEMESIS and then Accepted By NEMESIS
- This includes
 - Agency Id
 - Agency Name
 - Type of Service
 - Level of Service
 - Organizational tax status.
 - Ambulances / vehicle the agency operates with.
- To perform those functions, DFBS system was used in house to obtain ambulances and get the details for each EMS provider agency.
- Data manger then did a Demographic export manually since the Image Trend System was not auto generating them. All those reports are now Autoposting.
- All Dem Files have been Exported but not all accepted yet. We continue to work with image trend and NEMESIS to verify all this.

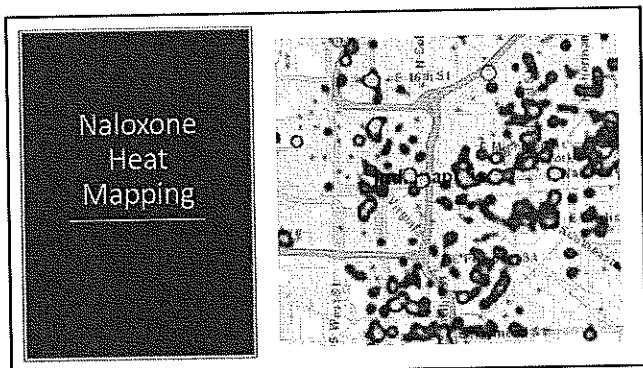
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NEMESIS

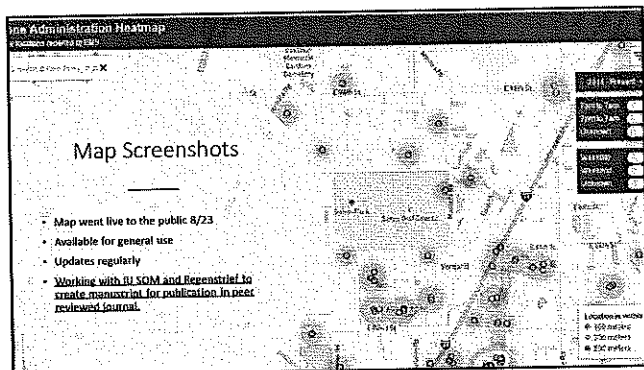
Powered by NHTSA's Office of EMS



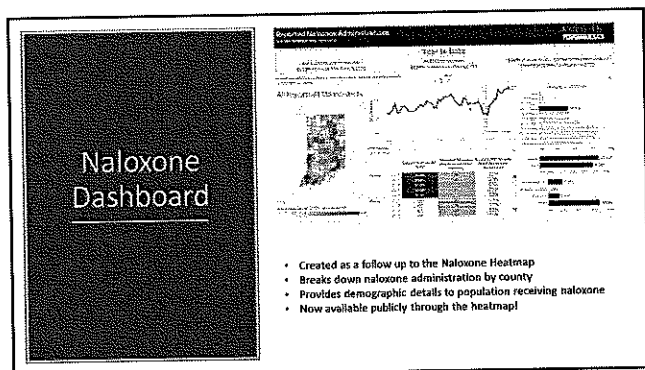
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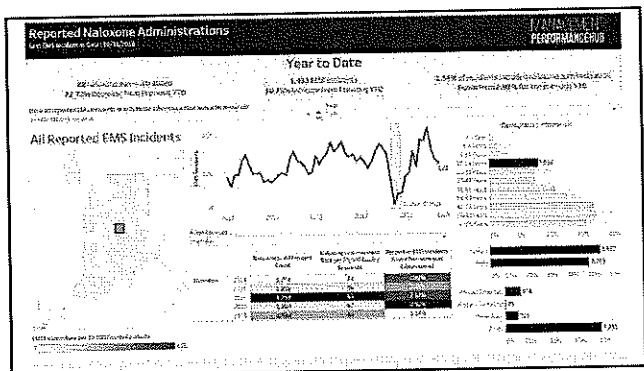
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12



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2019

Naloxone Sustainability

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

14

Signed into Law First Regular Session of the 100th General Assembly 2017

HEA 1145

SECTION 1. IC 16-31-2-9.5 IS ADDED TO THE INDIANA CODE NEW SECTION TO READ AS FOLLOWS (EFFECTIVE JULY 17): Sec. 9.5. (a) Before July 1, 2018, the commission shall do the following:

- (1) Adopt rules under IC 4-22-2 concerning protocols for the identification, transport, and treatment of stroke patients by personnel providing emergency medical services. The rules must include standards for stroke triage and transport protocols to be implemented by regional and local emergency medical services entities and programs to promote the efficiency and quality of care for stroke patients based on evidence based science and nationally recognized guidelines.
- (2) Adopt and distribute a nationally recognized stroke assessment tool to personnel providing emergency medical services.

(b) Before July 1, 2018, the state department shall do the

15

Stroke Rule Promulgation

Public Hearing*	
Public hearing information: July 29, 2019	
10 a.m. Indiana Government Center South 302 W. Washington Street Conference Center Room 5 Indianapolis, Indiana 46204	
Relevant Scientific and Technical Findings	
None	
Timeline For Action*	
Anticipated date of publishing of proposed rule	July 3, 2019
Anticipated date of public hearing	July 29, 2019
Anticipated date of final adoption by the Commission	September 18, 2019
Anticipated date of submitting with the Office of the Attorney General	September 19, 2019
Anticipated date of review by the Governor	November 4, 2019
Anticipated effective date	December 20, 2019

* These dates are estimated for the earliest date when these dates may occur. Actual dates may vary and will be published in the Indiana Register.

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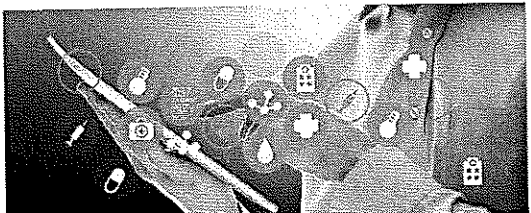
Rule Making Update

PENDING

- 836 IAC Re-write currently underway
- EMS rules has 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 changes discussed with EMS Commission in early 2019 and approved.
- Currently finishing fiscal impact study to proposed changes.
- Anticipated completion date of August 1st.
- Will then apply to Governor's Office for moratorium exception.

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Clinical Data



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State of Indiana
EVER CQI
 Report –
 Now
 available via
 web.

State of Indiana
 EMS System Quality Improvement Report
 July 2018



Dr. Gail A. Korman, MD, FACEP, FRCPC
 State EMS Director
 Department of Health

19

Indiana EMS
 Quality
 Improvement
 Program

- Started 3/2018
- EMS Registry
- EMS Compass Indicators
 - Hypoglycemia
 - Med Error
 - Pediatric Respiratory
 - Seizure
 - Stroke
 - Trauma
 - Pain
 - Safety


EMS COMPASS
 Streamlined Selection of Care Through Hypoglycemia Measures

Using Data to Make a Difference

The EMS Compass program has been the most successful program in the history of the EMS Compass. It has been the most successful program in the history of the EMS Compass. It has been the most successful program in the history of the EMS Compass.

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NEMSQA



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

Commentary period open
 Through July 17th, 2019

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

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ImageTrend
Connecting EMS and the ED with Hospital HUB

ImageTrend Hospital Hub
2019

www.imagetrend.com/so-
lutions/ems-and-hospital-
registry/hospital-
hub/ems-and-hub

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CareWeb
Indiana Health Information Exchange
IHHS

- 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 2019

IHIE Integration

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MANAGEMENT PERFORMANCE HUB

What is the Indiana Authenticated Access Hub?

Indiana Authenticated Access Portal


- MPH Project
- Set up a system of tiered access to EMS Registry
- Based on organization and intended use
- Allow more robust access to state data

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Model Guidelines

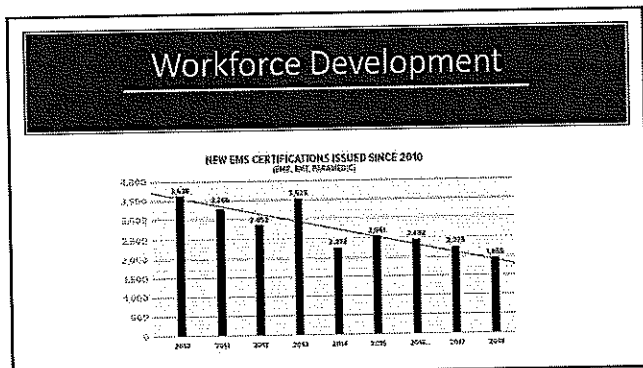
- Developed by NASEMSO in November 2017
- Evidence Based
- EMS Compass Quality Indicators
- NEMSIS Database Referenced
- Complete Protocol Manual

- Available for use
- Suspected Overdose
- Stroke
- IFT Stroke - <https://www.in.gov/dhs/3781.htm>
- Anaphylaxis/Allergic Reaction
- Chest Pain



Indiana EMS Treatment Guidelines

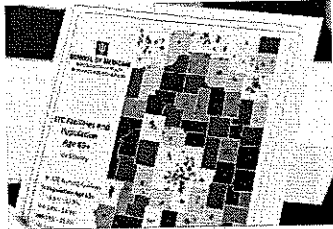
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Workforce Development

- Working to identify barriers restricting EMTs and Paramedics from entering the workforce in Indiana.
- Looking at licensing and certification process to remove obstacles.
- Looking for ways to align Indiana with other organizations such as NREMT to simplify the continuing education and certification/licensure process.
- REPLICIA



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Benefits for EMS Personnel

- Obtain and maintain one EMS license, receive privileges to practice in REPLICIA states while carrying out day-to-day duties, staffing large planned and unplanned events as authorized.
- Creates an expedited pathway to licensure for members of the military separating from active duty and their spouses with unrestricted NREMT card.
- Work under the scope of practice from your home REPLICIA state.
- Reduced time, paperwork and costs associated with maintaining multiple licenses just to do your job.

Public Service

REPLICIA enhances the way EMS is able to serve the public. REPLICIA allows EMS personnel to better serve the public across state lines. (Note: REPLICIA applies to individual EMS professionals, not EMS agencies.)

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EMS Personnel Eligibility

- Must be 18 years of age and have met state licensure requirements at the EMT, AEMT or Paramedic level in a REPLICIA Home State.
- Be practicing in good standing in their home state with an unrestricted license and under the supervision of an EMS Medical Director.

Veteran Recognition

REPLICIA recognizes the service of veterans and their spouses. REPLICIA provides a mechanism for our nation's veterans to receive priority processing of EMS licensure paperwork.

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State EMS Office – EMS System Eligibility

- ✓ Utilize the NREMT exam at the EMT and Paramedic levels for initial licensure
- Utilize FBI compliant background check with biometric data (e.g. fingerprints) within 5 years of Compact activation.
- ✓ Have a process to receive, investigate, and resolve complaints; and share information with other Compact states as necessary.
- Enact the model REPLICA legislation

Public Protection

REPLICA provides a mechanism for State EMS Offices to share licensure information, communicate, and coordinate.

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REPLICA Next Steps

- Learning Lab took place on December 11th
 - National Governors Association
 - National Conference of State Legislatures
 - Council of State Governments
- Compacts discussed
 - REPLICA
 - Nursing
 - Medical Licensing
- Education
- Consensus Building
- Legislation was introduced last session – withdrawn
- Meeting with IAFF leadership to further discuss any concerns

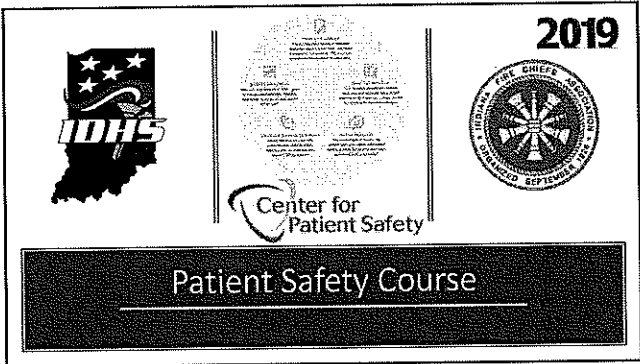


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Replica Next Steps

- Compact now has 18 states.
- The Compact Commission adopted rules at their annual this year.
- The Commission now has a finance committee looking at the question of state assessments.
- The Commission isn't expecting the NREMT to bankroll this project indefinitely. Too early to tell but I anticipate states being asked to pay a modest assessment of something like a few thousand dollars per year at some point in the future.
- There are no plans to assess fees to individual members.

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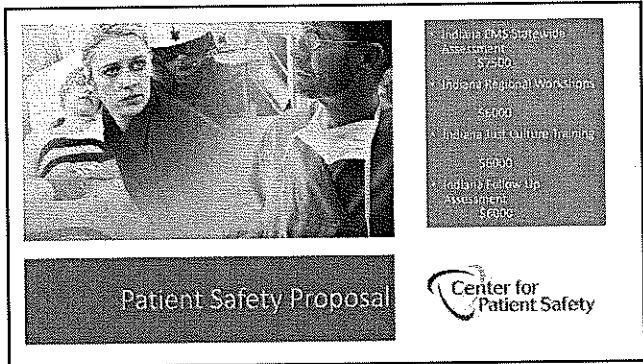


2019

Center for Patient Safety

Patient Safety Course

34

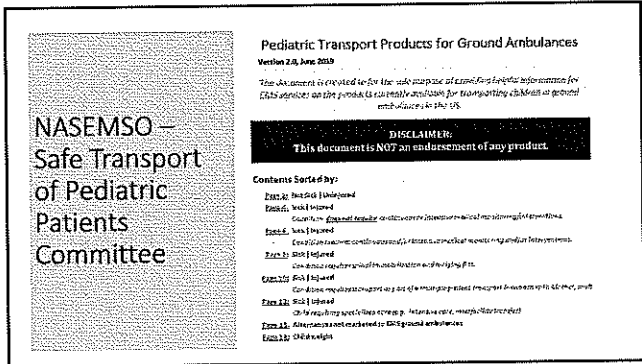


Patient Safety Proposal

- Indiana EMS Certification Assessments 5/2020
- Indiana Regional Workshops 5/2020
- Indiana Just Culture Training 5/2020
- Indiana Follow Up Assessment 5/2020

Center for Patient Safety

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NASEMSO – Safe Transport of Pediatric Patients Committee

Pediatric Transport Products for Ground Ambulances
Version 2.0, June 2019

This document is created for the sole purpose of providing information for EMS services on the products currently available for transporting children in ground ambulances in the US.

DISCLAIMER:
This document is NOT an endorsement of any product.

Contents Sorted by:

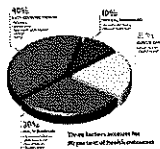
- EMS 4: Initial Dispatch
- EMS 5: Vehicle
- EMS 6: Dispatch
- EMS 7: EMS
- EMS 8: EMS
- EMS 9: EMS
- EMS 10: EMS
- EMS 11: EMS
- EMS 12: EMS
- EMS 13: EMS
- EMS 14: EMS
- EMS 15: EMS
- EMS 16: EMS
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FSSA SDH Assessment Pilot

- Working with FSSA Office of Social Determinants of Health
- Pilot program for EMS collection of SDH question answers
- Information will be integrated with FSSA data

Introduction
 The goal of this pilot is to collect data on social determinants of health (SDH) for EMS personnel. This information will be used to identify areas of need and to develop interventions to improve the health of EMS personnel. The pilot will run for 12 months, from August 2018 to July 2019. During this time, we will collect data on a variety of SDH factors, including housing, food security, transportation, and social support. The data will be analyzed and used to inform the development of interventions. We will also provide training and support to EMS personnel to help them understand the importance of SDH and how to collect and report this information. If you have any questions, please contact the FSSA Office of Social Determinants of Health at (317) 232-2222.



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Expanding Acadis Training

- LMS coordinator approved
- POST course in updated!
- Dementia Friends course now in production
- DOSE course update started



Indiana Public Safety Personnel Portal

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- Controlled Substance Issues
- DEA 222 Forms
- EMS Medical Directors
- Public Law No: 115-83 (11/17/2017)

DEA

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Planning for DEA/CSR for EMS Providers

- This law amends the Controlled Substances Act.
- Specifies that EMS agencies are permitted to have one DEA registration, rather than having separate registrations for each EMS location.
- Ongoing discussions with the DEA
- Ongoing discussions with the Indiana Board of Pharmacy
- BOP rule must change for EMS Provider Agency CSR
- Commission needs to create/consider a rehabilitation policy for those EMS providers that have committed a drug diversion.

40

FSSA NEMT/Reimbursement

- Indiana Medicaid is evaluating the non-emergency medical transportation (NEMT) services landscape in Indiana. One particular area is related to non-emergency medical transportation services for individuals with behavioral health needs, whether psychiatric in nature or related to substance use disorders.
- The U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services requires that Indiana Medicaid reimburse for the service provided, not solely the type of vehicle used. The current Indiana Medicaid criteria begins with the 2015 regulations on a hot spot which additional criteria are added to define reimbursement rules. Medicaid doesn't pay for the vehicle. Medicaid pays for the "service" provided. Therefore, in refining the Indiana Medicaid reimbursement policies we are seeking input of examples of active tasks, engaging with or completed for, the patient during the transport of individuals with behavioral health needs.
- You could assist in shaping Medicaid NEMT policy by submitting your examples and descriptions of the activities related to the behavioral health patient during an NEMT transport. The guidance from Medicaid must clearly delineate that the ambulance service is provided to a beneficiary whose condition is such that no other means of transportation is appropriate. Indiana Medicaid wants to include input from EMS providers to define policy and to assist in educating practitioners on the appropriate level of NEMT for the Medicaid beneficiary. Examples will be helpful in updating transportation policies. Your input may be sent to:
- Vickie Trout • Special Projects Director
- Indiana Medicaid • Indiana Family and Social Services Administration
- 402 W. Washington St., Room W374 • MS07 • Indianapolis, IN 46204
- vickie.trout@isa.in.gov • <http://www.in.gov/ifa>

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Stop The Bleed



SAVE A LIFE

The Indiana Department of Homeland Security is proud to be a supporting partner of the Stop the Bleed Program.

Stop the Bleed is a national campaign with two main goals:

- Inform and empower the general public to become trained on basic trauma care.
- Increase bystander access to bleeding control kits.

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HB1063 – Rep Randy Frye

HB1063 SCHOOL SAFETY EQUIPMENT. (FRYE R) Adds definition of a "bleeding control kit". Provides that, subject to an appropriation by the general assembly, each school corporation and charter school shall develop and implement a Stop the Blood program (program). Provides that the department of education in collaboration with the department of homeland security shall develop and provide training for the use of bleeding control kits. Provides that, in all matters relating to the program, school corporation or charter school personnel are immune from civil liability for any act done or omitted in the use of a bleeding control kit unless the action constitutes gross negligence or willful or wanton misconduct. Requires a school's safety plan to include the location of bleeding control kits.

Current Status: 1/3/2019 - Coauthored by Representative Barrett
All Bill Status: 1/3/2019 - Referred to House Veterans Affairs and Public Safety
1/2/2019 - First Reading
1/3/2019 - Authored By Randall Frye
State Bill Page: HB1063

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Training Available

<https://www.dhs.gov/stopthebleed>



Stop the Bleed

Stop the Bleed is a national awareness campaign and cell-to-cell activity. Stop the Bleed is intended to outline grassroots efforts that encourage by standards to become trained, equipped, and empowered to help in a life-threatening emergency before professional help arrives.



Important features

Become Empowered

I Want to Take a Course

2019

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2019

Suicide Prevention

For first responders
Indiana Department of Homeland Security
Michael A. Tardif, MD, MPH, FACEP, FAEMD
State EMS Medical Director

- Satisfies HEA 1430/SB 230
- Peer Reviewed
- Fully narrated
- Available via Acadis
- Almost 12,000 course completions

Suicide Prevention Training

45

Know the facts.
 UNDERSTANDING OPIOID USE DISORDER

IDHS
 INDIANA DEPARTMENT OF SOCIAL SECURITY

First Responder Fact Card
 Information course now available online via Acadis

46

SB 498

- Mobile Integrated Healthcare / Community Paramedicine
 - Authored by Sen. Karen Tallian
 - Gives the EMS Commission the authority to create the necessary rules/regulations concerning MIHP activities
 - Expands the definition of emergency medical services to include in home care, chronic care management and disease prevention
 - Requires FSSA to seek funding for reimbursement of activities
 - Establishes the MIHP grant fund to help support pilot programs across the state of IN

Indiana General Assembly
 2019 Session

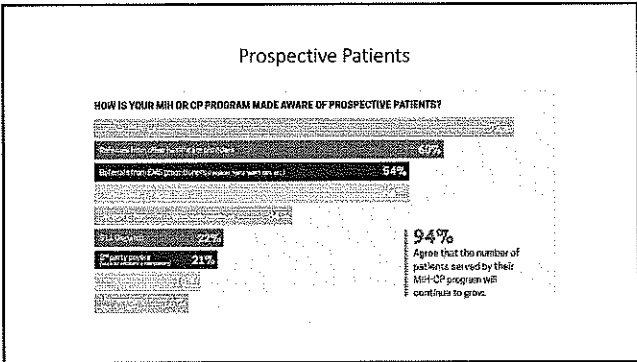
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MIH-CP in Action

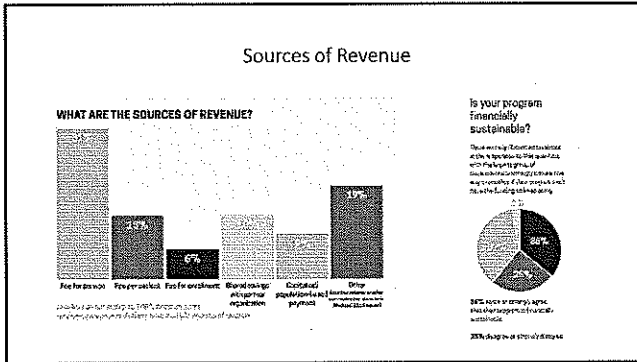
- MIH-CP currently offered in 33 states plus Washington, D.C.
 - 70% consider themselves CP
 - 30% consider themselves MIH

States with MIH-CP
 States with no MIH-CP survey responses

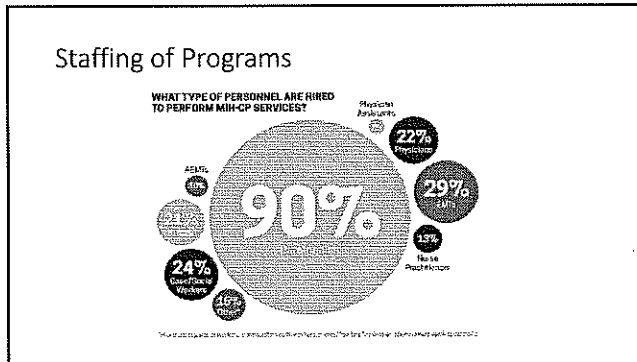
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Training EMS Providers


- Traditional EMS practice focused on rapid assessment and stabilization, and transport.
- MIH-CP training focused on longitudinal assessment, participation in an existing, multidisciplinary interprofessional treatment plan and communication with and referral to other members of the treatment team.
 - 1:4 MIH-CP programs require college-based CP education
 - 1:4 also require behavioral health crisis intervention
 - 7% require community health worker certification

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Training Training and More Training

HOW IS TRAINING DEVELOPED?

Most respondents use a combination of in-house and out-of-house.



- Staff created training program
- Participation from an outside source
- Other (includes combination of in-house and out-of-house)

HOURS OF CLASSROOM TRAINING REQUIRED

< 40 hrs	2%
41 to 80 hrs	22%
81 to 120 hrs	17%
121 to 240 hrs	37%
> 240 hrs	22%
None	2%

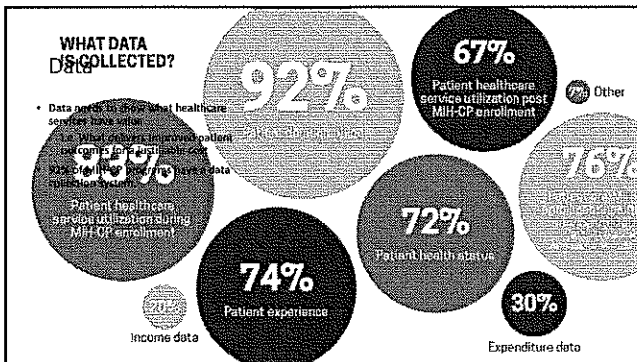
HOURS OF CLINICAL ROTATIONS/FIELD TRAINING REQUIRED

< 40 hrs	2%
41 to 80 hrs	25%
81 to 120 hrs	15%
121 to 240 hrs	35%
> 240 hrs	23%
None	2%

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WHAT DATA IS COLLECTED?

- Data provided by respondents that healthcare services have either:
 - 92% of respondents improve patient outcomes for their patients
 - 92% of their programs have a data collection system



- 92% of respondents improve patient outcomes for their patients
- 92% of their programs have a data collection system
- 76% of respondents have a patient experience survey
- 74% patient experience
- 72% patient health status
- 67% patient healthcare service utilization post MIH-CP enrollment
- 70% patient healthcare service utilization during MIH-CP enrollment
- 30% expenditure data
- 70% income data
- 70% other

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CareSource/SET

- The policy applies only to NEMT ALS services and 911 calls.
- As an NEMT service at the ALS level, the service may be prior authorized or it may be retroactively authorized.
- When retroactively authorized the ALS provider is asked to provide their documentation to justify that level of service.
- This applies all ambulance transports including 911 calls.
- Authorization must be submitted within 72 business days.

**CareSource
Network Notification**

Effective 08/21/2019

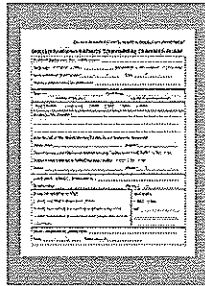
Summary

Effective 08/21/2019, CareSource will begin to implement the following changes to the NEMT/ALS service. These changes are intended to improve the quality of care for our members and to ensure that the service is delivered in a timely and efficient manner.

Key Changes

- Authorization must be submitted within 72 business days.
- When retroactively authorized, the ALS provider must provide documentation to justify the level of service.
- The policy applies to all ambulance transports, including 911 calls.

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Universal Transfer Form

- Developed by collaborative committee made up of representation from Ascension St. Vincent, Franciscan, IU Health, SNFs, Emergency Department.
- intended to improve communication when sending patients to hospitals.
- Garnering support and educating stakeholders

2019

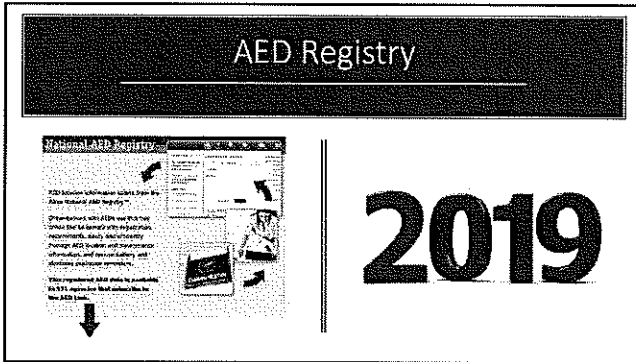
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Biospatial

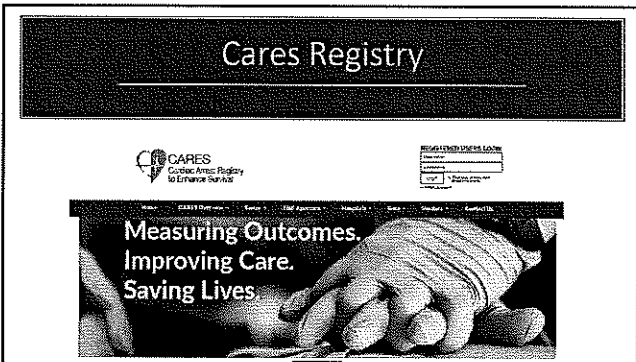
- National Collaborative for Bio-preparedness
 - NCBP provides operational and clinical insight to state and local data owners to help improve operations and patient outcomes.
 - NCBP provides alerts to anomalous health events, visualization of syndromic events and trends, and clinical and operational 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.



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2018 National Scope of Practice for EMS Providers

- The National EMS Scope of Practice Model is the floor or the minimum for EMS provider skills, knowledge and procedures. States can add to the scope of practice or even continue previous practices.
- The draft document, proposed by the expert panel, represents the final recommended revision to the 2018 National EMS Scope of Practice Model submitted to the National Highway Traffic Safety Administration. View the draft document, which is pending final federal review, below or [download a PDF version of the document.](#)
- Each state, following its legislative mandates or administrative rules, will follow those processes to adopt or update the scope for their state. The rate of adoption or revision is state specific.

 A diagram of the National EMS Scope of Practice Model. It consists of a central circle with the EMS Star of Life and the text "National EMS Scope of Practice Model". Surrounding this central circle are four overlapping circles, each representing a component of the model: "Educated to Perform" (top), "Certified as Competent" (right), "State Licensed to Practice" (bottom), and "Recognized by Medical Director" (left).

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Scope of Practice - TCCC

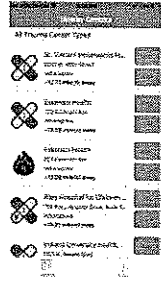
- "Special Operations" and "Tactical" medicine are not considered an entry level area of practice for civilian EMS personnel.
- Neither needle decompression or cricothyrotomy or any other invasive skill are recommended below the level of paramedic in the National EMS Scope of Practice Model.
- TCCC was developed for deployed military medical personnel by the Committee on Tactical Combat Casualty Care (CoTCCC) and those skills are not recommended for individuals below the level of combat medic (Army 68Ws and Navy 8404 Corpsmen.)
- Combat Lifesavers (Army) can perform needle thoracostomy in the combat environment with a 40 hr blended learning experience that includes classroom, hands on training, mock experiences, and a practical and written exam. Annual recertification is required.
- SOP Model maintains that any State may wish to modify or expand the scope of practice of EMS personnel to meet local needs or in times of disaster or crisis with proper education, medical oversight, and quality assurance to reasonably protect patient safety.
- I can think of NO scenario where our expert panel would consider an EMT or law enforcement official with a minimal level of education and no ongoing medical oversight competent to perform these types of invasive maneuvers.

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EMS Field Guide (App Version 1.0)

Beta version ready for distribution.
 First year funded!

Hospital locator
 Helicopter locator
 Easy call links!



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IDHS/EMS Division 2018-2019 Goals

- Review of the 836 IAC Articles 1 through 4
- Obtain 2018 data reporting compliance of the Indiana certified ambulance service providers
- Develop a statewide quality improvement program for EMS utilizing patient data submitted to the EMS registry
- In cooperation with the public safety training academy expand the executive leadership course to include EMS specific topics
- Develop the automated electronic interface between Acadis and National Registry database to facilitate a more efficient certification process.
- Develop rule language clarifying the EMS training institution's responsibilities for improving student outcomes.
- Promote and encourage expanded practice opportunities for EMS providers with a focus on integrated health care, public health and chronic care management.
- Further develop education and training for both patient and EMS provider mental health awareness.
- Explore additional or alternative mechanisms of reimbursement for EMS provider care based on care rendered not miles transported.
- Promote recruitment and retention of EMS and other public safety professions.
- Continue the development of the online application process for EMS provider and institutional organization certifications.
- Implement the recognition of EMS personnel interstate licensure compact act (REPLICA).
- Continue to encourage and promote EMS planning and participation in disaster preparedness.

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Thank you!

- Your input and participation in the Indiana EMS System is vitally important.
- Mkaufmann@dhs.in.gov
- 317-514-6985

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302 W. Washington St. Room E241
Indianapolis, Indiana 46204

