



**EMERGENCY MEDICAL SERVICES
COMMISSION MEETING MINUTES**

DATE: September 9, 2020

TIME: 10:00am

LOCATION: Brownsburg Fire Territory Headquarters
470 E. Northfield Dr.
Brownsburg, IN 46112

MEMBERS PRESENT:

G. Lee Turpen II	(Private Ambulance)
Myron Mackey	(EMTs)
Kraig Kinney	(Indiana State EMS Director)
Sara Brown	(Trauma Physician)
Melanie Jane Craigin	(Hospital EMS)
John Zartman	(Training Institution)
Andrew Bowman	(RN)
Thomas A Lardaro	(Air Medical Services)
Joel Thacker	(State Fire Marshal)

MEMBERS PRESENT VIA

TELECONFERENCE:

Darin Hoggatt	(Paramedics)
John P. Ryan	(General Public)
Charles Valentine	(Municipal Fire)

NOT PRESENT:

Terri Hamilton	(Volunteer EMS)
Matthew McCullough	(Volunteer Fire and EMS)

OTHERS PRESENT: Robin Stump, Don Watson, Jason Smith, Mikel Fort, Tony Pagano, Stan Frank, Candice Pope, and EMS Community members.

PRESENT BY TELECONFERENCE: Lisabeth Handt, and other EMS Community members.

CALL TO ORDER AND ROLL CALL

Meeting called to order at 10:03am 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 July 9, 2020 session.

A motion was made by Commissioner Zartman to approve the minutes as written. The motion was seconded by Commissioner Mackey. Roll call vote taken:

John Zartman <u>Yes</u>	John Ryan <u>Yes</u>	Melanie Jane Craigin <u>Yes</u>
Charles Valentine <u>Yes</u>	Lee Turpen <u>Yes</u>	Myron Mackey <u>Yes</u>
Darrin Hoggatt <u>Yes</u>	Sara Brown <u>Yes</u>	Thomas Lardaro <u>Yes</u>
Andrew Bowman <u>Yes</u>	Joel Thacker <u>Abstained</u>	

The motion passed.

HONORARY CERTIFICATES

a. Dennis Brasher – Staff reviewed and granted

Director Kinney,

I am respectfully requesting a Paramedic Emeritus certificate be awarded to Dennis L. Brasher, original EMS certification number 8581, PSID number 4676-7723. Dennis has chosen to retire this year, after a long career providing EMS in Jackson County, spanning over 42 years. Dennis was first certified as an EMT in June of 1978. He then took paramedic training through Methodist Hospital in Indianapolis, from March of 1983 through February of 1984, and became an Indiana certified paramedic on June 5, 1984, just over 36 years ago. Dennis worked for Ross Med-Aid Services in Jackson County for several years and on January 1, 1991, he became the Director of the newly created Jackson County EMS, a position he has held for the past 29 years, up until his retirement.

Jason R. Smith, EMT, PI, MDI | EMS District Manager

b. Michael Sullivan - Staff reviewed and granted (attachment #1)

INDIANA DEPARTMENT OF HEALTH

Ms. Katie Hokanson reported Terre Haute Trauma center has dropped from a level II to a level III trauma center. Ms. Hokanson reported that there is still naloxone doses available to rural services if needed please contact the health department for more information. Ms. Hokanson announced the rebranding of the state Health Department.

EMS FOR CHILDREN

Ms. Margo Knefelkamp reported the EMSC report has been submitted. The EMSC survey will open January 4th and is anticipated to close March 1st 2021.

INDIANA FIRE CHIEF'S ASSOCIATION

Mr. Doug Randall announced that there will be a meeting on October 27th at 10am at Brownsburg Fire Territory to discuss the paramedic shortage. Mr. Randall also stated that the Indiana Fire Chief's Association supports the Mechanical CPR at the EMR level.

INDIANA EMERGENCY MEDICAL SERVICES ASSOCIATION (IEMSA)

Mr. Nathaniel Metz submitted a report (see attachment #2)

EMS EDUCATION WORKING GROUP

No report given. No action taken.

MOBILE INTEGRATED HEALTH COMMITTEE

Director Kraig Kinney reported that most of the slots on the committee have been filled. Director Kinney was elected the chairman for the group and Robin Stump was elected as the secretary. The first meeting was held on August 12, 2020. The meeting was held mostly virtually. Future meetings will more than likely be all virtual. The first meeting was productive. The next meeting is scheduled for November 18th.

NEW BUSINESS

- a. 2021 meeting dates discussion – Director Kinney asked the Commission members about changing the Commission meetings back to start in February and go every other month. The Commission also was asked about their preference for day of the week. There was no preference on day of the week. The Commission members want the meetings changed back to start in February.
- b. EMT Clinical Education Waiver – Director Kinney discussed with the Commission the need for these waivers since they do not happen very often. He discussed the information that the requestor must provide to be considered for the waiver.

OLD BUSINESS

- a. Rule promulgation process update - Director Kinney reported that he had received some feedback on the rules from the governor's office. At this time, the rule rewrite has been put on hold due to the pandemic. The rule rewrite is still a priority even through it has been put on hold.
- b. AEMT medication modules update – (see attachment #3) Mr. Mikel Fort went over the general points of the modules. Commissioner Brown requested to change the language from flush syringe to dilute sighting the need to use a common term. Commissioner Lardaro requested that pediatric doses be added to the training. There was a consensus of the Commission members to add oral and IM routes for the Zofran administration.
- c. Consideration of Mechanical CPR Devices to the EMR Scope of Practice - Director Kinney presented the Agency position on the mechanical CPR devices and support for expansion to the EMR scope of practice. Chairman Turpen presented information regarding mechanical CPR devices. Commissioner Lardaro also presented information regarding mechanical CPR devices. Discussion followed.

A motion was made by Commissioner Zartman to approve the use of a mechanical CPR device in the scope of practice for EMR, EMT, AEMT and Paramedic certification levels as long as the following conditions must be met 1. must be affiliated and operating under an EMS Commission certified provider organization in which there has to be an EMS medical director that approves the operation and education elements, 2. There is a formalized initial and ongoing training program on the device being utilized, 3. a quality assurance program is in place to review all runs where the device was utilized, 4. All data usage must be reported to IDHS when the device is used no matter the level, 5. any organization that is currently using the device must become

certified at least the BLS non-transport level in order to use the device. After comments from Commissioner Lardaro Commissioner Zartman amended his motion to include ROSC rates and patient outcomes in the data that is reported to IDHS. The motion was seconded by Commissioner Bowman. Roll call vote taken:

John Zartman <u>Yes</u>	John Ryan <u>Yes</u>	Melanie Jane Craigin <u>Yes</u>
Charles Valentine <u>No</u>	Lee Turpen <u>Yes</u>	Myron Mackey <u>Yes</u>
Darrin Hoggatt <u>Yes</u>	Sara Brown <u>No</u>	Thomas Lardaro <u>No</u>
Andrew Bowman <u>Yes</u>	Joel Thacker <u>Yes</u>	

The motion passed.

A motion was made by Commissioner Brown to require a coordinated plan between non-transport and transporting agencies who are using the mechanical CPR devices. The motion was seconded by Commissioner Zartman. Roll call vote taken:

John Zartman <u>Yes</u>	John Ryan <u>Yes</u>	Melanie Jane Craigin <u>Yes</u>
Charles Valentine <u>No</u>	Lee Turpen <u>Yes</u>	Myron Mackey <u>Yes</u>
Darrin Hoggatt <u>Yes</u>	Sara Brown <u>Yes</u>	Thomas Lardaro <u>Yes</u>
Andrew Bowman <u>Yes</u>	Joel Thacker <u>Yes</u>	

The motion passed.

Chairman Turpen directed that he will work with Jason Smith to create a template for an agreement between the non-transporting and transporting agencies for transfer of patient care to bring back to the next 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 – INFORMATION ONLY

- a. Waiver Orders
 - i. Personnel Waivers
 1. PI waiver – 836 IAC 4-5-1- waiver from the requirement to take the EMT cognitive and psychomotor examinations for PI certification - granted - (Jennifer Bristol, Troy Lee Colven, Audra Holm, Kelly Key, Matthew Kidd, Ryan Mix, Amy Netherton, Carl Bates Pennington, Christopher Walker, Chad Walther, Jamie L. White
 2. Paramedic waiver – 836 IAC 4-9-6 (b) (2) – requesting an extension of his temporary certification, testing sites not opened due to COVID -19 – granted
 - a. Austin P. Pierola
 - b. Ryan Michael Trudeau (granted 04/21/2020)
 3. AEMT waiver – 836 IAC 4-7-4 – requesting to waive the testing requirements for reacquiring AEMT certification – staff denied due to testing site opening back up
 - a. Jonathan N. Vest (denied 05/21/2020)

4. EMT waiver –
 - a. 836 IAC 4-4-1 (b) – requesting an extension to take his last attempt for his practical exam to gain certification – granted
 - i. Richard S. Knaus
 - b. 836 IAC 4-4-2 (d) (e) – requesting an extension of his expiration date – staff denied
 - i. Michael Wingard
5. US Steel AEMT – 836 IAC 2.1-7 - waiver for Morgan Lens, Cyanokit, Toradol, and Atrovent – granted
 - a. Rachel Peyovich
6. US Steel EMT – 836 IAC 2.1-7 - waiver for Morgan Lens – granted –
 - a. Andrew Pike
- ii. Provider Organization Waivers
 1. 836 IAC 3-2-1C - Requiring an Indiana certified supervising hospital – Staff approved
 - a. Christ LifeFlight (granted 03/30/2020)
 2. 836 IAC 2-2-1 (g) - 24 hour/ 7 day requirement – granted
 - a. Culver Union Township Ambulance
 - b. Winchester Fire Department
 3. 836 IAC 1-1-5 (a) – waiving the requirements for law enforcement non-transport EMS providers.
 - a.
- iii. Training Institutions
 1. 836 IAC 4-4-1 (a) (2) - Clinical waivers – granted (Central Nine Career Center, Elkhart General Health and Education Center)
- iv. Waiver Tool
 1. Batesville Fire/EMS
- b. Disciplinary Orders
 - i. Personnel
 1. Letter of Reprimand and \$50.00 fine (Continuing education Sanctions)
 - a. Bohannon, Lesli N.
 - b. Hartwell, David
 - c. Poplawski, Michelle Jamie
 2. 2-year probation and \$200.00 fine
 - a. Bohannon, Lesli N.

STAFF REPORTS

- a. Data Registry – Ms. Robin Stump reported that we are close to 100% reporting. Ms. Stump also asks that any provider organization with questions about data to contact their District Manager first.
- b. Operations Report – Ms. Robin Stump reported that the Provider forums have been set and information will be released as soon as she receives final approval on the flyer from PIO. Ms. Stump reminded provider organization that if they are having PPE issues to discuss them with their EMA director and they should be able to help get them the needed PPE. Ms Stump reminded provider organizations to update their information in EMResources.
- c. Compliance Report – Mrs. Candice Pope reported that there are 84 audits pending at this time. Temporary COVID -19 certifications have all expired and no others are being issued. Temporary certifications that were issued based on the National Registry Provisional certifications – 58 have been issued – 12 have completed testing and are now two year certifications – 4 have expired. There have been 37 violation letters sent out. Mrs. Pope reminded everyone not to wait till the last minute to renew. Mrs. Pope also reminds everyone to use the correct general email addresses to send in applications and questions to:

emscertifications@dhs.in.gov – people applications and questions
dhscertifications@dhs.in.gov – organization questions and application
certcourseapps@dhs.in.gov – course application, report of training, practical exam results
Esimlab@dhs.in.gov – request the Sim Lab

- i. Personnel – No report at this meeting
- ii. Providers – (see attachment #4) report submitted for information only. No action taken. None required.
- d. Training Report – (see attachment #5 for the training report) report submitted for information only.

STATE EMS DIRECTORS REPORT – Director Kinney shared an announcement from Jeff Quinn of the Education Working Group. They have some initiatives including the primary instructor process. Their next meeting is scheduled for November 12 at 10am. Director Kinney mentioned the district forums are coming up and will be posted in Acadis. Director Kinney briefly talked about updates that have been made to the website. He also reminded everyone that the EMS office is no longer accepting walk ins. Director Kinney announced that the new continuing education forms are available on the website. Director Kinney reminded everyone that the Sim Lab is available to be scheduled. He also asked that anyone that has questions regarding data to reach out to their district managers first.

STATE MEDICAL DIRECTORS REPORT - Dr. Michael Kaufmann stated that there has been a lot accomplished during the last 24 months. Dr. Kaufmann gave an update on ongoing projects. There are 305 provider organizations actively reporting their data to the state.

CHAIRMAN'S REPORT AND DIRECTION- Chairman Turpen turned the floor over to State Fire Marshal Joel Thacker for comments. Marshal Thacker stated he has been traveling through the state extensively. He stated it was an honor to be a part of the Commission. He also reminded everyone that if they are having issues with getting PPE to contact their EMA Director and if they have issues contacting their EMA Director to contact their district manager for assistance. Chairman Turpen reminded everyone again to keep their information updated in EMResources so it is accurate. If you are having issues with EMResources to contact your district managers for assistance. Chairman Turpen stated that the NSAP conference is still scheduled for January and it is being held in San Diego.

NEXT MEETING

December 3, 2020 1pm
IEMSA Conference location TBA

ADJOURNMENT

A motion was made by Commissioner Mackey. The motion was seconded by Commissioner Zartman. The meeting was adjourned at 12:13pm.

Approved _____  _____
G Lee Turpen, Chairman

Attachment #1



29 July, 2020

Tony Pagano
Indiana Department of Homeland Security
Emergency Medical Services Commission
tpagano@dhs.in.gov

Dear Sir,

I would like to take this opportunity to make a formal request for you and your organization to consider a colleague as an honorary lifetime member to the State of Indiana EMS system.

Michael L. Sullivan, PSID #9555-1349, has been a member of the EMS system in Indiana since @ 1977 at the young age of 23. Mike began his career as an EMT with what was then known as Wishard Hospital, working there for one year, before embarking on a life changing event. He challenged himself to strive and become one of the first paramedics with the Riverview Hospital EMS system in Hamilton County. Mike completed his personal challenge and became a State of Indiana certified paramedic in 1979. Since that time, Mike has been employed by Riverview, working both as an EMS paramedic and an Emergency Department paramedic.

He tells a story dated before the 911 system was implemented, when a woman called for help. The emergency number at that time was 773-HELP. Upon their arrival to the woman, she stated that she dialed 773 and yelled "HELP", but no one would show up. We have all had those kind of runs!!

Mike worked with the Riverview ambulance service throughout its entirety until the 911 fire service was implemented. He immediately started his new position as a paramedic in the emergency department and has been there ever since.

Mike met his wife Jane at Riverview, had his children delivered at Riverview, and gave himself to his community at Riverview.

It has been 43 years since Michael L. Sullivan began his career to assist with the healing of his fellow man. His commitment and dedication have been unwavering, with the number of individuals he has helped countless. On the 5th of August 2020, Mike will retire and give up his commission.

395 Westfield Road, Noblesville, IN 46060 T 317.773.0760

RIVERVIEW.ORG

Mike has helped to shape the EMS system into what it is today here in Hamilton County. For that, we thank him!

I would ask that the EMS Commission of Indiana take the opportunity to thank him as well, by making Michael L. Sullivan an honorary lifetime member.

Thank you for your time and consideration of this matter. Please feel free to contact me regarding any questions or concerns.

Respectfully submitted,

Stephen D. Freeman
EMS Education Coordinator
Riverview Health
395 Westfield Road
Noblesville, IN 46060
sfreeman@riverview.org

ATTACHMENT

#2

Organizational Updates:

IEMSA took a big step this year and ratified new bylaws. These new bylaws set the pathway for the future of the association to be better equipped to advocate for the evolving profession of Paramedicine.

The first changes in our new bylaws can be found in Article II, "Purposes & Objectives", you will find a more inclusive scope of representation for all types of work performed by our industry, identifying this work collectively as "Paramedicine".

"ARTICLE II – PURPOSE & OBJECTIVES

The association is organized for the purpose of promoting better patient care through advocacy, proliferation, and advancement of ambulance or medical transportation, including emergency medical services, inter-facility ambulance transport, pre-hospital care and post hospital care commonly referred to as community paramedicine more specifically:

- A. To promote the development of the highest level of paramedicine practices (defined as any care provided by Paramedics, EMTs or other care providers associated with the EMS industry) at a reasonable cost to the public; and*
- B. To encourage cooperation among persons, organizations, entities or authorities engaged in the provision of medical care and/or medical transportation or related activities; and*
- C. To encourage improvement in standards for personnel and equipment required in the provisions of medical care, medical transportation and/or paramedicine; and*
- D. To encourage the highest standards of ethics and conduct among the providers of medical care, medical transportation, emergency medical care and/or paramedicine; and*
- E. To offer direction to providers of medical care medical transportation, emergency medical services and/or paramedicine regarding federal and state statutes, rules and regulations and other matters related to the profession; and*
- F. To provide an information source regarding emergency medical services, disaster preparedness, paramedicine, medical care and/or medical transportation to the medical community, educators, legislators, regulators, and the general public; and*
- G. To encourage education of the public with regard to proper requests and responses in medical care, emergency medical services, paramedicine and/or medical transportation situations; and*
- H. To provide liaison between the association and state and regional entities serving or governing the delivery of medical care, emergency medical services, paramedicine and/or medical transportation.*

I. *To protect the profession and its providers from threats to operational, financial, clinical and individual health and/or sustainability.*

J. *To promote the evolution of our profession for the benefit of its providers and the public they serve."*

Next, you would find changes to our membership profile. We wanted to expand our representation to each facet of our profession's potential, so we expanded membership to all individuals whom are involved in providing "Emergency Medical Services" (Paramedicine), not just certified individuals. We also expanding our membership to increase the opportunity for other agencies, companies or organizations to engage and collaborate along side of our organization in a more meaningful way. This has included the extension of offering free membership to any non-for profit volunteer agency, free memberships to students and even a place at the table for organizations such as the Indiana Rural Health Association, for example, as a member of our Business Partner Network.

The most obvious change to our bylaws, was an expansion to our board. As seen below we expanded our representation of the board to include one director representing each organizational facet or EMS agencies. You will also see that we added a clinical position too, to be filled by an NP, PA or MD. Below you will find the expanded board seats and a list of those new board members.

"Article V - Board of Directors

Section 1. Number and qualifications. The Board of Directors shall consist of sixteen (16) members, eleven (11) of whom are to be elected as provided in these by-laws and five (5) being Past President, President, Vice President, Secretary, and Treasurer. Each Director shall provide services and reside in one of the five (5) regions as designated by the Board of Directors. Each region shall be represented on the Board of Directors by at least one (1) member. The normal term of office for a member of the Board of Directors shall be for two (2) years. One Director shall be elected from each region and two at-large members shall be elected to serve as Field Services Representative and Education Representative.

The regions shall correspond with the Indiana Department of Homeland Security (IDHS) Districts as follows:

Region 1 = IDHS Districts 1&2

Region 2 = IDHS Districts 3 & 6

Region 3 = IDHS Districts 4 & 5

Region 4 = IDHS Districts 7 & 10

Region 5 = IDHS Districts 8 & 9

Legislative Director

Clinical Director

Service Provider Directors:

Non-for Profit with Volunteer Personnel Representative

Fire/Municipal Representative

Private/Hospital Representative

Flight Service Representative

The Board shall have the right to add additional members to the Board of Directors based on past experience or expertise as needed from time to time by a two-thirds majority vote.

As stated above terms are for two years. Terms shall be staggered as follows so the entire board is not replaced at once.

President, Treasurer, Clinical Director, Not-for-Profit with volunteer personnel Representative, Flight Representative, Region 1, 3 and 5 shall be elected in even-numbered years.

Vice president, Secretary, Region 2 and 4, Legislative Director, Private/Hospital Representative, Fire/Municipal Representative shall be elected in odd-numbered years. "

Board of Directors - Executive



President
Nate Metz
Phoenix Paramedic Solutions
president@indianaems.net



Vice President
George Schulp
Superior Ambulance of Indiana
vicepresident@indianaems.net



Secretary
Robert Miller
Phoenix Paramedic Solutions
secretary@indianaems.net



Treasurer
Tom Fentress
Phoenix Paramedic Solutions
treasurer@indianaems.net



Executive Director
Gary Miller
GS Miller Group
exec@indianaems.net



Past President
Farid Ward
Trans-Care Ambulance
pastpresident@indianaems.net

Board of Directors - At Large



Legislative Representative
Kim Godden
Superior Ambulance

Legislative@indianaems.net



Non-Profit Representative
Tyler Burns
Washington Twp. FD

nonprofit@indianaems.net



Fire/Municipal Representative
Jack Fraga

///

fire_municipal@indianaems.net



Private/Hospital Representative
Garrett Hedeem

///

private_hospital@indianaems.net



Flight Service Representative
Scott Tuttle
Lutheran Hospital

flight_service@indianaems.net

Board of Directors - Regional Divisions



Region 1
IDHS 1 & 2
Jeff Collins
Superior Ambulance
region1@indianaems.net



Region 2
IDHS 3 & 6

region2@indianaems.net

Region 3

IDHS 4 & 5

Justin Ferrell
Trans-Care Ambulance

region3@indianaems.net



Region 4
IDHS 7 & 10
Becky Blagrove
IDHS Field Supervisor
Retired
region4@indianaems.net

Region 5

IDHS 8 & 9

Mike Ross
Clark County
region5@indianaems.net



Not Shown Here:

Clinical Director: Dr. Jude Kieltyka (resume Attached)

Open Positions: Region 2 Director

Activities:

Legislative Priorities:

- 1) We successfully defeated balance billing legislation last year that would have negatively impacted and even crippled EMS systems across the State. Unfortunately, we will be fighting it again this coming session. Representative Baird, but also important to note would be Smaltz and Huston. The association plans on meeting with these representatives prior to the start of the session.
- 2) Regional congressional meet and greets. We plan on holding 3 of these session in the fall, one in the south, one in the central and one in the north. We will be inviting local congressional representation and discussing the issues that we face in EMS.
- 3) FEMA/IFA funding for Covid-19. Just a reminder, make sure you are submitting expenses through your local government. Word on the street is that these funds are not being used to full capacity, but submissions must go through local seat of government. If you need help, our lobbying group will assist you.
- 4) Medicaid cost offset. For the past few years, municipal services have been able to submit applications which outline the lost revenues for providing services to Medicaid patients. In submitting these applications, the state then reimburses these agencies the difference to make them whole. Unfortunately, if you are any other type of EMS agency, you were not eligible for these monies. Despite the unfair advantage this presents in our markets to the businesses, it is also unfair to tax payers who choose to use a private service to run their 911 services, as they help finance the fund used to pay these services, but cant take advantage of it themselves.

The association is always an advocate for any additional funds a system can get, regardless of its structure, so we by no means advocate against this fund. We do however believe that it is within our mission to ensure funds such as this are available to all agencies, regardless of their business structure. It is in this spirit that we have engaged in a contract negotiations with "*****" Consulting Firm, which has successfully created systems which provide funding sources to offset the expenses of servicing an underfunded Medicaid system. At a High Level, these programs work much like a hospital HAF system, whereas agencies arbitrarily tax them selves in an effort to achieve federal matching to state dollars.

Conference:

Location: French Lick

Date: December 3rd and 4th, 2020

Status: At this time, it is still set to happen.

Strategic Plan 2020-2021

See Attached.

Project Outline:

Phase One: Foundation

In this phase we will build the foundation of the program.

Phase One Goals:

- Identify stakeholders:
 - Participating EMS agencies
 - Participating State Regulatory Bodies
 - Clinical Organizations which treat SUD and PTSD
 - State Associations
- Grant Identification and Procurement.
- EMERG data collection platform development.

Phase Two: Prevalence Identification and Current State

In this phase we will work to collect data through the PSO to identify the following:

- Prevalence of substance misuse among our target population.
- Outline of existing policies around substance misuse of target agencies and target states.
- Identify any existing recovery friendly programs
- Identify existing sources of data around loss worked ours and providers who have lost their licenses due to substance misuse.
- Capture clinical quality data and system status management data of target agencies.

Phase Two Outline:

- Capture Target Agencies and enlist them in the PSO.
- Create both anonymous and targeted surveys to identify potential exposure to trauma, mental health state and substance misuse.

- Provide comprehensive drug screens of all staff involved in the PSO, this data would be kept confidential, even from supervisors.
- Collect all existing policies and procedures from targeted agencies.
- Set each agency up with common formatting quality measures for the PSO to collect.
- Set up a reporting mechanism to capture system status management issues as it pertains to staffing within our targeted agencies.
- Identify existing data resources, such as previous quality data of EMS agencies, occupational health claims data as it pertains to SUD and Mental Health and any existing State agency data on suspended licenses/certifications due to substance misuse.

Phase Three: Tool Kit Creation

In this phase, we will use industry best practice and clinical partners to develop recovery friendly programs and policies along with early trauma mitigation programs to create a healthier environment for EMS providers.

Goals:

- Create an agency-based toolkit that would assist an agency in creating recovery friendly policies and operating procedures.
- Create a State agency-based toolkit that would help regulatory bodies develop a friendly recovery program designed to protect patients but also allow for a pathway back to work for those providers struggling with SUD or other mental health disorders.
- Create an educational series to help battle stigma of SUD within the profession.
(Possible Partner with Project ECHO, IU School of Public Health)

Phase Four: Evaluation

In this phase, we operationalize the programs developed in Phase three with our target agencies and states and evaluate their impact.

- Will toolkits that assist in building recovery friendly policies amongst employer and State regulatory agencies reduce prevalence?
- Will toolkits that assist in building recovery friendly policies amongst employer and State regulatory agencies impact the staffing shortage in a positive way?
- Does PTSD and comorbid SUD disorders amongst EMS professionals impact patient care and safety?
- Will toolkits that assist in building recovery friendly policies amongst employer and State regulatory agencies impact quality outcomes of patients and improve safety?

**Include QRB training, Reporting mechanisms, Mental Health days and therapy outlets.



This draft strategic plan is broken into larger pillars and then subsequent sub-categories. We are looking for input currently. The draft budget is reflective of this draft plan and will need to be adjusted and reviewed by the treasurer for final submission to the board.

Core Pillars:

- Legislative
- Educational
- Workforce Development
- Securing the Associations Future
- EMS 20/20 Summit

LEGISLATIVE: CORE PILLAR

The draft legislative plan is broken into two main categories of influence. The "Right Now" being immediate relief needed to stabilize the industry and slow or stop the decrease in ambulance assets across the state. Then there is an area of influence designed to address a period of time between the next 2-6 years.

The "Right Now":

Potential Legislation Name: *Paramedicine Emergency Relief Act of 2020*

Goal: To stabilize the EMS industry and create more reliable and timely transportation for hospital systems.

How:

- Streamline current reimbursement mechanisms to stop bottle necks in cash flow
- Allow ALL communities to take advantage of the Medicaid cost matching program.
- Improve fund raising in Indiana for EMS.
 - Partner with AHA on cigarette tax?
 - Need legislation for fines on speeding tickets?
 - Court fees to go to EMS from violent acts against EMS folk.
- **Use funds for Medicaid reimbursement increases.
- **Provide a 2-year bridge for a committee to re-design EMS delivery models in Indiana. Help finance MIH fund.
- AWP ruling, moving payment direct to agencies and not to patients
- Increase on Public Safety Tax Limit
- Allow for separate "Medical Transportation" insurance plans and "Insurance Riders".
- Removal of all Emergent and Urgent Ambulance trips from SET
- Common billing practice for all types of Medicaid plans.

2-6 Year Goals.

- Re-design the EMS system to be decoupled from "transportation only benefit"
- Re-design reimbursement structure to create itemization of supplies and procedures.
- Diversify reimbursable activity for an EMS provider (CHW, CRS, CP, Lab?)
- Create the Paramedic Practitioner level. Integrate with Community Paramedicine.
- Identify private payer willing to pilot new reimbursement model for EMS
- Increased levels of providers.

EDUCATIONAL: CORE PILLAR

This pillar has two main sub-categories or areas of influence. Public education and Provider education. It became apparent with our recent fight against 1372 brought to light that the public see our billing processes as an act of greed or unfairness rather than a manipulation by payers.

- Public:
 - ✓ Broad educational video series to the public about EMS.
 - ✓ Survey to the public regarding "how much they trust us". This was done in Canada and has been a wish list item for Savvik Foundation for years.
- Providers:
 - ✓ Conference
 - ✓ Professional development series, classes in each region that rotate.
 - ✓ Newsletter/publication
 - ✓ Incident Stress Debriefing and System of Care.

WORK FORCE DEVELOPMENT:

The number of newly certified providers entering our workforce has decreased by almost 200% since 2011. We know only see 1500 new providers each year entering the workforce.

Goal: Increase the number of new people enter the workforce by 33% in the next 2 years.

- ✓ Purdue and IFCA project
 - Continue to facilitate this research project with our partners.
- ✓ EMT grant project
- ✓ EMS Professional Spotlight Video Series
- ✓ Project ECHO Support
- ✓ Drexel's FIRST Center, SUD expansion.

SECURING THE ASSOCIATION FOR THE FUTURE

It is important that the Association continue to grow organizationally as it grows in its influence and membership.

Goal: To make the association non-reliant on any specific member organization or person.

How:

- ✓ Microsoft Office 365 accounts
- ✓ Cloud based Quick Books
- ✓ BOD insurance
- ✓ Governance Committee
- ✓ Internship program to develop future professional leaders
- ✓ Policy Development for operational procedures.
- ✓ Membership overhaul, decouple from NAEMT

EMS 20/20 SUMMIT:

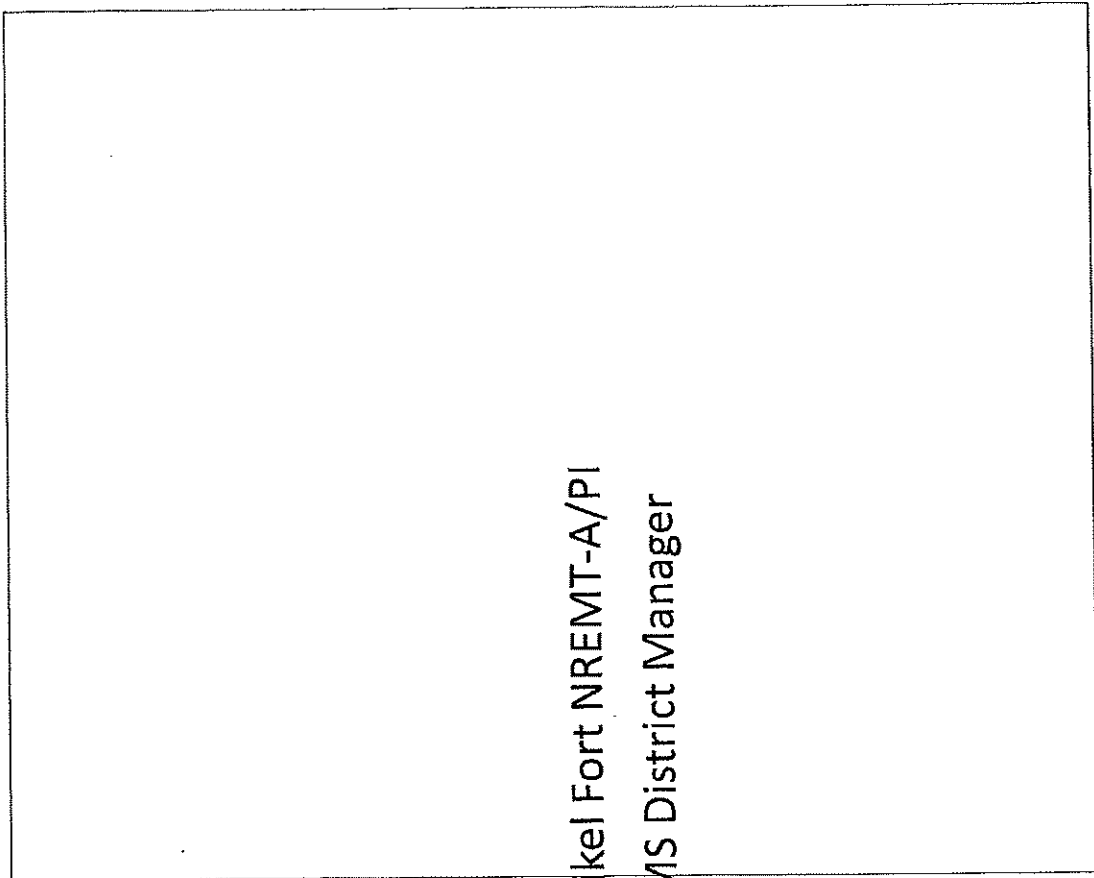
Strategic Doing session with Purdue University. This could be used to draft a strategic plan each year with membership and industry input.

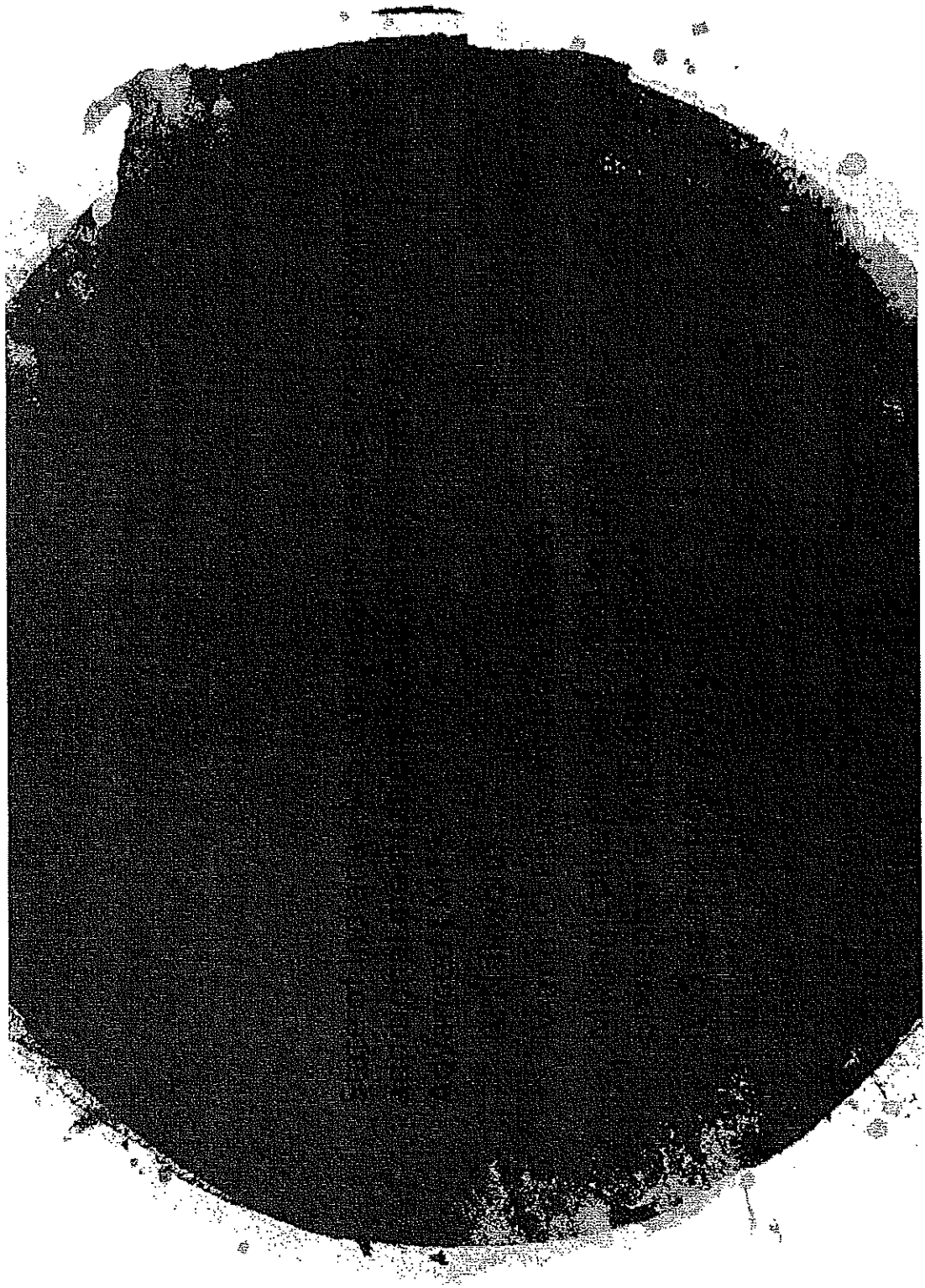
ATTACHMENT

#3

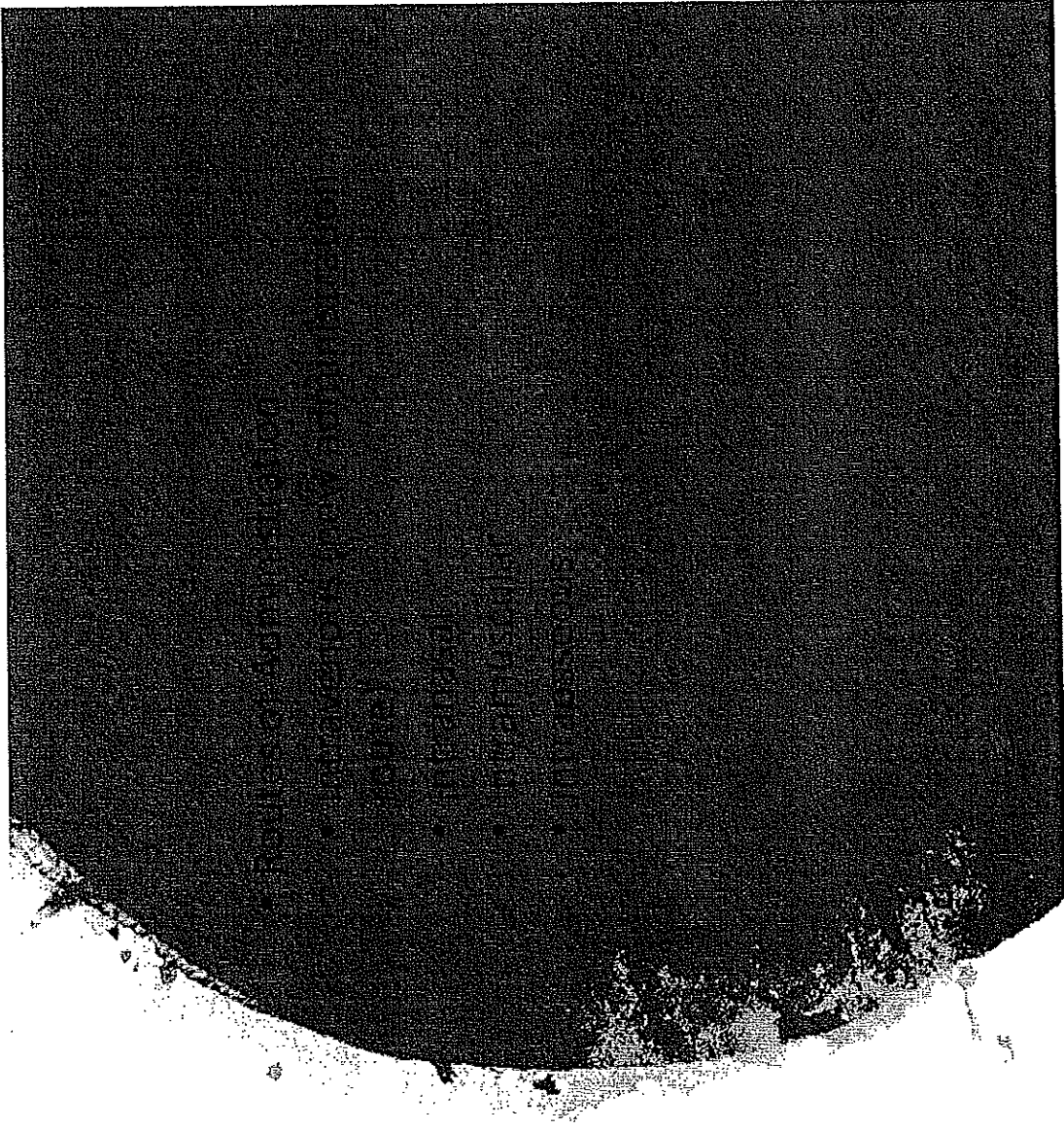


- Mikel Fort NREMT-A/PI
- EMS District Manager





Naloxone
(Narcan)



Naloxone

- Intravenous route-
- Once medication is obtained, draw up dosage 2MG or 4MG, follow local protocols

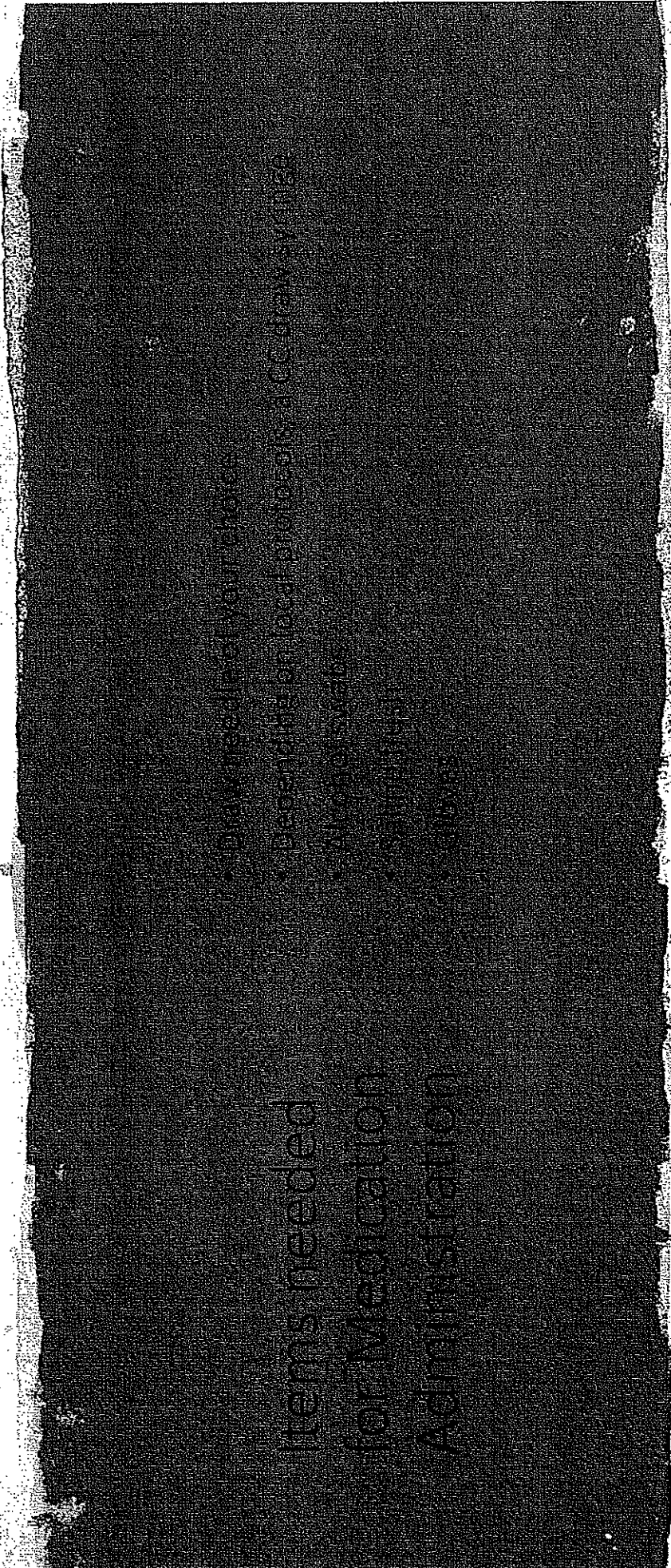




- **Right patient.**
- **Right medication.**
- **Right dose.**
- **Right time.**
- **Right route.**

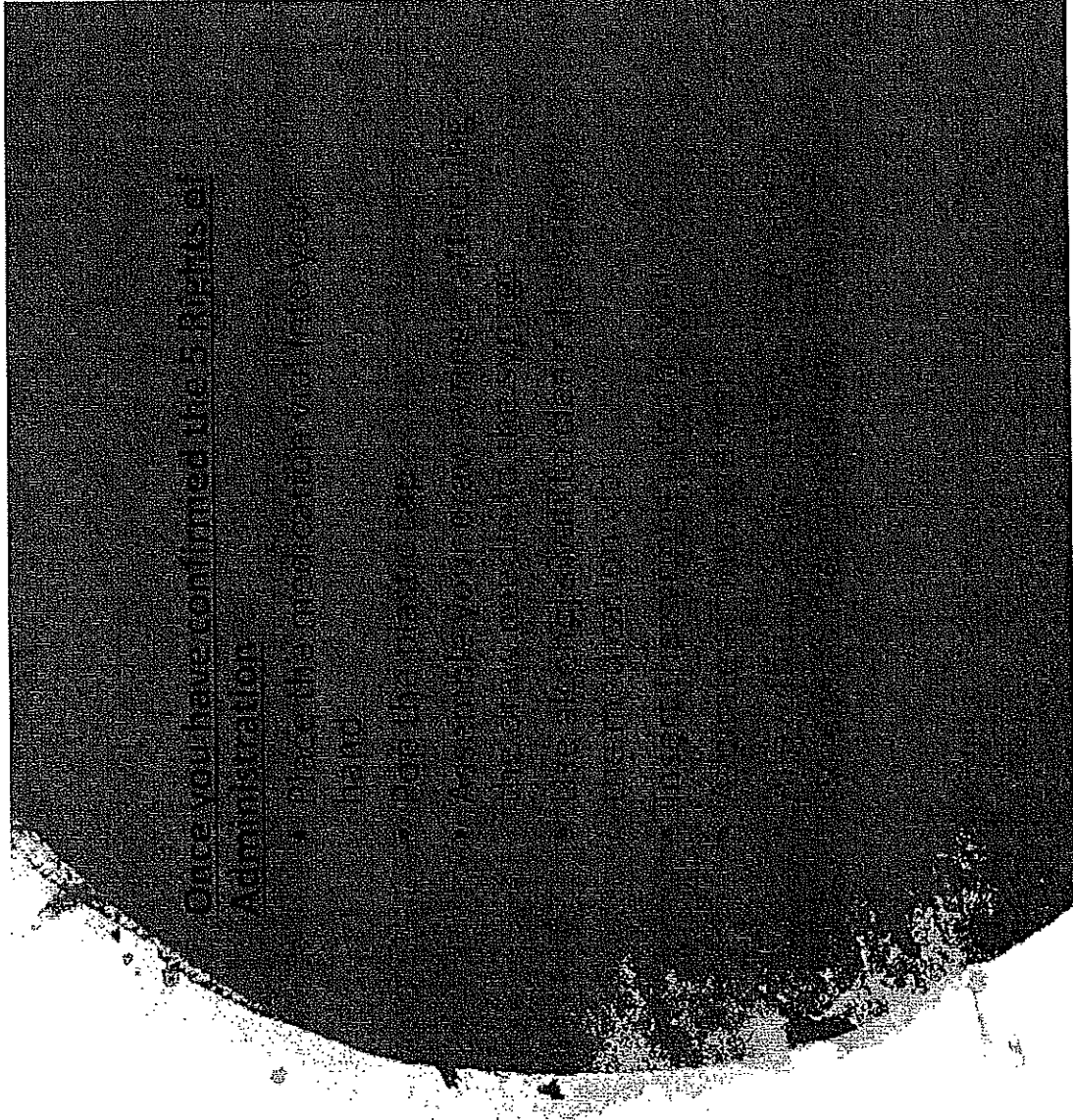
Items needed
for Medication
Administration

Diagnosis of patient
Patient's history
Allergies



--

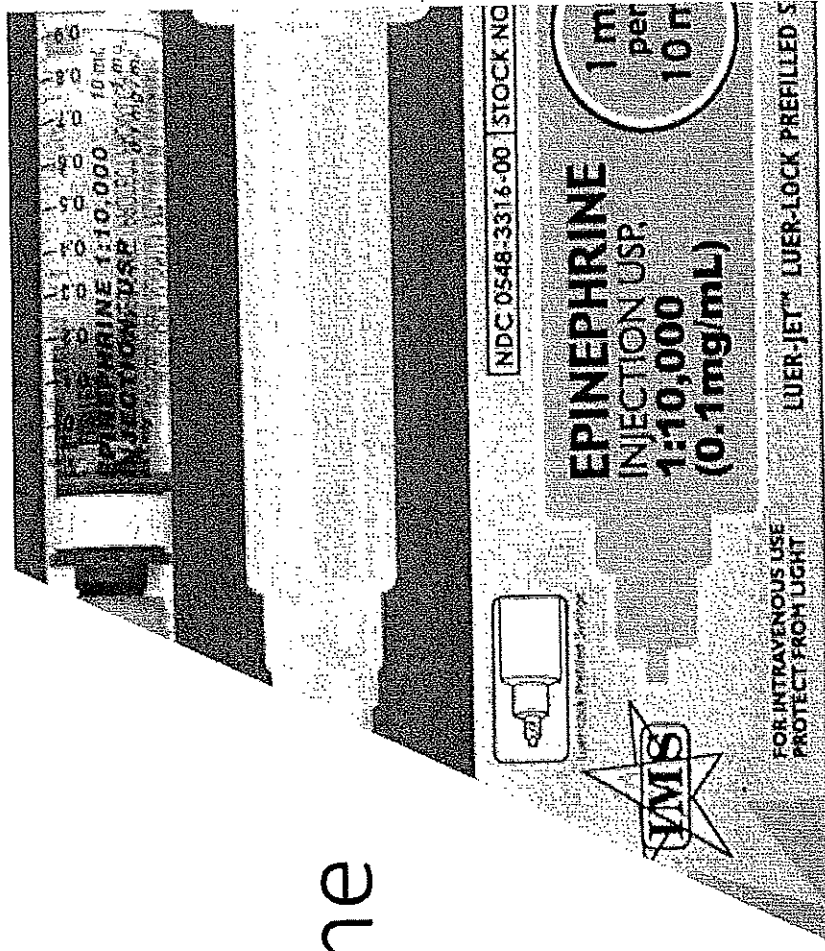
Drawing Medication



Administering IV Medication

- Once the medication is in the syringe, verify or complete the following tasks
- Confirm the IV is patent with no infiltration
- Use alcohol swab to clean IV hub
- Using syringe of drawn desired medication secure to IV in a clockwise direction
- Administer medication per local protocol
- Once medication dose is given, obtain saline flush per local protocol

IV and IO Epinephrine 1:10,000



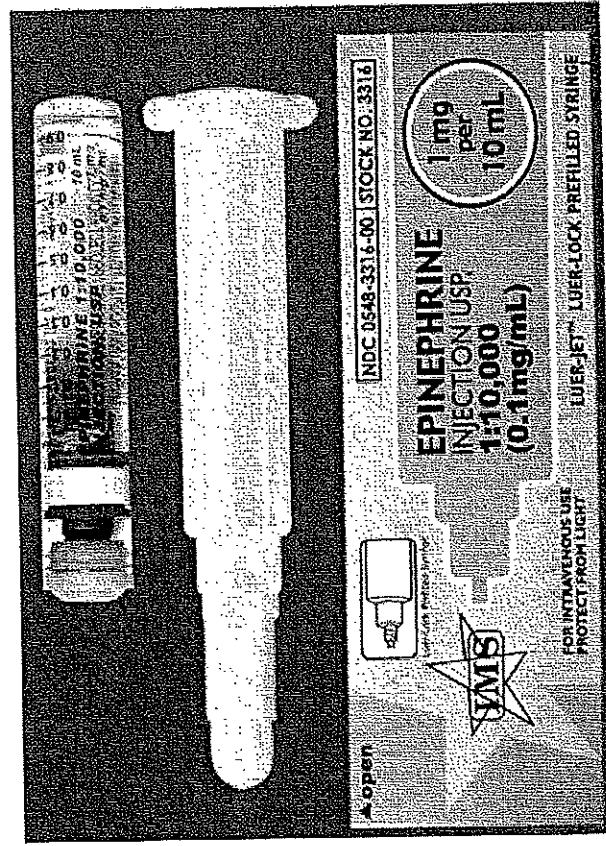
Usage

- Cardiac Arrest - Once the patient has been identified to be in cardiac arrest, IV or IO must be established.

Confirming the 5 rights before assembly of the medication

Assembly

- After confirming, you will proceed to open box
- Epinephrine 1:10,000 will come in 2 parts as shown
- Removing yellow caps from medication and syringe
- Screw in medication from glass container to syringe



Administering Epinephrine 1:10,000

- Once assembly is completed
- Prep the IV/IO Hub using an alcohol swab
- Remove the distal yellow cap of the syringe
- Screw onto hub using a clockwise direction
- Administer medication per local protocol
- Follow up with either saline flush or with normal saline fluid or per local protocol.



Creating Epinephrine 1:10,000 from
Epinephrine 1:1000 ampule

Due to a potential National Shortage, Advanced EMT's in Indiana must know how to make Epinephrine 1:10,000 using Epi 1:1000 dosage.

Please note, this medication is for patients in Cardiac Arrest

Epinephrine 1:1000 dosages



- Depending on your service, you may have access to either an ampule or a vial.
- Epinephrine 1:1000 ampule does require a filter needle.

Utilizing the Epinephrine 1:1000 ampule to make
Epinephrine 1:10,000

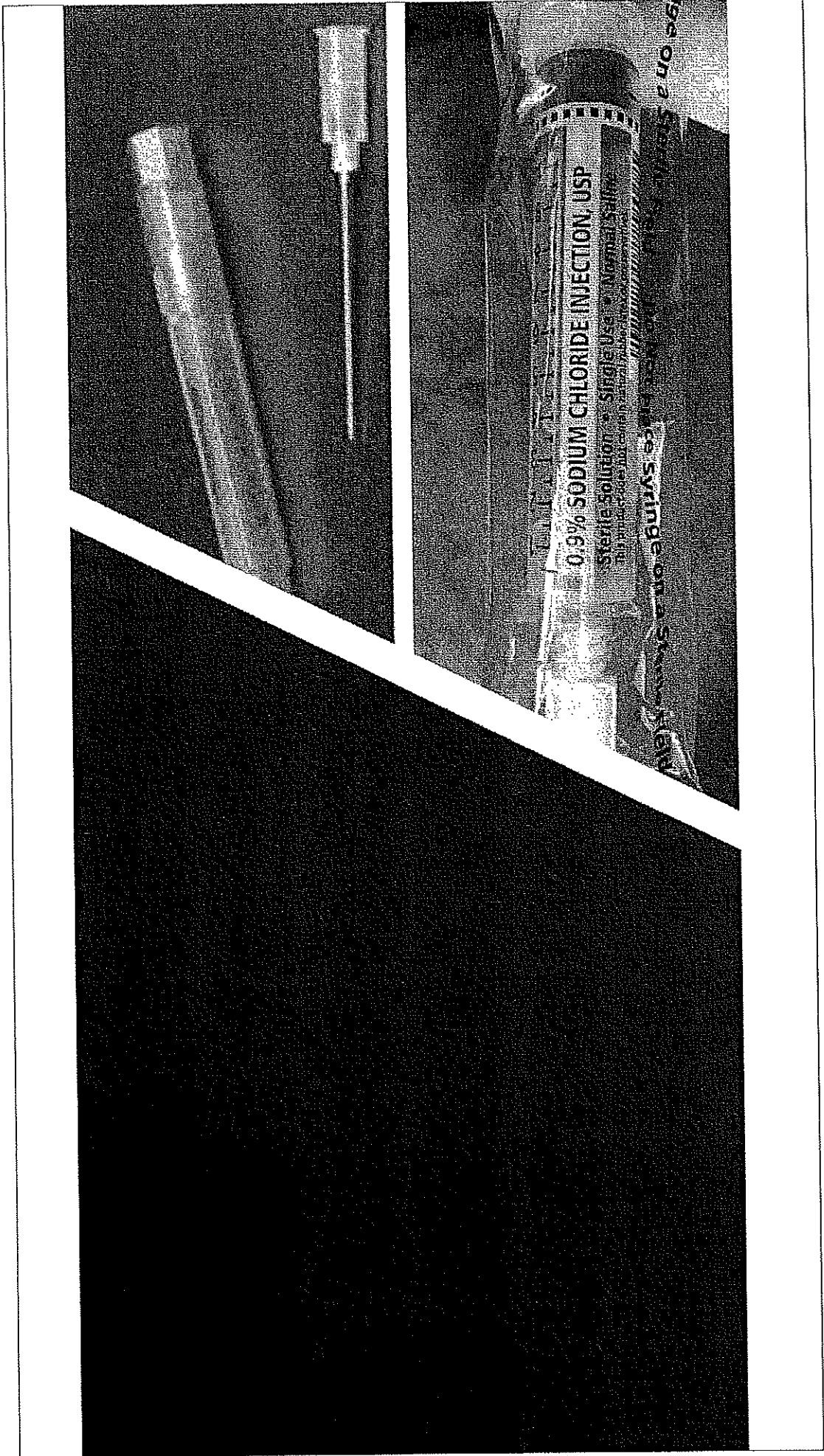
Equipment
needed

Gauze for
hand
protection

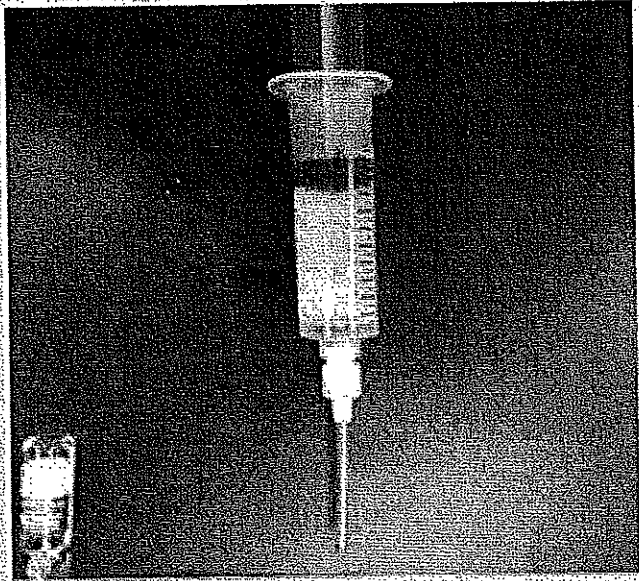
Filter needle

10 CC Saline
Flush

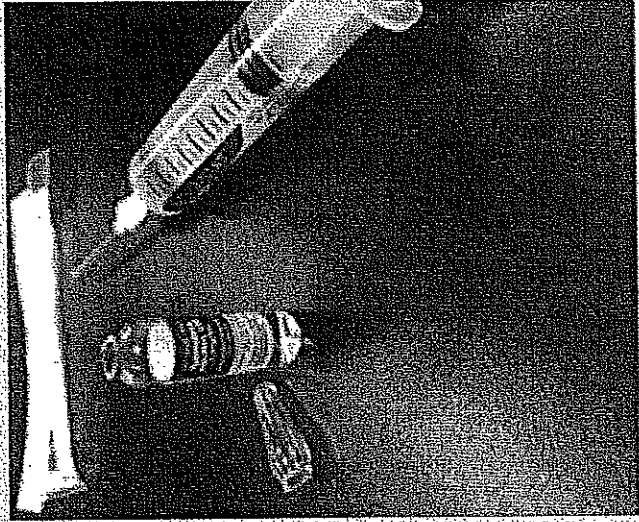
Epinephrine
1:1000
ampule



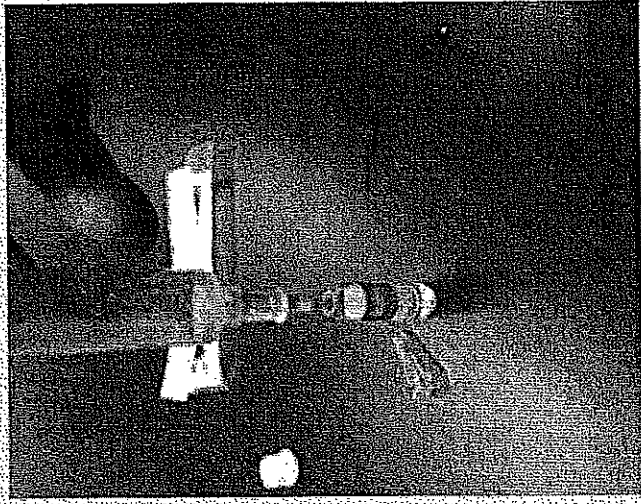
Step Two



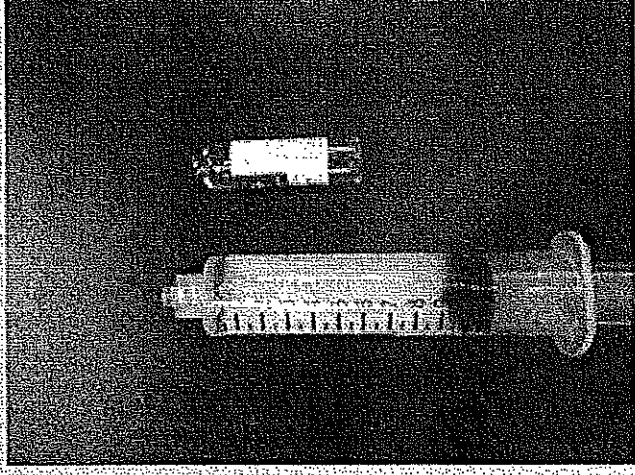
Step 3



Step 4



Administration

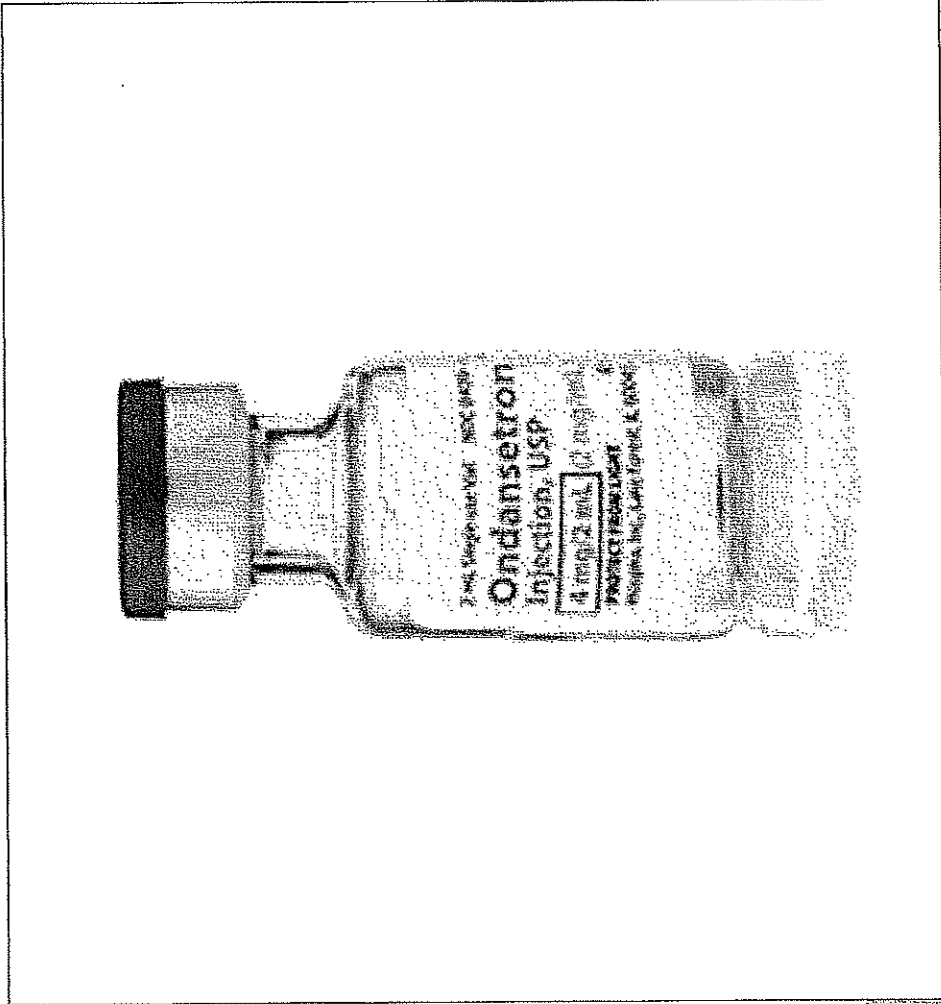


IV Ondansetron (Zofran)

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- Intravenous Route

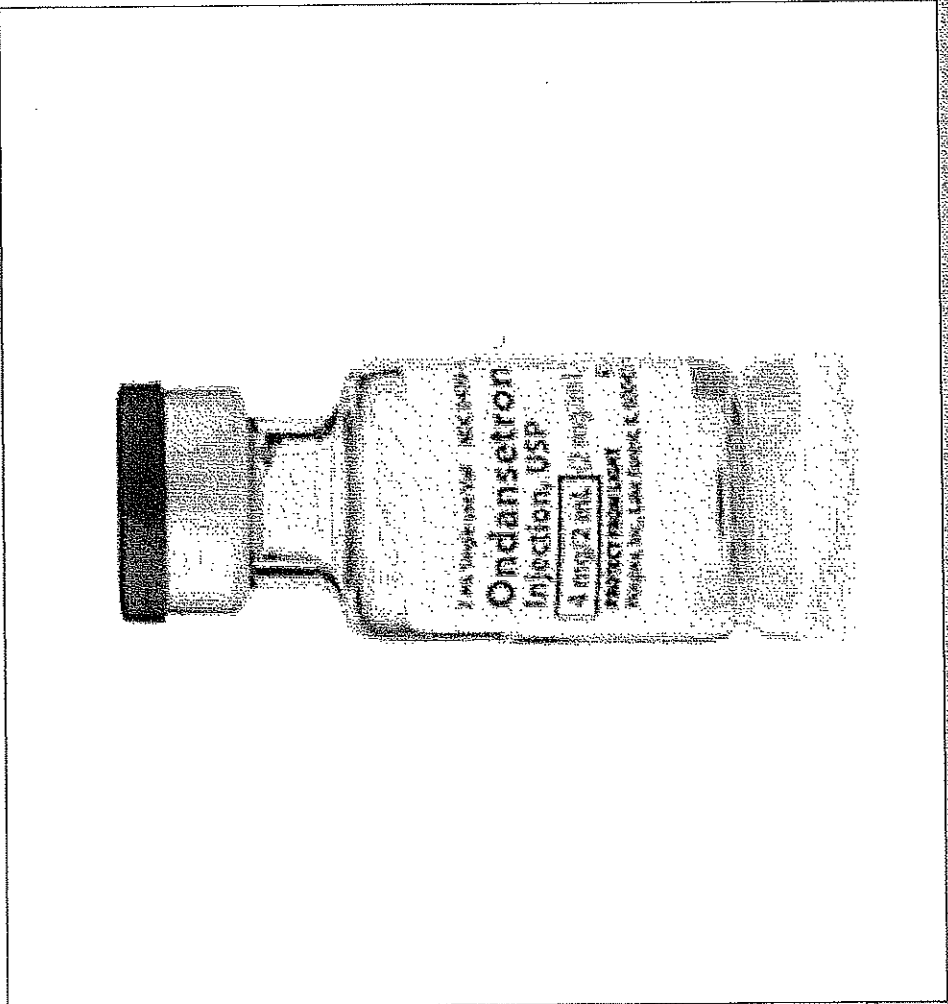
Once medication is obtained,
draw up desired dosage following
local protocols



Indications to Administer Zofran

Indications to Administer Zofran

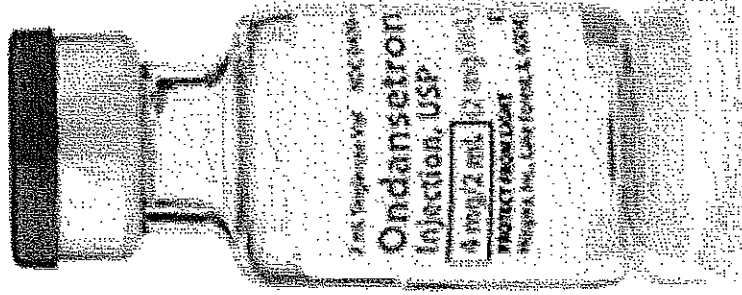
- Nausea and vomiting due to chemotherapy.
- Nausea and vomiting with moderate to severe dehydration or electrolyte imbalance.



Drawing Medication

Once you have confirmed the **5 Rights of medication administration**

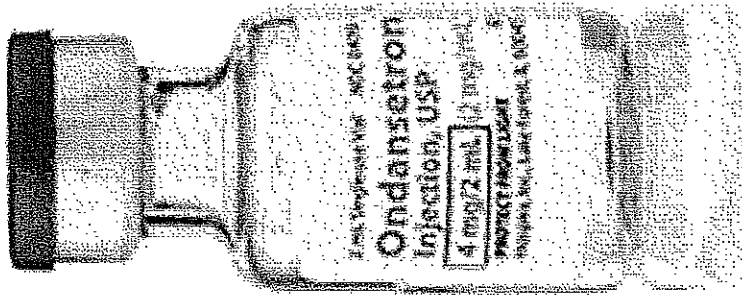
- Pop the plastic cap
- Assemble your draw syringe, attaching the draw needle to the syringe
- Use alcohol swab to clean the top of the medication vial
- Pull back on syringe to desired dose
- Insert the syringe into the vial
- Aspirate air into the vial
- Allow the negative pressure to fill the syringe to the desired dose



Administering Medication

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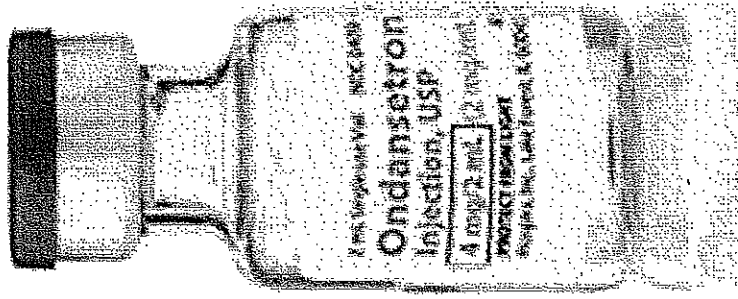
- Once the medication is in the syringe
- IV must be patent with no infiltration
- Use alcohol swab to clean IV hub
- Insert syringe, securing to IV in a clockwise direction
- Administering medication in a slow push manner
- Once medication is given, obtain saline flush
- Administer flush into IV



Side Effects of Administration

http://www.accessdata.fda.gov/drugsatfda_docs/nda/2004/021221Orig1s010.pdf

- GI: Constipation, diarrhea, dry mouth
- Neurological: Headache, dizziness, drowsiness/sedation
- Immunological: Anaphylaxis (rare)
- Other: Fatigue, malaise, chills
- Cardiovascular: Hypotension
- Respiratory: Bronchospasm
- Musculoskeletal: Muscle pain



ATTACHMENT

#4

**Emergency Medical Services
Provider Certification Report**

Date : September 1, 2020

September 09, 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 **September 09, 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	476
Ambulance Service Provider	99
EMT Basic-Advanced Organization	5
EMT Basic-Advanced Organization non-transport	1
EMT Intermediate Organization	10
EMT Intermediate Organization non-transport	0
Paramedic Organization	197
Paramedic Organization non-transport	14
Rotorcraft Air Ambulance	13
Fixed Wing Air Ambulance	4
Total Count:	820
New Providers Since 01-JUL-20	

ATTACHMENT

#5

September 2020 EMS Training Report

NREMT pass rates are enclosed in this report. These statistics are for courses ending between August 18, 2019 and August 18, 2020. Paramedic pass rates are for two years since most course last 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: 25 programs. This is an increase in 4 programs since the last reporting period. The programs in the next category (60% -70%) are near meeting the standard set by the Commission: 27 programs. Those in the bottom category are below standard; 25 programs.

Our numbers of individuals testing have decreased greatly, but those numbers are expected to pick up since the number of practical examinations are up for the months of July, August and September. May, June and July are typically heavy testing months. In 2019 Indiana EMT graduates had 746 attempts at the NREMT exam. In 2020 the numbers fell to 325. Many programs had elected not to continue training, but others still completed training new EMS personnel. Some of the Spring semester courses are just now finishing. The NREMT developed a program where individuals who do not feel safe going to a Pearson Vue Testing Center may take the EMT and AEMT examinations online.

National Registry Pass Rates, August 18, 2019 to August 18, 2020

National or State	Level of Certification	Initial	3d Attempt	6 th Attempt	Total Attempts
National	EMT	69%	80%	80%	54,618
State	EMT	59%	67%	68%	901
National	Adv EMT	60%	71%	72%	3947
State	Adv EMT	72%	85%	85%	39
National	Paramedic	72%	86%	87%	20,916
State	Paramedic	65%	81%	83%	401

National Registry Pass Rates, August 18, 2017 to August 18, 2020

National or State	Level of Certification	Initial	3d Attempt	6 th Attempt	Total Attempts
National	EMT	69%	80%	81%	218,510
State	EMT	56%	69%	70%	4065
National	Adv EMT	60%	74%	76%	15,179
State	Adv EMT	57%	73%	74%	239
National	Paramedic	73%	87%	89%	41,794
State	Paramedic	65%	82%	87%	791

Emergency Medical Technician

Program Name	Program Code	Attempt	First Att	total pass	ELIG	First Pass %	Total Pass %
Carmel Fire Department	IN-5989	8	8	8	0	100%	100%
Noblesville Fire Dept	IN-6086	8	8	8	0	100%	100%
Parkview Huntington Hosp EMS	IN-5269	4	4	4	0	100%	100%
St Mary's Medical Center Evansville	IN-4096	10	10	10	0	100%	100%
Clay Fire Territory	IN-4756	5	5	5	0	100%	100%
Morgan Co EMS	IN-6193	3	3	3	0	100%	100%
New Castle Career Center	IN-5718	3	3	3	0	100%	100%
Winchester Fire Dept	IN-6460	2	2	2	0	100%	100%
Parkview Regional Medical Center	IN-5296	1	1	1	0	100%	100%
Parkview Whitley Hospital	IN-5023	1	1	1	0	100%	100%
Redline EMS	IN-6495	1	1	1	0	100%	100%
Clinton Co EMS	IN-5863	1	1	1	0	100%	100%
Wabash Fire Department	IN-6474	13	12	12	1	92%	92%
Fort Wayne Fire Department	IN-5955	17	15	16	1	88%	94%
Indianapolis Fire Dept	IN-5751	35	31	32	3	89%	91%
Indianapolis Emergency Medical Services	IN-4083	36	31	33	3	86%	92%
Hands on Instruction LLC	IN-6017	7	6	6	1	86%	86%
American Medical Response	IN-6528	11	9	11	0	82%	100%
Memorial Hospital South Bend	IN-4157	10	8	10	0	80%	100%
Jennings County EMS	IN-5887	5	4	4	1	80%	80%
Richmond Fire Department	IN-5707	5	4	4	1	80%	80%
IU Arnett Hospital EMS Program	IN-5936	14	11	13	1	79%	93%
Franciscan St. Margaret Health EMS Acade	IN-5267	25	18	19	6	72%	76%
Illiana EMS	IN-6529	9	5	7	0	56%	78%
Lutheran EMS Training Center	IN-6351	7	5	5	2	71%	71%
Pelham Training	IN-4668	54	38	43	12	70%	80%
				32			

Emergency Medical Technician

Indiana University	IN-4495	31	21	24	7	68%	77%
Ivy Tech Community College Bloomington	IN-4071	25	17	19	6	68%	76%
Ivy Tech Community College-Evansville	IN-4141	22	15	16	6	68%	73%
Franciscan Indianapolis Hospital	IN-4080	39	26	30	9	67%	77%
Elkhart General Hospital	IN-4067	12	8	10	2	67%	83%
St Joseph Regional Medical Center	IN-5775	6	4	4	2	67%	67%
Elkhart Area Career Center	IN-5816	3	2	2	1	67%	67%
LaPorte Co Career and Tech Ed	IN-5994	3	2	2	1	67%	67%
Benton Co EMS	IN-6548	3	2	2	1	67%	67%
Hightpoint Health	IN-4065	14	9	10	4	64%	71%
St Vincent Hospital	IN-4081	64	41	50	14	64%	77%
Franciscan St Elizabeth Health	IN-4068	8	5	7	1	63%	88%
Vincennes University Jasper Center	IN-4478	8	5	5	3	63%	63%
Franciscan Saint Anthony Health Crown Point	IN-4079	23	16	19	4	70%	83%
Ivy Tech Community College Northeast	IN-4169	34	20	23	11	59%	68%
Gas City Rescue Squad	IN-6386	17	10	11	6	59%	65%
Deaconess Hospital	IN-4516	12	6	8	4	50%	67%
St Mary Medical Center/Hobart	IN-4943	4	2	3	1	50%	75%
Hendricks Regional Health	IN-4380	2	1	1	1	50%	50%
St. Vincent Anderson	IN-4588	4	2	2	2	50%	50%
DeKalb Memorial Hospital	IN-4446	9	5	5	4	56%	56%

Emergency Medical Technician

White County EMS Education	IN-5834	13	6	7	6	46%	54%
Ivy Tech South Bend	IN-4070	13	6	6	7	46%	46%
Emergency Services Education Center	IN-4960	31	14	22	9	45%	71%
IU Ball Memorial Hospital	IN-4369	34	16	18	16	47%	52%
Parkview Health LaGrange EMS	IN-6048	7	3	4	3	43%	57%
Columbus Regional Hospital	IN-4355	16	6	9	7	38%	56%
Ivy Tech Community College - Valparaiso	IN-5747	20	8	11	9	40%	55%
Goshen Hospital	IN-4162	10	4	5	5	40%	50%
Community Howard Regional Health	IN-5804	8	4	4	4	50%	50%
Ivy Tech Community College Terre Haute	IN-4612	15	6	6	9	40%	40%
Riverview Hospital	IN-4077	3	1	3	0	33%	100%
Scott County EMS	IN-4078	12	4	5	7	33%	42%
Vincennes University	IN-4153	3	1	1	2	33%	33%
St Joseph Regional Med Center/Plymouth	IN-5001	6	2	2	4	33%	33%
Ivy Tech Community College Sellersburg	IN-4864	3	1	1	2	33%	33%
Franciscan Alliance-Crawfordsville	IN-6002	4	1	1	3	25%	25%
Crawfordsville Fire Department	IN-5990	3	1	1	2	33%	33%
Union Hosp Health Group	IN-4431	10	3	3	7	30%	30%
Heartland Ambulance	IN-6320	37	10	14	23	27%	38%
Ivy Tech Community College-Kokomo	IN-4362	8	2	5	3	25%	63%
Methodist Hospitals	IN-4072	8	2	2	6	25%	25%
Hosier Hills Career Center	IN-6346	11	2	7	4	18%	64%
Central Nine Career Center	IN-5026	6	1	3	3	17%	50%
Ivy Tech Community College - Marion	IN-6109	6	1	1	5	17%	17%
Area 30 Career Center	IN-5147	2	0	0	2	0%	0%
Dukes Memorial Hospital	IN-4912	1	0	0	1	0%	0%
Potential EMTs					183		
					264		

Advanced EMT

Program Name	Program Co	Attempt	First Att	Cumul	Eligible	First Pass %	Third Pass %	Total Pass %
United States Steel	IN-5312	4	4	4	4	100%	100%	100%
Yellow Ambulance	IN-4085	1	1	1	1	100%	100%	100%
Memorial Hospital South Bend	IN-4157	13	11	13	13	85%	100%	100%
Community Howard Regional Health	IN-5804	4	3	3	3	75%	75%	75%
Fort Wayne Fire Dept	IN-5955	9	6	9	9	67%	100%	100%
Winchester Fire Department	IN-6460	6	3	3	3	50%	50%	50%

Paramedic

Program Name	Program Co	Attempt	First Att	Cumuli	Cumula	Eligible	Fo	First Pass %	Third Pass %	Total Pass %
Harrison County Hospital	IN-4336	9	9	9	9	0	0	100%	100%	100%
Community Health Network EMS	IN-4063	16	15	15	15	1	1	94%	94%	94%
Indianapolis EMS	IN-4083	51	46	49	49	2	2	90%	96%	96%
St Vincent Hospital	IN-4081	20	17	20	20	0	0	85%	100%	100%
Franciscan Health Indianapolis	IN-4080	33	26	33	33	0	0	79%	100%	100%
Hendricks Regional Health	IN-4380	9	7	9	9	0	0	78%	100%	100%
Franciscan Health Crown Point	IN-4079	21	16	18	19	2	2	75%	86%	90%
Ivy Tech Community College South Bend	IN-4070	24	16	20	20	4	4	68%	81%	81%
Peiham Training	IN-6266	18	12	15	16	2	2	67%	83%	89%
Scott Co EMS	IN-4078	15	9	12	13	2	2	60%	80%	87%
Ivy Tech Community College Terre Haute	IN-4612	35	21	28	29	6	6	60%	80%	83%
Methodist Hospitals	IN 4072	11	6	7	7	4	4	55%	64%	64%
Ivy Tech Community Northeast	IN-4169	41	22	29	30	11	11	54%	71%	73%
Ivy Tech Community college Evansville	IN-4141	16	8	12	13	5	5	50%	75%	81%
Ivy Tech Bloomington	IN-4071	20	10	12	12	8	8	50%	60%	60%
Goshen Health	IN-4162	31	15	22	24	7	7	48%	71%	77%
Ivy Tech Community College Madison	IN-4542	11	5	9	9	2	2	45%	82%	82%
Ivy Tech Community College Valparaiso	IN-5747	19	7	10	12	7	7	37%	53%	63%
St Mary Medical Center Hobart	IN-4943	4	1	2	2	2	2	25%	50%	50%
Ivy Tech Community College Kokomo	IN-4362	12	3	6	8	4	4	25%	50%	67%