



**EMERGENCY MEDICAL SERVICES
COMMISSION MEETING MINUTES**

DATE: September 12, 2018
TIME: 3:00pm
LOCATION: Indiana Emergency Response Conference
Sheraton – Indianapolis
8787 Keystone Crossing
Indianapolis, IN 46240
Suite 16

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)
Melanie Jane Craigin	(Hospital EMS)
Thomas A Lardaro	(Air Medical Services)
John P. Ryan	(General Public)
Andrew Bowman	(RN)
Stephen Champion	(Medical Doctor)
John Brown	(Director of Preparedness and Training)
Terri Hamilton	(Volunteer EMS)

MEMBERS NOT PRESENT: Charles Valentine (Municipal Fire)

OTHERS PRESENT: Field Staff, Robin Stump, Tony Pagano, Candice Pope, Lisabeth Handt and members of the EMS Community.

CALL TO ORDER AND ROLL CALL

Meeting called to order at 3:00pm by Chairman Lee Turpen. Mrs. Candice Pope called roll and announced quorum. Everyone stood for the Pledge of Allegiance. There was a moment of silence for all of the EMS and Fire personnel that were lost since the last EMS Commission meeting.

HONORARY CERTIFICATES

An honorary certificate was requested for Roger A. Wright by Brandi Query. Brandi Query read the following into record:

August 11, 2018

To Whom It May Concern:

I am writing in regard to Roger A Wright, PSID 8351-7520. Mr. Wright has been an EMT since 1979. Prior to that he was a certified CPR instructor in 1978 with American Red Cross. He has been a dedicated EMT/Firefighter since 1979. He has been employed at Walnut Township, Wayne Township, Marion County and volunteer at Floyd Township Fire Department. He was attempting to retire his EMT certification prior to expiration but was unable to get in contact with anyone. He is currently unable to provide medical or fire related service to the community due to heart problems. I am writing to see if he can get an Honorary Lifetime EMT certification. He has spent more that 35 years working in public safety, and we would like for him to get recognized. It would mean so much to him, as well as his family, to not have his EMT certification showing expired. He worked hard for that certification.

Please let me know if he can get this honor. If you should have any questions, please feel free to contact me.

Thank you for your consideration,



Brandi Query NREMT-P

EMS Lieutenant

Floyd Township Fire Department

Bburdine2003@yahoo.com

765-719-1822

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

ADOPTION OF MINUTES

- a. Adoption of minutes from the July 19, 2018 session.

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

INDIANA DEPARTMENT OF HEALTH

No report given or submitted. No action required. None taken.

EMS FOR CHILDREN

Ms. Margo Knepfelkamp reported that there is nomination forms on the back table for EMSC awards. Ms. Knepfelkamp thanked Dr. Kaufmann and staff for their help in getting the word out about the Pediatric Care Coordinator.

INDIANA EMERGENCY MEDICAL SERVICES ASSOCIATION (IEMSA)

Mr. Faril Ward reported that IEMSA is continuing to talk to SET and FSSA about the new brokerage. Mr. Ward discussed the topics that have been discussed with SET and FSSA regarding improvements to the rule. Mr. Ward gave the IEMSA website www.iemsa.net so that people can look at the tracks and classes that will be taught at the IEMSA Conference. Anyone interested in the conference can also register for it at www.indianaemsaconference.com.

INDIANA FIRE CHIEFS ASSOCIATION

Mr. Douglas Randall the co – chair of the EMS Section welcomed everyone to the IERC conference. Mr. Randall announced that this year is the most nominations ever received for the awards. Mr. Randall spoke briefly about Patient Safety classes that has been discussed. Dr. Kaufmann will be giving more information about the Patient Safety classes during his report.

EMS EDUCATION WORKING GROUP

Mr. Jeff Quinn reported that there isn't a lot to report at this time because their last meeting was this morning. They are still working on some projects. Mr. Quinn reported that the group is working with IDHS staff regarding low scores.

PERSONNEL WAIVER REQUESTS

The following is requesting a waiver of 836 IAC 4-5-2 Certification and recertification; general Sec. 2. (a) Application for certification will be made on forms and according to procedures prescribed by the agency. In order to be certified as an emergency medical services primary instructor, the applicant shall meet one (1) of the following requirements: (1) Successfully complete a commission-approved Indiana emergency medical services primary instructor training course and complete all of the following: (A) Successfully complete the primary instructor written examination. (B) Successfully complete the primary instructor training program. (C) Be currently certified as an Indiana emergency medical technician. (D) Successfully pass the Indiana basic emergency medical services written and practical skills examinations within one (1) year prior to applying for certification as a primary instructor. (2) Successfully complete a training course equivalent to the material contained in the Indiana emergency medical service primary instructor course and complete all of the following: (A) successfully complete the primary instructor written examination. (B) Successfully complete the primary instructor training program. (C) Be currently certified as an Indiana emergency medical technician. (D) Successfully pass the Indiana basic emergency medical services written and practical skills examinations within one (1) year prior to applying for certification as a primary instructor. The candidates listed below are requesting a waiver of successfully passing the Indiana basic EMT written and practical skills examinations. Staff recommends: Approve based on previous Commission action (last meeting this was approved was January 18, 2018)

- i. Alverson, Jonathan
- ii. Bales, Tessa
- iii. Beach, Brian

- iv. Brown, Summer
- v. Fagan, Sean P.
- vi. Fancil, Christopher Alan
- vii. Fletcher, Rachel
- viii. Hill, Bridgette
- ix. Hinkle, Kenneth G.
- x. Howell, James B.
- xi. Shaw, Bryan L.
- xii. Smith, Melissa J.
- xiii. Thomas, Justin A.
- xiv. Williams, Robert A.
- xv. Young, Andrew

A motion was made by Commissioner Hoggatt to approve staff recommendation. The motion was seconded by Commissioner J. Brown. The motion passed.

The following is requesting a waiver of 836 IAC 4-9-6 Paramedic certification based upon reciprocity Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20 Affected: IC 16-31-3 Sec. 6. (a) To obtain paramedic certification based upon reciprocity, an applicant shall be affiliated with a certified paramedic provider organization and be a person who, at the time of applying for reciprocity, meets one (1) of the following requirements: (1) Possesses a valid certificate or license as a paramedic from another state and who successfully passes the paramedic practical and written certification examinations as set forth and approved by the commission. Application for certification shall be postmarked or delivered to the agency office within six (6) months after the request for reciprocity. (2) Has successfully completed a course of training and study equivalent to the material contained in the Indiana paramedic training course and successfully completes the written and practical skills certification examinations prescribed by the commission. (3) Possesses a valid National Registry paramedic certification. (b) Notwithstanding subsection (a), any nonresident of Indiana who possesses a certificate of license as a paramedic that is valid in another state, upon residing at an Indiana address, may apply to the agency for temporary certification as a paramedic. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification that shall be valid for: (1) the duration of the applicant's current certificate or license; or (2) a period not to exceed six (6) months from the date that the reciprocity request is approved by the director; whichever period of time is shorter. A person receiving temporary certification may apply for full certification using the procedure required in section 1 of this rule. Mr. Bendel is requesting to complete the new reciprocity process since the Training Institution he took his paramedic course from is not accredited and therefore not eligible to take the National Registry exams.

Aaron L. Bendel

A motion was made by Commissioner Mackey to approve the waiver request. The motion was seconded by Commissioner McCullough. The motion was approved.

PROVIDER WAIVER REQUESTS

The following is requesting a waiver of 836 IAC 3-3-6 Equipment list Authority: IC 16-31-2-7; IC 16-31-3-20 Affected: IC 16-31-3-20 Sec. 6. (a) The advanced life support fixed-wing air ambulance service provider organization shall ensure that the following basic life support and advanced life support equipment is available on board each aircraft and is appropriate for the age and medical condition of the patient to be transported at the time of transport: (1) Portable or fixed suction apparatus, capable of a minimum vacuum of three hundred (300) millimeters of mercury, equipped with wide-bore tubing and other rigid and soft pharyngeal suction tips. (2) Oropharyngeal airways (adult, child, and infant sizes). (3) Nasopharyngeal airways (small,

20-24 french; medium, 26-30 french; large, 30 french or greater). (4) Bag mask ventilation units, hand operated, one (1) unit in each of the following sizes, each equipped with clear face masks and oxygen reservoirs with oxygen tubing: (A) Adult. (B) Child. (C) Infant (mask only). (D) Neonatal (mask only). (5) Portable oxygen equipment of at least three hundred (300) liters capacity (D size cylinder) with yoke, medical regulator, pressure gauge, and nondependent flowmeter. (6) Oxygen delivery device shall include the following: (A) High concentration devices, two (2) each, in adult, child, and infant sizes. (B) Low concentration devices, two (2) in adult size. (7) Blood pressure manometer, one (1) each in the following cuff sizes: (A) Large adult. (B) Adult. (C) Child. (8) Stethoscope in adult size. (9) Wound care supplies to include the following: (A) Sterile gauze pads four (4) inches by four (4) inches. (B) Airtight dressing. (C) Bandage shears. (D) Adhesive tape, two (2) rolls. (10) Rigid extrication collars, two (2) each capable of the following sizes: (A) Pediatric. (B) Small. (C) Medium. (D) Large. (11) Portable defibrillator with self-contained cardiac monitor and ECG strip writer and equipped with defibrillation pads or paddles, appropriate for both adult and pediatric defibrillation that will not interfere with the aircraft's electrical and radio system. (12) Endotracheal intubation devices, including the following equipment: (A) Laryngoscopes with spare batteries and bulbs. (B) Laryngoscope blades (adult and pediatric, curved and straight). (C) Disposable endotracheal tubes, a minimum of two (2) each, sterile packaged, in sizes 3, 4, 5, 6, 7, 8, and 9 millimeters inside diameter. (13) Medications, intravenous fluids, administration sets, syringes, and needles will be specified by the air-medical director identifying types and quantities. Air Methods is requesting a renewal of this waiver to only carry pediatric equipment on the fixed wing aircraft. Although Air methods holds the certification, the team is supplied by Norton healthcare, Just for Kids transport team and the team brings most of the equipment with them. They are a specialty neonate and pediatric transport team and they remove the adult equipment to make room for the specialty equipment. Staff recommends: Approval based on previous Commission action

Air Methods - Kentucky

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

The following is requesting a waiver of 836 IAC 3-3-5 Staffing Sec. 5. (a) Each certified fixed-wing ambulance while transporting an emergency patient shall be staffed by no less than three (3) people and include the following requirements: (1) The first person shall be a properly certified pilot who shall complete an orientation program covering flight and air medical operations as prescribed by the air-medical director. (2) The second person shall be an Indiana certified paramedic or registered nurse or a physician. (3) The third person shall be any appropriate personnel to properly care for the medical needs of the patient as required on board the fixed-wing aircraft in the patient compartment. (4) All medical personnel on board the aircraft must be trained in air transport problems and principles of flight physiology. Air Methods is requesting a renewal of this waiver to allow the second person to not be certified or licensed in Indiana as they are all certified or licensed in Kentucky as the team comes from Norton Healthcare Just for Kids transport team out of Kentucky. Staff recommends: Approval based on previous Commission action

Air Methods - Kentucky

A motion was made by Commissioner Mackey to approve staff recommendation. The motion was seconded by Commissioner Hoggatt. The motion was approved.

The following is requesting a waiver of 836 IAC 2-2-1 (h) A paramedic ambulance service provider organization must be able to provide a paramedic level response. For the purpose of this subsection, "paramedic response" consists of the following: (1) A paramedic. (2) An emergency medical technician or higher. (3) An ambulance in compliance with the requirements of section 3(e) of this rule. (4) During transport of the patient, the following are the minimum staffing requirements: (A) If paramedic level advanced life support treatment techniques have been initiated or are needed: (i) the ambulance must be staffed by at least a paramedic and an emergency medical technician; and (ii) a paramedic shall be in the patient compartment. Lakes of the Four Season is asking for a waiver of the paramedic transport staffing requirement. They would like to allow transport of a patient when using their back up ambulance during multiple EMS calls or patients. They are currently working through the budget process to hire more personnel. Some firefighters are EMR and all do have medical

training and respond on all EMS runs. They do currently call for mutual aid 7 miles away and wait on the scene for them to arrive. The FD has called for mutual aid approximately 50 times since January 1, 2018.

Lake of the Four Seasons Vol Fire Force Inc.

A motion was made by Commissioner Hoggatt to table the waiver until after discussion of the non –rule policy. The motion was seconded by Commissioner Champion. The motion passed. After the non –rule policy was voted on and accepted by the Commission it was determined that this waiver was not needed.

The following is requesting a waiver of 836 IAC 2-2-1 (h) A paramedic ambulance service provider organization must be able to provide a paramedic level response. For the purpose of this subsection, "paramedic response" consists of the following: (1) A paramedic. (2) An emergency medical technician or higher. (3) An ambulance in compliance with the requirements of section 3(e) of this rule. (4) During transport of the patient, the following are the minimum staffing requirements: (A) If paramedic level advanced life support treatment techniques have been initiated or are needed: (i) the ambulance must be staffed by at least a paramedic and an emergency medical technician; and (ii) a paramedic shall be in the patient compartment. New Haven is asking for a waiver of the paramedic transport staffing requirement. New Haven has 3 certified ambulances. One ambulance is staff daily with a paramedic and EMT. The second ambulance is staffed 16 hours a day with same. There have been on rare occasions that a run will come in when both ambulances are out. During this time they do have a paramedic but fire personnel are EMR's or are CPR/AED trained. They would like have a waiver to allow transport with the third ambulance instead of calling for a BLS ambulance for transport or an ALS transport that is several mile away.

New Haven/Adams Township EMS

A motion was made by Commissioner Hoggatt to table the waiver until after discussion of the non –rule policy. The motion was seconded by Commissioner Champion. The motion passed. After the non –rule policy was voted on and accepted by the Commission it was determined that this waiver was not needed.

The following requested a waiver of 836 IAC 2-2-1 (h) A paramedic ambulance service provider organization must be able to provide a paramedic level response. For the purpose of this subsection, "paramedic response" consists of the following: (1) A paramedic. (2) An emergency medical technician or higher. (3) An ambulance in compliance with the requirements of section 3(e) of this rule. (4) During transport of the patient, the following are the minimum staffing requirements: (A) If paramedic level advanced life support treatment techniques have been initiated or are needed: (i) the ambulance must be staffed by at least a paramedic and an emergency medical technician; and (ii) a paramedic shall be in the patient compartment. Rush Memorial Hospital is requesting a waiver of the paramedic 24/7 and paramedic transport requirement. Rush Memorial is no longer the 911 service for Rush County and therefore most of their paramedics went to work for the service now covering the 911 service. They would like to utilize a RN in place of a paramedic for transfers from Rush Memorial Hospital to other hospitals. Rush Memorial is working on hiring more paramedics to cover all shifts.

Rush Memorial Hospital

A motion was made by Commissioner Hoggatt to deny the waiver. The motion was seconded by Commissioner Zartman. After the vote there was one vote against deny the waiver. The waiver was denied.

The following requested a waiver of 836 IAC 2-2-1 General requirements for paramedic provider organizations (g) Each paramedic provider organization shall do the following: (1) Maintain an adequate number of trained personnel and emergency response vehicles to provide continuous, twenty-four (24) hour advanced life support services. Winchester FD is requesting a renewal waiver of the 24/7 rule to maintain an adequate number of trained personnel at the paramedic level. The department currently has 1 paramedic per shift. They are struggling to hire medics and keep them in rural Indiana. Winchester has had 2 medics quit and one is going on pregnancy leave. They do have one student in paramedic class Waiver approved February 26, 2016 for 2 years Waiver approved March 15, 2018 for 6 months

Winchester Fire Department

A motion was made by Commissioner Mackey to approve the waiver for 2 years as recommended by staff. The motion was seconded by Commissioner Ryan. The motion passed.

PROVIDER WAIVER REPORT

Waiver report was submitted by Eaton EMT's. No action required none taken.

NEW BUSINESS

a. Release of Data

Kraig Kinney presented on EMS data. He indicated that the IC 16-31-2-11 had been interpreted as allowing only six elements to be released to the public under Section (d). Mr. Kinney advised that Section (d) applies to an ambulance service provider. Section (b) is the provision that is used to authorize the collection of run sheet data. That section gives confidentiality to the individual records but does allow data and statistics to be compiled and those are subject to public use with certain limitation found in IC 4-1-6. Although Indiana is not a covered entity under the HIPAA provisions, there would still need to be protection of certain information. Mr. Kinney indicated that the view and recommendation of the agency, would be that the run sheet data provided to IDHS and IDHS complies the data and statistics, so the data should be considered IDHS data and delegated to IDHS for handling disclosures. He said that Dr. Kaufmann is already working with MPH of the State on how to pull data for projects like the naloxone heat map and that levels of data access will need to be explored.

A motion was made by Commissioner Zartman to accept the agency recommendation that the run sheet data collected by Commission mandate is the data of IDHS and the agency must developed the procedures for what information be released. The motion was seconded by Commissioner Mackey. The motion was approved.

b. Electronic Patient Care Records (PCR)

Kraig Kinney indicated that the ePCR discussion was a carry-over from a prior Commission meeting. The Chairperson had requested the agency position. The discussion was prompted by a provider wishing to provide patient care reports electronically to a receiving facility by opening restricted access to the database rather than submitting individual run reports either physically or via individual submission. 836 IAC 1-1-5(e)(3) provides "a copy of the completed run report form shall be provided to the receiving facility when the patient is delivered unless it is not feasible; however, the form shall be provided to the receiving facility not later than twenty-four (24) hours after the patient is delivered." Mr. Kinney noted that while the provision was enacted that it was likely that a written, paper run sheet was applicable and today most providers are utilizing electronic patient care reports. He clarified that the Rule hinges on "copy" and "provide." Neither definition is included in the Rule itself so a common dictionary meaning would apply. A "copy" is an "imitation, transcript, or reproduction of an original work" so that would include an electronic version. He further explained that "provide" commonly means "to supply or make available" which could include granting access to the run report. Mr. Kinney advised that the agency position on the Rule is that electronic patient care reports in electronic format are acceptable as a copy of the run report and that the electronic copy can be provided by providing a receiving facility access to the database. Mr. Kinney reminded the Commission that at least one EMS provider is impacted so a decision of some type would be needed. This could be accept the agency interpretation, formulate a non-rule policy, or include in the rule re-write. After a lot of discussion a motion was made.

A motion was made by Commissioner Zartman to accept the agency recommendation and interpretation. The motion was seconded by Commissioner Hoggatt. The motion was approved.

OLD BUSINESS

- a. Knox County – Mr. Kraig Kinney reported to the Commission the conversations and information that has been exchanged between the agency and Knox County since the last Commission meeting. After questions and comments from the Commission member's discussion was completed.
- b. Non Rule Policy – Mr. Kraig Kinney went over the non – rule policy (see attachment #1).

A motion was made by Commissioner Zartman to accept the non-rule policy as written. The motion was seconded by Commissioner Hoggatt. The motion passed.

- c. Tables Business and/or waivers
 - a. Veronica Hensley waiver – Mrs. Pope and Mr. Dale Lanum gave an update on Ms. Hensley's waiver and her current condition.

A motion was made by Commissioner Zartman to approve the extension for Ms. Hensley for a period of six (6) months from the date of this meeting. The motion was seconded by Commissioner Hamilton. The motion passed.

- d. Current ongoing studies
 - a. CPAP use at the BLS level – no update given at this meeting.

ASSIGNMENTS

- a. Past Assignments
- b. Today's Assignments

ADMINISTRATIVE PROCEEDINGS

- a. Probation
 - i. One Year
 1. Order Number 0030-2018 Carpenter, Richard E.
No action required. None taken.
 2. Order Number 0029-2018 Harrison, William Michael
No action required. None taken.
 3. Order Number 0026-2018 Herrington, Hailey Ann
No action required. None taken
 4. Order Number 0024-2018 Nylund, Alexander R.
No action required. None taken
 5. Order Number 0025-2018 Socks, Andrew Vorhies
No action required. None taken
 - ii. Two Year
 1. Order Number 0022-2018 Genslinger, William "Fred"
No action required. None taken
 2. Order Number 0028-2018 Hoffman, Jennie L.
No action required. None taken
 3. Order Number 0021-2018 O'Kelley, Jeffrey Scott
No action required. None taken

4. Order Number 0020-2018 Story, Colton E.
No action required. None taken
- b. Emergency Suspension
 1. Order Number 0023-2018 Blake, Colby N.
No action required. None taken
- c. Emergency Suspension Renewal
 1. Order Number 0027-2018 Howard, Jason J.
No action required. None taken

STAFF REPORTS

- A. Data Report – Mr. Mikel Fort gave an update. 332 providers that are supposed to be reporting. We are down to 49 providers that are not reporting. We are at 84% reporting. Chairman Turpen commented.
- B. Operations Report – Ms. Robin Stump commented to the audience that field staff is going to be giving trainings on how to use ImageTrend. Ms. Stump introduced Tim Layton as the new SimLab Technician. Ms. Stump encouraged everyone to participate with their districts Health Care Coalition.
- C. Compliance Report- Mrs. Candice Pope reported the following:
 - a. Introduced Ms. Lisabeth Handt to the Commission
 - b. 20 violation letters have been sent out since the last Commission meeting
 - c. 6 audit letters have been sent out since the last Commission meeting
 - d. 6 testing letters have been sent out since the last Commission meeting
 - e. We have 24 certifications on probation
 - f. 12 revoked
 - g. 5 Suspended
 - h. 258 under review
 - i. 20 people have been requested to submit paperwork for audit
 - j. About 77 pending audits
- D. Certifications report – (see attachment #2)
 - a. Personnel report –
Mr. Alex Straumins explained the new report that was created for this meeting. The report reflects yearly information. Mr. Straumins will be working on a quarterly report as well as the annual report. Mr. Straumins asked for questions or any other information the Commission would like added to the report. Mr. Straumins answered a variety of questions. Comments were made by Commission members and Dr. Kaufmann. Commissioner Mackey asked if we could look at Paramedic and EMTs by their geographic locations. Mr. Straumins state that the agency could get some of that information based on people’s mailing/primary address.
 - b. Provider report – no action required. None taken
- E. Training Report – (see attachment #3) – Mr. Tony Pagano went through the reports that were included in the packet. Chairman Turpen asked for staff to survey the high school instructors to see what their barriers are so we can help them. Possibly write some rules for the high school programs. Several comments were made regarding the high school programs. Mr. Pagano talked about the new mentoring program for low performing Training Institutions.
- F. State Training Report – (see attachment #4) - Mrs. Elizabeth Westfall went through her PowerPoint presentation that is attached.

Chairman Turpen took a moment to recognize the Paramedic students from the Community Paramedic program that are in attendance.

STATE EMS DIRECTORS REPORT – Director Michael Garvey reported on the progress of the rule rewrite to the Commission. Director Garvey recognized Mr. Kraig Kinney for his hard work on the rule rewrite. Director Garvey talked about the hurricane deployment that is currently going on. Director Garvey asked that any provider organizations that get deployed to disasters through FEMA to report their deployment to our agency so that the agency can track that so if there is a disaster in Indiana we know what resources we have available.

STATE MEDICAL DIRECTORS REPORT - Dr. Michael Kaufmann reported on the progress of his projects and goals. Dr. Kaufmann talked about the Naloxone heat map and various other topics (see attachment #5).

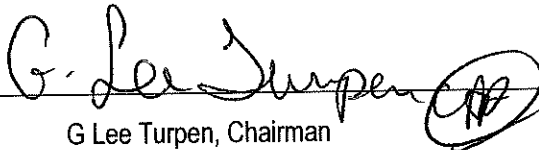
CHAIRMAN'S REPORT AND DIRECTION- Chairman Turpen reported that the National Association of EMS Physicians meeting registration is now open and will be held in Austin Texas in January. Chairman Turpen also stated that the EAGLES conference will be in Huston Texas this year in the first week of March.

NEXT MEETING

November 15, 2018
10:00am at
Zionsville Town Hall
1100 W. Oak St.
Zionsville, IN 46077

ADJOURNMENT

A motion was made by Commissioner Hamilton to adjourn the meeting. The motion was seconded by Commissioner Zartman. The meeting was adjourned at 5:51pm.

Approved 
G Lee Turpen, Chairman

Attachment #1

Indiana EMS Commission
Proposed Non-Rule Policy

Background of Policy:

This policy addresses 836 IAC 2-2-1(h)(4) which requires:

(4) During transport of the patient, the following are the minimum staffing requirements:

(A) If paramedic level advanced life support treatment techniques have been initiated or are needed:

(i) the ambulance must be staffed by at least a paramedic and an emergency medical technician; and

(ii) a paramedic shall be in the patient compartment.

This Rule has generated a significant number of ambulance service provider waivers for both surge capacity as well as some for general staffing on a temporary basis. Nearly all ambulance service provider organizations will experience instances where they have a paramedic available but no EMT available. Some agencies will elect to activate a mutual aid agreement. Other agencies will see a provider transport BLS and forego ALS care & treatment even if ALS care is warranted. And some agencies will see the provider elect to provide ALS care to the patient despite not having an EMT during transport, which would be a rule violation potentially for both the individual provider and the organization. There is a need for clarification of the rule and clarification of the scope of the rule.

Non-Rule Policy

Whereas, the intent of 836 IAC 2-2-1(h)(4) is to provide more comprehensive care with an EMT / paramedic team for ALS transports;

Whereas, all EMS provider organizations are prone to fluctuating run volume, all providers will experience periods of surge capacity where the demands for ALS ambulances exceed the availability of the ALS ambulances;

Whereas, the Rule is intended to protect the public with quality care and not inhibit ALS care when needed due a technicality;

Whereas, clarification of the Rule is necessary for effective usage of the rule;

The Indiana EMS Commission adopts this non-rule policy to clarify 836 IAC 2-2-1(h)(4):

1. This non-rule policy is targeting incidental instances where an agency faces an unplanned staffing shortage due to unforeseen circumstances.
 - a. "Incidental" should be a rare event or series of events that is not regularly experienced (eg. sporadic) or can be managed with pre-planning. Examples include:
 - i. Multiple casualty incidents (events with multiple patients that overwhelm the provider resources).
 - ii. Call volume that is irregularly higher than normal for the agency and all resources are depleted due to simultaneous responses.
 - b. This policy does not cover pre-scheduled non-emergent or immediate inter-facility transfers given that the patient is at a medical facility and there are many alternate means for transfer in those instances. Again, the policy should never be used for non-emergent inter-facility transfers.
 - c. This policy is not intended to cover frequent usage of the policy due to staffing or scheduling issues with the provider agency. At no time does this policy authorize an agency provider to schedule in advance or fill a regularly scheduled shift with a non-EMT, even in the event of an absence of the scheduled EMT.
2. This policy should not be utilized if there are alternate means of addressing the situation such as a mutual aid agreement or other ambulance provider with an estimated response time of less than 10 minutes.
3. In an event of a surge capacity period where a paramedic is readily available, there is an ALS patient that needs ALS care, but there is no EMT available to ride on the ambulance during transport, the paramedic may function as an ALS provider using his or her paramedic skills and treatments fully to treat the patient.
 - a. The preferred order for non-EMT drivers or assisting personnel are as follows:
 - i. Emergency Medical Responder certified provider;
 - ii. Individuals with EVOC training or experienced driving emergency vehicles, including but not limited to fire department personnel or law enforcement personnel;
 - iii. Individuals with some basic level first aid or CPR training.
 - iv. All drivers must still have a valid Indiana driver's license to the best knowledge of the paramedic.
 - b. If the patient is critical and may require additional manpower, the paramedic should consider additional personnel to assist with patient care, such as certified emergency medical responders.
 - c. Usage of this non-rule policy alone does not place the care-providing paramedic below the standard of care for ALS treatment/transport because of the exigent circumstances. Furthermore, this exception to 836 IAC 2-2-1(h)(4) should not be a factor in determining whether the standard of care has been met.
 - d. Because, the ambulance provider agency is responsible for tracking usage of this non-rule policy, the individual paramedic that acts in good faith under this non-

rule policy to provide ALS care for a patient that needs ALS care will not be subject to disciplinary sanctions by the EMS Commission for violating 836 IAC 2-2-1(h)(4).

4. Reporting of instances of usage of this exception shall be made for every occurrence and shall be submitted in writing (email is acceptable) to the EMS District Manager for the EMS district in which the affected provider agency is in with the following information:
 - a. Date / time of incident
 - b. Incident or response number
 - c. Type of emergency response
 - d. Description of the exigent or surge capacity incident that led to not having an EMT available for the paramedic transport
 - e. Description of mutual aid or other agencies in the area availability and explanation why not utilized, if they were available
 - f. Type of driver utilized for the transport (from the list above)
5. Because this is a non-rule policy authorizes limited instances where a paramedic may function on an ALS call without an EMT on board, the transport is considered an ALS transport and may be billed in accordance with other billing rules and regulations.
6. Because this is a special exception to the Rule, the IDHS EMS Section is authorized to investigate any usages of this non-rule policy and the ambulance provider agency must comply with all requests for additional information or allow staff to be questioned.
7. Upon recommendation of the IDHS staff, violations or abuse of this policy by determination of the EMS Commission may result in an agency being excluded from this non-rule policy by written order of the EMS Commission. A violation or abuse may be a single incident or pattern of incidents.
8. Both requests for more regular or frequent usage and requests for scheduled staffing substitutions that result in non-compliance with 836 IAC 2-2-1(h)(4) should be addressed with a Waiver request to the EMS Commission.

ATTACHMENT

#2

Emergency Medical Services Provider Certification Report

Date : September 4, 2018

September 12, 2018

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 12, 2018** 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	3
Basic Life Support Non-Transport	482
Ambulance Service Provider	97
EMT Basic-Advanced Organization	6
EMT Basic-Advanced Organization non-transport	1
EMT Intermediate Organization	12
EMT Intermediate Organization non-transport	0
Paramedic Organization	199
Paramedic Organization non-transport	13
Rotorcraft Air Ambulance	13
Fixed Wing Air Ambulance	3
Total Count:	829

New Providers Since 19-JUL-18

VERNON TOWNSHIP EMS

**Basic Certification:
07/26/2018**

ATTACHMENT

#3

Pope, Candice

From: Pagano, Tony
Sent: Tuesday, August 28, 2018 11:12 AM
To: Garvey, Mike; Stump, Robin; Fort, Mikel P; Frank, Stanley; Smith, Jason (DHS); Watson, Don; Layton, Timothy; Pope, Candice
Cc: Turpen, Lee; 'JZartman@ecommunity.com'
Subject: 2017 EMT Course Statistics NREMT Only.xlsx
Attachments: 2017 EMT Course Statistics NREMT Only.xlsx

Here are the 2017 course statistics. I did not include course that took the old State certification exam. the percentages listed are the percentages of the people who passed the NREMT who were eligible to take the exam. It is not a pass rate for the exam. I cannot pull that for each course, only the training program. At the bottom of the page are the totals. Column B is the number of courses where the NREMT was the only exam given. C is the number of students enrolled, D is the number of students who successfully completed the course. E is the number of people who passed the NREMT, F is the percentage of the people who passed verses the number that completed the course and G is the number of EMTs produced. Below those numbers are the same statistics for high school courses.

Training Institution	Course Number	Number Enrolled	Eligible to Test	NREMTP ASS	Percentage of eligible	Number Certified	High School
Adams Memorial Hospital	01-02-17	16	11	2	20%	2	
	02-01-17	16	13	2	20%	2	
	02-03-17	11	9	4	39%	4	
	02-04-17	14	11	2	20%	2	
	02-05-17	18	14	6	43%	6	
Ivy Tech Fort Wayne	02-06-17	14	10	7	70%	7	
	02-07-17	9	4	4	100%	4	X
	02-08-17	13	4	3	75%	3	X
Ivy Tech Columbus	03-05-17	16	6	4	67%	4	
	03-06-17	12	6	2	33%	2	
Columbus Regional Hospital	03-04-17	14	11	3	27%	3	
	03-07-17	20	19	7	37%	7	
	10-01-17	7	5	1	20%	1	
Ivy Tech Sellersburg	10-02-17	12	10	3	30%	3	
	22-01-17	20	12	0	0%	0	X
	12-01-17	14	12	5	42%	5	
Clinton Co EMS	12-03-17	17	13	0	0%	0	X
	12-04-17	18	16	2	13%	2	
	17-02-17	22	17	6	35%	6	
DkKalb Health							
IU Ball Hospital							

Gas City Rescue	18-02-17	5	2	1	1	50%	1
	18-04-17	18	8	4	4	50%	4
	27-01-17	22	14	4	4	29%	4
	27-02-17	6	5	0	0	0%	
	49-24-17	28	24	1	1	0%	X
Pike HS STEM Ctr	19-01-17	14	13	3	3	23%	3
Memorial Hospital	19-02-17	12	10	5	4	50%	4
Jasper	20-03-17	10	9	5	5	56%	5
VU Jasper Campus	20-05-17	15	7	0	0	0%	0
Goshen Hospital	20-02-17	12	7	0	0	0%	0
Elkhart Area Career Center	20-07-17	9	8	1	1	13%	X
	20-08-17	14	5	1	1	20%	X
Elkhart General Hospital	20-06-17	10	7	1	1	14%	1
Riverview Health	29-02-17	3	3	0	0	0%	0
	29-03-17	5	4	1	1	25%	1
Hancock Regional Hospital	30-02-17	12	7	2	2	29%	2
Harrison County Hospital	31-01-17	22	12	9	9	75%	9

Hendricks Regional Health

32-01-17	18	13	11	85%	11
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New Castle Career Center

33-01-17	13	10	5	50%	5	
33-02-17	14	13	5	38%	5	X
33-03-17	14	14	6	43%	6	X
33-05-17	27	19	5	26%	5	

Ivy Tech Kokomo

34-05-17	6	3	1	33%	1
34-06-17	14	8	4	50%	4

Howard Regional Health

34-03-17	13	13	5	38%	5
34-07-17	9	8	3	38%	2

Parkview Huntington Hospital

35-02-17	10	8	6	75%	6
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Jennings Co EMS

40-01-17	20	13	4	31%	4
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Central Nine vocational School

41-02-17	25	19	8	42%	8	
41-03-17	14	10	3	30%	3	X
41-04-17	19	9	2	22%	2	X

Vincennes University

42-04-17	11	8	2	25%	2
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Parkview LaGrange EMS

44-01-17	21	14	3	21%	3
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Franciscan Health
Hammond

45-07-17	25	19	2	11%	2
45-09-17	12	8	3	38%	3

Franciscan Health
Crown Point

45-02-17	18	12	5	42%	5
45-06-17	9	5	5	100%	5
45-11-17	18	13	6	46%	6
45-12-17	7	0			X
45-16-17	21		1		X
45-17-17	19	9			X

Methodist Hospital

45-03-17	17	16	5	31%	4
45-05-17	15	9	3	33%	3
45-13-17	23	10	4	40%	4
45-15-17	19	3	0	0%	0

St Mary's Hobart

45-08-17	22	14	10	71%	10
45-18-17	10	7	2	29%	2
45-19-17	20	5	1	20%	1
45-20-17	25	9	0	0%	0

LaPorte Co EMS
AK Smith CC

46-03-17	21	6	0	0%	0
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St Vincent Anderson

48-03-17	15	11	4	36%	4
48-05-17	9	4	0	0%	0
48-06-17	19	11	5	45%	5
48-07-17	27	19	7	37%	7
48-08-17	18	15	3	20%	3

Eskenazi Health

49-03-17	24	6	4	67%	4
49-04-17	21	15	4	26%	3

49-05-17	14	12	10	83%	10
49-13-17	14	6	3	50%	3
49-14-17	6	6	5	83%	5
49-15-17	19	10	4	40%	4
49-16-17	14	14	4	29%	4

IUPUI

49-12-17	19	15	9	60%	9
49-17-17	19	10	5	50%	5
29-04-17	3	3	3	100%	3
49-11-17	12	12	1	1%	1
49-28-17	26	19	6	32%	6

Saint Vincent Health

49-18-17	26	17	10	59%	10
49-19-17	13	10	6	60%	5
49-06-17	25	9	7	78%	7
41-05-17	22	14	12	86%	12
49-20-17	19	19	11	58%	11

Community Health Network

49-21-17	15	9	0	0%	0	X
49-22-17	31	2	0	0%	0	X
49-23-17	23	16	3	19%	3	X
49-27-17	4	2	0	0%	0	

Area 31 Career Center

49-29-17	24	23	20	87%	20
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Indianapolis Fire Dept

Dukes Memorial Hospital						
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Dukes Memorial Hospital

ESEC

Franciscan Health Indianapolis

Care Ambulance

52-01-17	6	6	4	4	67%	4
52-02-17	17	12	6	6	50%	6
51-01-17	19	11	3	3	27%	3
53-01-17	10	8	3	3	38%	3
53-04-17	3	1	1	1	100%	1
53-05-17	13	13	7	7	54%	7
53-06-17	21	20	12	12	60%	12
53-07-17	11	11	2	2	18%	1
53-08-17	8	8	3	3	38%	3
53-09-17	8	8	3	3	38%	3
53-11-17	10	10	7	7	70%	7
53-12-17	7	6	2	2	33%	2
53-13-17	2	1	0	0	0%	0
53-14-17	8	3	1	1	33%	1
53-15-17	2	2	1	1	50%	1
53-16-17	2	1	0	0	0%	0
53-18-17	8	8	3	3	38%	3
53-19-17	6	5	2	2	40%	2
53-20-17	3	1	1	1	100%	1
53-25-17	6	5	1	1	20%	1
53-26-17	8	4	1	1	25%	1
53-27-17	18	13	8	8	62%	8

Pelham Training

Indiana University Bloomington	53-33-17	15	9	3	30%	3
	53-34-17	17	11	1	9%	1
	53-35-17	25	17	2	10%	2

Ivy Tech Bloomington

53-32-17	14	11	7	7	64%	7
53-36-17	8	4	1	1	25%	1
53-37-17	4	3	0	0	0%	0

Ivy Tech Bedford

47-02-17	6	4	1	25%	1
Ivy Tech Orange Co					
59-01-17	6	5	2	40%	2
Franciscan Health Crawfordsville					
54-04-17	12	12	4	33%	4
Southmont High School					
54-03-17	5	5	1	20%	1
STAR Ambulance					
54-01-17	5	5	2	40%	2
54-02-17	22	7	4	57%	4
Perry Co Memorial Hospital					
62-01-17	7	6	3	50%	3
Ivy Tech Valparaiso					
64-02-17	15	8	4	50%	4
64-03-17	11	11	5	45%	5
64-04-17	5	4	3	75%	3
64-05-17	12	6	2	33%	2
64-06-17	12	9	1	10%	1
IVTC Crown Point					
45-14-17	10	8	0	0%	0
IVTC Michigan City					
46-01-17	7	2	0	0%	0
Porter Regional Health InHealth Intrgrated Care					
71-10-17	10	6	0	0%	0
Area 30 Career Center					
67-02-17	9	7	3	43%	3
67-03-17	10	8	1	1%	1
Ivy Tech South Bend					
71-05-17	13	4	3	75%	3
20-04-17	9	5	1	20%	1

Notre Dame	71-07-17	9	9	1	1%	1	
Memorial Hosp SB	71-09-17	11	9	0	0%	0	
	71-12-17	12	11	5	45%	5	
Clay High School	71-08-17	18	15	0	0%	0	X
Clay Fire Territory	71-11-17	17	16	13	81%	13	
St. Joseph Regional Health Mishawaka	25-01-17	23	19	1	5%	1	
Scott Co EMS	72-01-17	13	2	0	0%	0	X
Scottsburg High School	73-02-17	7	5	0	0%	0	X
Blue River Career Center	79-02-17	8	5	2	40%	2	
Prompt Institute of	79-05-17	13	7	4	57%	4	
Franciscan Health	79-04-17	18	16	8	50%	8	
	79-08-17	5	4	4	100%	4	
	79-09-17	15	6	0	0%	0	X
	79-10-17	16	14	1	10%	1	X
	79-11-17	19	12	9	75%	9	
Ivy Tech Evansville	82-07-17	7	4	3	75%	3	
	82-08-17	8	4	4	100%	3	
	82-11-17	11	7	1	14%	1	
St Mary's Health	82-12-17	18	12	4	40%	4	

Hands-On-Instruction	82-04-17	19	15	6	40%	6
Scott Twp FD	82-06-17	15	2	0	0%	0
Deaconess Hospital Safety Medic	82-05-17	13	10	4	40%	4
	82-10-17	6	4	0	0%	0
Evansville Fire Dept	82-09-17	6	6	4	67%	4
Regional Hospital	55-01-17	11	10	2	20%	2 X
Ivy Tech Terre Haute	84-08-17	6	5	1	20%	1
	84-09-17	17	11	2	20%	2
	84-10-17	7	6	2	30%	2
Otter Creek Fire Dept	84-06-17	17	11	1	10%	1
Riley Fire Department	84-07-17	17	16	3	19%	3
Richmond Fire Dept	89-01-17	18	14	8	57%	8
	89-02-17	11	4	0	0%	0 X
IU Health White Co	91-02-17	10	9	5	55%	5
IU Health Arnett Parkview Whitley Hospital EMS	79-01-17	10	10	1	10%	1
	92-01-17	5	3	1	33%	1 X

Edgar County Special
Service Area Amb

99-01-17	12	11	4	36%	4
2017 Totals Current NREMT Pass Rate	2452	1632	593	36%	588
High School Programs	508	267	39	15%	39HS 33 crs