



**EMERGENCY MEDICAL SERVICES  
COMMISSION MEETING MINUTES**

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

**MEMBERS PRESENT:**

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

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

## CALL TO ORDER AND ROLL CALL

Meeting called to order at 2:02pm by Chairman Lee Turpen. Mrs. Candice Pope called roll and announced quorum. Everyone stood for the Pledge of Allegiance. Commissioner McCullough joined the meeting at 2:04pm.

## ADOPTION OF MINUTES

- a. Adoption of minutes from the July 18, 2019 session.

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

## INDIANA DEPARTMENT OF HOMELAND SECURITY DIRECTOR

Director Bryan Langley addressed the Commission. Thanked the IDHS team for their work. Director Langley stated that they agency is looking at a strategy on how to move forward with supporting EMS.

## HONORARY CERTIFICATES

- a. Michael S. Klue - Mr. Jason Smith read the email (see attachment #1) from Chairman Turpen request the Honorary Certificate for Michael S. Klue.

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

- b. Andrew St. John – Mr. Jason Smith read the letter (see attachment #2) requesting Mr. St. John's honorary certificate as well as reading some information from the news post.

**A motion was made by Commissioner Bowman to approve the honorary certification. The motion was seconded by Commissioner Hoggatt. The motion was approved.**

Chairman Turpen recognized the EMT and Paramedic students that were in attendance.

## DR. JENNIFER (Sullivan) WALTHALL – FSSA (MEDICAID/MEDICARE)

Dr. Michael Kaufmann introduced Dr. Jennifer (Sullivan)Walthall. Dr. Walthall presented (see attachment #3) information regarding Medicaid/Medicare and some of the services FSSA manage. Dr. Walthall talked about Hoosier Heath wise, Hoosier Care Connect. Dr. Walthall also covered information about updates FSSA are working on to improve the system, the brokered model and improvements that are being made, and gas reimbursement partnered with public transportation. Dr. Walthall also stated that on October 1 the wheel chair rates will by increasing by 25%. The oversight committee meeting will be held on November 8<sup>th</sup>. Chairman Turpen announced that if anyone had any specific questions to email them to Dr. Kaufmann.

## INDIANA DEPARTMENT OF HEALTH

The Health Department report that 0 hospitals are in the process for verification. The Health Department is starting to plan the next Medical Directors Conference. The Health Department was granted 1.7 million dollars of grant money a year to go towards the opioid overdose issue in Indiana. The next Trauma care committee meeting is scheduled for October 11<sup>th</sup> at the Indiana Government Center.

## EMS FOR CHILDREN

Dr. Michael Kaufmann read the report for EMS for Children due to Ms. Margo Knefelkamp was ill. EMS for Children's report:

1. Indiana's Pediatric Facility Recognition Program. 15 hospitals are currently working through the application process. Applications were made available November 2nd, 2018. In year 1, 5 Indiana Emergency Departments will be piloted to become "Pediatric Ready," or "Pediatric Advanced." The goal of iEMSC is for every emergency department in Indiana to become recognized "Pediatric Ready" or "Pediatric Advanced." Pediatric Readiness ensures hospitals have policies, procedures, and supplies in place to stabilize a child in a medical emergency. Kids are treated in local Emergency Departments and this program assists emergency departments to provide optimal care until transfer to an appropriate level of care, if necessary. To request an application packet, you can still do so by contacting, iEMSC Program Manager, Margo Knefelkamp, via email [margo.knefelkamp@indianapolisems.org](mailto:margo.knefelkamp@indianapolisems.org) or phone 317-630-7742 office, or 317-523-4636.
2. A study was recently published that ties improved readiness scores with decreased mortality-Emergency Department Pediatric Readiness and Mortality in Critically Ill Children Stefanie G. Ames, Billie S. Davis, Jennifer R. Marin, Ericka L. Fink, Lenora M. Olson, Marianne Gausche-Hill, Jeremy M. Kahn CONCLUSIONS: Presentation to hospitals with a high pediatric readiness score is associated with decreased mortality. Efforts to increase ED readiness for pediatric emergencies may improve patient outcomes.
3. Dr. Weinstein, iEMSC Program Director will serve on the state committee at ISDH to develop the Pediatric Surge Annex, ASPR requirement. HCCs must have a draft response plan annex addressing pediatric surge completed by April 1, 2020. Please reach out to iEMSC and include in your planning efforts.
4. The EMSC program is moving to annual data collection for Performance Measures 2 and 3 beginning in January. Annual data collection will occur January-March. All EMS agencies, transporting and non-transporting who respond to 911 will be asked to complete the 8-10 minute assessment. This is a change from the 2017 EMS assessment, meaning we are no longer able to sample agencies and that all EMS agencies across the 59 states and U.S. territories will be asked to complete the survey. The survey is based on EMSC PM 02: Pediatric Emergency Care Coordinator (PECC) The percentage of EMS agencies in the state or territory that have a designated individual who coordinates pediatric emergency care. EMSC 03: Use of Pediatric-Specific Equipment The percentage of EMS agencies in the state or territory that have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment. The change to annual data collection will bring challenges as well as opportunities to collecting data from EMS provider agency managers. To aid in this transition, NEDARC, the National EMSC Data Analysis Resource Center will send out the survey. A response plan is currently being created. Emails with the assessment will originate from the university. NEDARC will be in communication with EMSC Program Managers regarding their individual response rates and ways to attain the HRSA required response. More information will be communicated later this fall. In the meantime, Margo is work with State EMS to update contact list and ways to disseminate communication regarding the assessment.
5. The 9<sup>th</sup> Annual EMSC Pediatric Heroes Award Nomination Forms are available. iEMSC will now be taking nominations for the amazing work that happens on behalf of children all over the State of Indiana. Please make your nomination today! You can nominate your pediatric healthcare hero today by completing a [nomination form](#) found on iEMSC website-indianaemsc.org and then emailing it to [margo.knefelkamp@indianapolisems.org](mailto:margo.knefelkamp@indianapolisems.org)
6. The iEMSC monthly and the quarterly PECC newsletter have a new format, if you wish to subscribe please contact.
7. If you have a pediatric educational opportunity, please contact and we will place in newsletter and social media outlets.

8. Margo will have a both full of information on display here at the IERC on Friday. Please take a moment to speak with her and ask any questions you may have about the upcoming EMS assessment, Prehospital based Pediatric Emergency Care Coordinator Network, the Pediatric Surge Annex ASPR requirement for HCCs, Pediatric Readiness in Indiana hospital emergency departments, etc.
9. Thank you for your tireless efforts to expand the reach of EMSC to improve the readiness of our prehospital workforce to care for our children.

#### **INDIANA EMERGENCY MEDICAL SERVICES ASSOCIATION (IEMSA)**

Mr. Gary Miller reported.(see attachment #4) Mr. Miller thanked Dr. Sullivan for coming to the Commission meeting and presenting. Mr. Miller talked briefly about the issues with the brokerage program. Mr. Miller also talked briefly about the epi shortage.

#### **INDIANA FIRE CHIEFS ASSOCIATION**

Mr. Douglas Randall the co – chair of the EMS Section thanked everyone for being in attendance. Mr. Randall reported on the projects that the Fire Chiefs are working on. Mr. Randall also invited everyone to attend the awards banquet.

#### **EMS EDUCATION WORKING GROUP**

Mr. Jeffrey Quinn presented information on recommended changes to the EMT skills sheets. Mr. Quinn also discussed the concept of having an EMT portfolio more will be presented at the November EMS Commission meeting (see attachment #5).

**A motion was made by Commissioner Zartman to accept the changes to the EMT skills sheets**

1. **Replace Spinal immobilization-Seated with BVM Ventilation of an Apneic Patient;**
2. **Replace BLS Airway Management with Supraglottic Airway Management;**
3. **Replace the Random Basic Skill with Bleeding/Shock and Wound Management.**

**Any classes that begin after September 1<sup>st</sup> will use the new skills sheets. The motion was seconded by Commissioner Hoggatt. Some discussion followed. The motion passed.**

#### **WAIVERS TO BE HEARD BY THE COMMISSION**

Ms. Robin Stump presented the waiver requests from Oak Street Health. Oak Street Health is requesting a waiver of 836 IAC 2-2-1 (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 Oak Street Health is a new EMS provider organization that will be providing in-home paramedic support services forty hours per week. Oak Street Health is providing community paramedicine services to its member patients. Patients can call 911 if immediate services are needed. Staff Recommendation: Approval

**A motion was made by Commissioner Zartman to approve the waiver. The motion was seconded by Commissioner Mackey. After some discussion the motion was approved.**

Oak Street Health 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. Oak Street Health is a new EMS provider organization that will be providing in-home paramedic support services forty hours per week. Oak Street Health is providing community paramedicine services to its member patients. The paramedic will receive a list of patients to be seen each day but will not do an emergency response. They will be paired with a community health worker. They will not be operating out of an emergency vehicles or ambulance. Staff

Recommendation: Approval

**A motion was made by Commissioner Zartman to approve the waiver. The motion was seconded by Commissioner Hoggatt. Some discussion followed. The motion was approved.**

Oak Street Health is requesting a waiver of the following 836 IAC 1-1-5 (a) Sec. 5. (a) All emergency medical service provider organizations shall participate in the emergency medical service system review by collecting and reporting data elements for all emergency medical service provider organization runs. The elements shall be submitted to the agency by 11:59 p.m. of the day following the completion of the run by electronic format in the manner specified by the commission. The data elements prescribed by the commission are the following National Emergency Medical Service Information System (NEMSIS) Version 3 data elements: (225 elements) Oak Street Health is a new EMS provider organization that will be providing community paramedicine services to its member patients. The paramedic will receive a list of patients to be seen each day but will not do an emergency response. Although they will be capturing some data it will not be the conventional EMS data per NEMSIS. EMS Staff has discussed with them that once a list of data elements specific to community paramedicine are determined we will work with them to support the import of that data. Staff Recommendation: Approval.

**A motion was made by Commissioner Zartman to approve the waiver. The motion was seconded by Commissioner McCullough. Some discussion followed. The motion was approved.**

Chairman Turpen called for a break at 3:42pm

Chairman Turpen called the meeting back to order at 3:53pm

#### **NEW BUSINESS**

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

#### **OLD BUSINESS**

- a. Final approval of the Stroke Rule – (see attachment #6) – Deputy General Counsel Kraig Kinney presented the stroke rule and reported that we did not have any changes from the public meeting.

**The following motion was made by Commissioner Zartman “After full consideration of the public comments from the public hearing, including the emails to Counsel Kinney, I move that the stroke field triage and transport destination proposed rule published in the Indiana Register and presented in our packet today be adopted as our final rule adding 836 IAC 1-2.2.” The motion was seconded by Commissioner Bowman. The motion passed.**

- b. Tabled business and/or waivers – none at this meeting
- c. Current ongoing studies
  - a. CPAP use at the BLS level –No report given at this meeting. No new information to report.

## ASSIGNMENTS

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

## ADMINISTRATIVE PROCEEDINGS

### A. Waiver Orders

#### a. Personnel

##### i. PI waiver requests – granted by staff

- a. Order number W0032-2019 Atkins, Stephanie - No action required none taken
- b. Order number W0027-2019 Barrett, Jessica - No action required none taken
- c. Order number W0026-2019 Barrett, Thomas - No action required none taken
- d. Order number W0018-2019 Bender, Leah - No action required none taken
- e. Order number W0012-2019 Bontrager, Josiah - No action required none taken
- f. Order number W0033-2019 Bowen, Zaphaniah William - No action required none taken
- g. Order number W0009-2019 Cole, Jamie L. - No action required none taken
- h. Order number W0005-2019 Cole, Michael W. II - No action required none taken
- i. Order number W0024-2019 Cooper, Brandon L. - No action required none taken
- j. Order number W0021-2019 Dreamer, Scott - No action required none taken
- k. Order number W0028-2019 Fleck, Bryan - No action required none taken
- l. Order number W0017-2019 Herrington, Alan - No action required none taken
- m. Order number W0030-2019 Hodson, David - No action required none taken
- n. Order number W0014-2019 Jero, Karl - No action required none taken
- o. Order number W0009-2019 Jones, Rhianna - No action required none taken
- p. Order number W0019-2019 Lachmund, Justin - No action required none taken
- q. Order number W0016-2019 McKinney, Jeremy - No action required none taken
- r. Order number W0020-2019 Osborn, Jeramey - No action required none taken
- s. Order number W0022-2019 Peck, David - No action required none taken
- t. Order number W0013-2019 Perry, Christopher - No action required none taken

- u. Order number W0004-2019 Redelman, Annette Mary - No action required none taken
- v. Order number W0015-2019 Root, Blayne - No action required none taken
- w. Order number W0029-2019 Spencer, Benjamin - No action required none taken
- x. Order number W0023-2019 Thomas, Gabriel - No action required none taken
- y. Order number W0032-2019 Kenney, Shade D. - No action required none taken
- ii. Extension of temporary certification – granted by staff
  - a. Order number W0011-2019 Schmitz, Casey  
No action required none taken
- iii. Renewal of certification outside of 120 days – granted by staff
  - a. Order number W0002-2019 Ellert, Kurt  
No action required none taken
- iv. Request to be in the non- accredited Training Institute Process – granted by staff
  - a. Order number W0003-2019 Levy, Eric  
No action required none taken
- b. Provider
  - i. Waiver for backup alarms, reflective numbers on vehicles – granted by staff
    - a. Order number W0007-2019 Allen County Sheriff's Department  
No action required none taken
  - ii. Staffing requirements – granted by staff
    - a. Order number W0010-2019 Lutheran Ground Critical Care Transport  
No action required none taken
  - iii. Equipment requirements – granted by staff
    - a. Order number W0008-2019 Scott Township Fire and EMS  
No action required none taken
- B. Disciplinary Orders
  - a. Personnel
    - i. Emergency Suspension
      - 1. Order number 0010-2019 Staggs, John P.  
No action required none taken

## **STAFF REPORTS**

- A. Data Report – this report was delayed until State Medical Director Dr. Michael Kaufmann's report.
- B. Operations Report – Ms. Robin Stump reported that staff is working on updating rosters in Acadis and giving access to authorized persons to keep it updated in the system. Ms. Stump also announced that staff is working on getting organizations into Acadis for online renewals. Ms. Stump also reminded everyone that the end of the quarter is coming up everyone needs to get their applications in so field staff has plenty of time to get them entered around holidays.
- C. Compliance Report- Mrs. Candice Pope reported the following:
  - a. Introduced Mr. Aaron Hedges has been hired as an EMS Certification Specialist
  - b. 2 pending initial letters

- c. 121 violation letters have been sent out since the last Commission meeting
- d. We have 21 certifications on probation
- e. 15 revoked
- f. 8 Suspended
- g. 464 under review
- h. 152 pending audits

Ms. Pope reminded everyone that the end of the quarter is coming up to get renewals completed. Don't wait until the last minute.

- D. Certifications report –
  - a. Personnel report – no report at this meeting
  - b. Provider report – no action required. None taken.
- E. Training Report – (see attachment #7) – Mr. Timothy Layton briefly went over the report.

**STATE EMS DIRECTORS REPORT** – Director Michael Garvey deferred to Dr. Kaufmann's report.

**STATE MEDICAL DIRECTORS REPORT** - Dr. Michael Kaufmann report is attached. (see attachment #8).


**CHAIRMAN'S REPORT AND DIRECTION-** Chairman Turpen reminded everyone that the EAGLES conference is coming up it will be held in Ft. Lauderdale Florida. Chairman Turpen also announced that the registration for NACSP is now opened.

**NEXT MEETING**

November 14, 2019  
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 at 4:35pm. The motion was seconded by Commissioner Bowman. The motion passed.

Approved   
G Lee Turpen, Chairman



# Attachment #1

**From:** Turpen, Lee [<mailto:Lee.Turpen@amr.net>]  
**Sent:** Saturday, August 17, 2019 9:58 AM  
**To:** Garvey, Mike <[mgarvey@dhs.IN.gov](mailto:mgarvey@dhs.IN.gov)>; Pope, Candice <[CaPope@dhs.IN.gov](mailto:CaPope@dhs.IN.gov)>; Frank, Stanley <[SFrank@dhs.IN.gov](mailto:SFrank@dhs.IN.gov)>  
**Subject:** Paramedic Emeritus Request

\*\*\*\* This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. \*\*\*\*

All:

Michael S. Klueh passed away suddenly Thursday night in Grand Rapids. He is the past general manager and CFO of Alexander Ambulance. He brought dive rescue to southern Indiana. He has more EMS certifications than most of us can quote. He became a lawyer and maintained being a paramedic. He was most recently the chief compliance officer for Spectrum Health after leaving St. Vincent's several years ago. He was also a flight medic. He became a medic in 1986.

I would like to, if possible, present this certificate during visitation which may be Monday or Tuesday. Hopefully, Tuesday.

If we could somehow transmit to me electronically, I can sign and frame here if needed.

Mike died unexpectedly of a PE, post knee surgery. They have requested an AMR vehicle in the procession.

G. Lee Turpen II

**ATTACHMENT**

**#2**

From: Pamela Moore [mailto:pamstigall@gmail.com]

Sent: Saturday, August 17, 2019 10:40 AM

To: Pope, Candice <CaPope@dhs.IN.gov>; Pagano, Tony <TPagano@dhs.IN.gov>; Stump, Robin <rstamp@dhs.IN.gov>

Subject: Deceased Former Student

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Andrew St. John was in our fall class last year (so B41-05-18) and we just found out he died in a crash during training Thursday night. He took his NR one time and failed. I saw him at Kroger the night before he left on this trip and he was planning to take it again when he got home. They had him traveling all over the country doing training.

I don't know how you guys decide who gets the honorary EMT recognition, but he would have been a good, caring EMT and was already serving as a firefighter. He was one of the happiest, most positive people I've ever known.

Pam

PSID: 8269-2234

<https://www.facebook.com/andrew.stjohn.184>

<https://www.armytimes.com/news/your-army/2019/08/16/indiana-guardsman-dies-in-training-accident-at-ft-hood/>

<https://www.wthr.com/article/greenwood-guard-soldier-dies-vehicle-accident-ft-hood>

*Pam*

# ATTACHMENT

#4

WEDIC AID PAYMENTS BY STATE

State	Start Date	BLS	BLS E	ALS	ALS E	ALS-2	SCT	Treat		ALS Mileage	BLS Mileage	Oxygen	X-Attend	Waiting Tim
								No Tran	ALS Mileage					
Alabama	Jan-08	\$70.00	\$70.00	\$165.00	\$165.00	\$165.00	\$165.00	\$165.00	\$1.00	\$1.00	\$15.00			
Alaska	Jan-05	\$225.00	\$275.00	\$325.00	\$325.00	\$325.00	\$325.00	\$180.00	\$5.47	\$5.47		\$15.93		
Arizona	Oct-07	\$298.70	\$298.70	\$385.57	\$385.57	\$385.57	\$385.57		\$8.49	\$8.49				
Arkansas	Feb-08	\$183.86	\$183.86	\$240.46	\$240.46	\$240.46	\$240.46		\$2.97	\$2.97	\$17.14	\$16.44		\$9.88
California	Jul-07	\$107.16	\$128.08	\$107.16	\$128.08	\$128.08	\$128.08		\$3.55	\$3.55	\$9.88			
Colorado	Jul-07	\$102.64	\$94.57	\$102.70	\$138.03	\$165.65	\$189.15		\$1.68	\$1.68	\$11.46	\$24.30		\$17.44
Connecticut	Oct-05	\$173.45	\$173.45	\$173.45	\$173.45	\$173.45	\$173.45	\$74.80	\$2.88	\$2.88	\$12.00			
Delaware	Feb-08	\$35.00	\$55.00	\$35.00	\$55.00	\$55.00	\$55.00		\$1.50	\$1.50				
List of Columbia	Feb-08	\$108.43	\$108.43	\$288.94	\$288.94	\$288.94	\$288.94		\$2.00	\$2.00				
Florida	Feb-06	\$136.00	\$136.00	\$190.00	\$190.00	\$190.00	\$190.00		\$4.92	\$4.92				
Georgia	Jan-08	\$159.82	\$159.82	\$255.72	\$303.67	\$303.67	\$303.67		\$1.95	\$1.95				\$4.42
Hawaii	Jan-08	\$204.74	\$204.74	\$245.70	\$245.70	\$245.70	\$245.70		\$4.24	\$4.24	\$17.81	\$145.21		
Iaho	Sep-06	\$85.42	\$136.67	\$102.50	\$162.30	\$234.91	\$397.24		\$1.88	\$1.88	\$11.28	\$5.00		\$20.00
Ilinols -Average	Dec-02	\$103.06	\$103.06	\$170.18	\$170.18	\$170.18	\$170.18		\$4.41	\$4.41	\$15.00	\$16.87		\$16.87
ndiana	Jan-04	\$95.84	\$110.84	\$95.84	\$160.84	\$160.84	\$160.84		\$2.25	\$2.25	\$11.25	\$48.00		\$6.25
owa	Jan-08	\$72.93	\$72.93	\$118.07	\$118.07	\$118.07	\$118.07	\$72.93	\$2.50	\$2.50	\$10.00			
ansas	Jan-08	\$40.00	\$50.00	\$40.00	\$80.00	\$80.00	\$80.00		\$4.00	\$4.00	\$3.00			\$15.00
ntucky -Average	Feb-08	\$71.25	\$71.25	\$85.00	\$85.00	\$85.00	\$85.00		\$5.43	\$5.43				
ouisiana	Nov-07	\$178.26	\$178.26	\$178.26	\$381.73	\$381.73	\$381.73		\$2.50	\$2.50	\$38.72			
ouisiana	Sep-06	\$135.00	\$135.00	\$135.00	\$135.00	\$135.00	\$135.00		\$4.32	\$4.32	\$30.00			
laine	Jan-08	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00		\$2.82	\$2.82				\$33.41
laryland	Jan-08	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00		\$4.25	\$4.25				
laryland	Jan-08	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00		\$6.38	\$6.38		\$10.82		
laryland	Jan-08	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00		\$4.38	\$4.38				
laryland	Jan-08	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00		\$2.50	\$2.50	\$20.00			
laryland	Jan-08	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00		\$2.73	\$2.73	\$12.02	\$44.25		\$14.75
laryland	Jan-08	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00		\$5.08	\$5.08				
laryland	Jan-08	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00		\$4.74	\$4.74				
laryland	Jan-08	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00		\$2.60	\$2.60	\$12.00			\$30.00
laryland	Jan-08	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00		\$1.50	\$1.50				\$2.50
laryland	Jan-08	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00		\$3.40	\$3.40				
laryland	Jan-08	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00		\$5.88	\$5.88				
laryland	Jan-08	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00		\$1.30	\$1.30	\$13.30	\$9.02		
laryland	Jan-08	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00		\$5.90	\$5.90				
laryland	Jan-08	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00		\$3.80	\$3.80				
laryland	Jan-08	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00		\$2.00	\$2.00				
laryland	Jan-08	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00		\$1.75	\$1.75				
laryland	Jan-08	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00		\$2.60	\$2.60				\$12.50
laryland	Jan-08	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00		\$2.60	\$2.60	\$18.96	\$35.26		\$9.83
laryland	Jan-08	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00		\$2.58	\$2.58				
laryland	Jan-08	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00		\$2.58	\$2.58				

Texas	\$200.00	\$250.00	\$200.00	\$250.00	\$250.00	\$250.00	\$250.00	\$4.50	\$4.50	\$25.10	\$5.85
Utah	\$161.67	\$161.67	\$161.67	\$161.67	\$161.67	\$161.67	\$161.67	\$5.40	\$5.40	\$19.26	
Vermont	\$101.08	\$110.27	\$110.27	\$115.53	\$189.09	\$223.43	\$223.43	\$2.84	\$2.84		
Virginia--Average	\$112.50	\$112.50	\$112.50	\$112.50	\$112.50	\$112.50	\$112.50	\$2.50	\$2.50		
Washington	\$115.34	\$168.43	\$168.43	\$168.43	\$168.43	\$168.43	\$168.43	\$5.08	\$5.08		
West Virginia	\$90.00	\$377.50	\$377.50	\$377.50	\$377.50	\$377.50	\$377.50	\$3.80	\$3.80	\$25.00	\$22.80
Wisconsin	\$93.96	\$112.75	\$112.75	\$178.52	\$258.39	\$305.37	\$305.37	\$5.50	\$5.50	\$14.58	
Wyoming	\$157.22	\$188.66	\$188.66	\$298.71	\$432.35	\$510.96	\$510.96	\$5.63	\$5.63	\$25.00	
Average Payment	\$127.67	\$171.01	\$171.01	\$213.78	\$237.42	\$251.10	\$251.10	\$3.61	\$3.50	\$17.16	\$14.84
Minimum Payment	\$35.00	\$35.00	\$35.00	\$55.00	\$55.00	\$55.00	\$55.00	\$1.00	\$1.00	\$9.88	\$2.50
Maximum Payment	\$298.70	\$385.57	\$385.57	\$430.03	\$549.03	\$648.85	\$648.85	\$8.49	\$8.49	\$38.72	\$33.41
Indiana as % of Average	0.75	0.70	0.56	0.75	0.68	0.64	0.64	1.22	0.94	0.87	0.15

**ATTACHMENT**

**#5**



September 18, 2019

Dear Commissioners,

Since the last meeting where the approval to move to the National Registry of Emergency Medical Technicians (NREMT) psychomotor sheets was adopted, the Work Group with Staff have been working tirelessly on the development of a "new" exam format as well as developing a portfolio.

When going through the NREMT sheets, we did run into a small bump in the road. The Supraglottic Airway (SGA) AEMT sheet from the NREMT has the candidate confirm the placement by a secondary means such as capnography/ capnometry, EDD or colorimetric device and pulse oximetry.

The recommendation would be for the Commission to adopt capnography as a monitoring device at the EMT Level. This would allow for a more definite determination of placement of a SGA airway by use of the "Gold Standard". The SGA airway has already been adopted by the Commission as a skill at the EMT Level. The EMT has the ability to insert the airway, but does not have a standard to confirm the placement, thus allowing a critical patient safety concern.

There would not be any financial burden on an agency as the terminology taught would be "capnography, EDD or colorimetric device if available". The skill sheet still allows for the use of Esophageal Detector Device (EDD), colorimetric device or pulse oximetry to be utilized as a secondary means of confirmation. The EMT courses would need to add the EDD and colorimetric devices, but this is felt to be a very small undertaking without much financial impact.

If you as the Commission adopt the capnography as an EMT skill, the next recommendation is to change the skills actually tested. We would maintain the seven (7) core skills, but change them around. The BLS Airway would be changed to SGA Airway Management. The Spinal Immobilization Seated would be removed totally or moved to the portfolio and then replaced with BVM Ventilation of an Apneic Patient. Finally, the Random Skill would be removed all together and replaced with Bleeding Control and Shock Management with Wound Control. (See Table 1)

Table 1:

	<b>Current</b>	<b>Proposed</b>
Section 4	BLS Airway Management	Supraglottic Airway Management
Section 5	Spinal Immobilization (Seated)	BVM Ventilation of an Apneic Patient
Section 7	Random Skill:	Bleeding Control, Shock and Wound Management

This maintains the seven skills tested and places all other skills into the portfolio. The portfolio is then increased so that proficiency in the other skills may be documented. Skills that have been added such as Intranasal Narcan, Epi IM, Glucometer and others do not currently have a skills sheet to show that a candidate has met minimal competency to be able to perform on a patient. These would now be able to

be placed in the portfolio and maintained by the Training Institution as a part of the candidates training record.

The newly created Indiana EMT Psychomotor Competency Portfolio, if approved would serve as proof that the candidate has met the minimum qualification and competency to attempt the Psychomotor Exam.

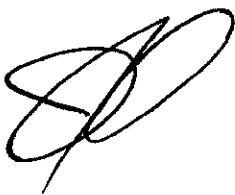
The portfolio may be as simple as a skills check off by peer followed by instructor check off where the candidate's forms are completed and maintained. The portfolio included (*Appendix I*) is a "Best Practices Model" that may be utilized by instructors that are not currently familiar with the NREMT Portfolio.

The Work Group's recommendations and request to the Commission today would be to approve all of the following:

1. Change the psychomotor exam as follows:
  - a. Replace BLS Airway with Supraglottic Airway Management
  - b. Replace Spinal Immobilization (Seated) with BVM Ventilation of an Apneic Patient
  - c. Replace Random Skill with Bleeding Control, Shock and Wound Management
2. Adopt numerical and waveform capnography, Esophageal Detector Devices (EDD) and colorimetric detectors for use at the EMT level to become effective October 1, 2019.
3. Require that each candidate for initial EMT certification compete a portfolio
4. All other changes to become effective for courses January 1, 2020

Thank you for all of your time and consideration.

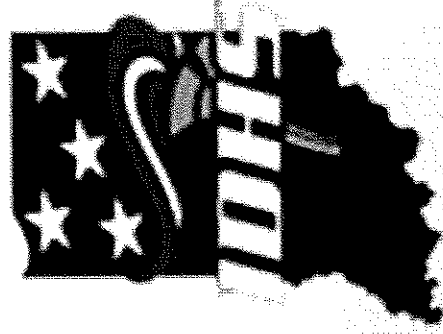
Respectfully,



Jeffrey S. Quinn

Indiana EMS Education Work Group Chair

# Indiana EMT Psychomotor Portfolio

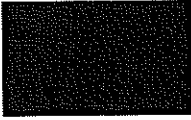


## EMS Commission Presentation

September 2019

# Commission Approved:

- ▶ Transition to NREMT Standards sheets as of September 1, 2019
- ▶ Staff with Work Group to develop a “New” Psychomotor Exam to be effective January 1, 2020
- ▶ Staff with Work Group to develop a n “EMT/ Candidate Portfolio” to document skills proficiency



INDIANA DEPARTMENT OF HOMELAND SECURITY  
EMERGENCY MEDICAL SERVICES CERTIFICATION  
332 West Washington Street, Room E239  
Indianapolis, Indiana 46204  
Telephone: 1-800-465-7774

**EMERGENCY MEDICAL TECHNICIAN  
(EMT) PSYCHOMOTOR SKILLS  
EXAMINATION REPORT**  
State Form 54692 (06 / 1-17)

INSTRUCTIONS: 1. Please type or print clearly.  
2. Candidates must read and sign where indicated before examination begins.

REGISTRANT INFORMATION	
Course number	Driver's license number
Name (last, first, middle initial)	Public Safety Identification (PSID) number
Address (number and street, city, state, and ZIP code)	Telephone number
Date of birth (month, day, year)	E-mail address
Name of training institution	Examination site

EXAMINATION RESULTS	
Date of examination (month, day, year):	Initial:
Section 1 Patient Assessment / Management - Trauma	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Section 2 Patient Assessment / Management - Medical	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Section 3 Cardiac-Arrest Management / AED	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Section 4 BLS Airway Management	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Section 5 [REDACTED]	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Section 6 Spinal Immobilization (Supine)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Section 7 [REDACTED]	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

**PRAGMATICAL SKILLS EXAMINATION PASS / FAIL CRITERIA**

- Candidates failing three (3) or fewer stations may re-test the skill(s) failed on the same day of the examination.
- Candidates failing a same day re-test must re-test those failed skills on a different day with a different examiner.
- Candidates failing a single skill three (3) times, or fails four (4) or more stations constitutes failure of the practical skills examination.
- Candidates who fail the Practical Skills Examination may re-test the entire examination only after documented remedial training.
- Candidates who must take the entire Practical Skills Examination a second time, items 1-3 above apply.
- Failure to pass the Practical Skills Examination a second time constitutes failure of the Practical Skills Examination and requires the candidate to take the entire EMT Training Program over.
- Test results announced on the day of the examination are **PRELIMINARY AND UNOFFICIAL**. Results are not final until reviewed by Indiana Department of Homeland Security Certifications staff. The Candidate will be notified by mail in the event the preliminary results of the examination ARE NOT upaid upon review.

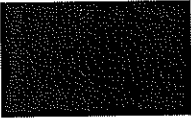
**EMERGENCY MEDICAL SERVICES REGISTRANT SIGNATURE**

By my signature below, I acknowledge that I have read and understand the Pass / Fail testing criteria listed in items 1-7 above.  
Signature of EMT candidate \_\_\_\_\_ Date (month, day, year) \_\_\_\_\_

State representative comment: \_\_\_\_\_ Date (month, day, year) \_\_\_\_\_

Signature of representative \_\_\_\_\_ Date (month, day, year) \_\_\_\_\_

**FOR OFFICE USE ONLY**  
Staff initials  Pass  Fail Date (month, day, year) \_\_\_\_\_



**EXAMINATION RESULTS**

	Date of Examination (month, day, Year)	Initial:	Retest number:
Section 1	Patient Assessment/ Management - Trauma	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Section 2	Patient Assessment/ Management - Medical	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Section 3	Cardiac Arrest Management/ AED	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Section 4	BLS Airway Management	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Section 5	Spinal Immobilization (seated)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Section 6	Spinal Immobilization	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Section 7	Random Skill: _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

# Move to Portfolio:

- ▶ Long Bone
- ▶ Joint Injury
- ▶ Oxygen Preparation and Application
- ▶ Traction Splint
- ▶ Spinal Immobilization Seated (*or remove totally*)

▶ **Maintains all of the current documentation for Pass/ Fail Criteria**

- ▶ **Failure of four (4) or more stations constitutes a failure of the exam**
- ▶ **Retest of up to three (3) the same day.**



# Complications:

- ▶ Supraglottic Airway
- ▶ NREMT AEMT sheet mentions capnography, that is not currently in Scope for EMT

Adjusts ventilation as necessary [ventilates through additional lumen or slightly withdraws tube until ventilation is optimized]	1
Verifies proper tube placement by secondary confirmation such as capnography, capnometry, EDD or colorimetric device	1
<b>NOTE: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"</b>	
Secures device or confirms that the device remains properly secured	1
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter	1
<b>TOTAL</b>	<b>18</b>

Actual Time Ended: \_\_\_\_\_

Critical Criteria

# 2015 Scope of Practice

“Within the scope of practice of the EMT:

**Obtaining and using information from patient monitoring devices including (but not limited to)**

- Pulse oximetry
- Non-invasive blood pressure“

- **Add capnography as a monitoring device for EMT to have the option of reading the number to determine airway is secure and not as a diagnostic tool.**

# 2019 National Scope of Practice Model

## Appendix II:

Specifically speaks of supraglottic airway (SGA) and waveform capnography

"The Expert Panel concluded that while SGA and waveform capnography could successfully be taught and measured at the EMT level"

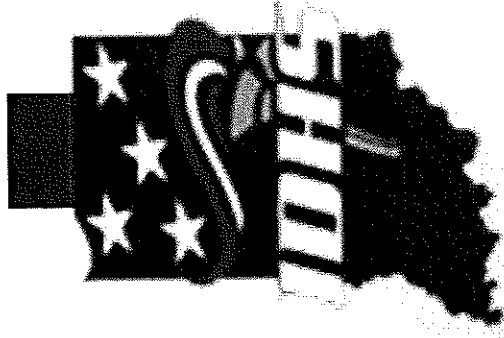
Concerns: ~~"BVM is not taught well or used effectively"~~

~~"add significant time and expense to the EMT program"~~

~~"a critical patient safety concern if a SCA is not properly placed or is not verified"~~

# Indiana EM

# lio



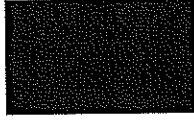
# Former Random Skills:

- ▶ Long Bone
- ▶ Joint Injury
- ▶ Oxygen Preparation and Application
- ▶ Traction Splint
- ▶ Spinal Immobilization Seated (*or remove totally*)

# Include in the Portfolio:

- ▶ CPAP
- ▶ IV Maintenance
- ▶ IM Epi
- ▶ MDI
- ▶ Glucometer
- ▶ Intranasal nasal
- ▶ Team Leading?

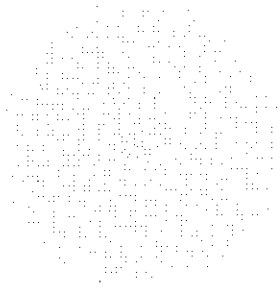
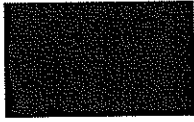
**NREMT has sheets  
to cover these**



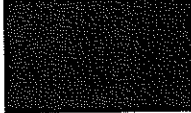
# Why?

- ▶ Better document the skills proficiency for the basic EMT.
- ▶ Increase the “hands-On” or the skills for the EMT Candidate
- ▶ Provide a framework to follow from EMT through Paramedic that remains similar for the candidates.
- ▶ Removed the burden of the certification agency of proving proficiency and leaves core skills to be tested only.

**What does this “Portfolio” look like?**



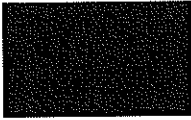




# **Proposal #1:**

## **Adopt the Following Changes to psychomotor exam at the EMT Level**

- a) **Removing Spinal Immobilization Seated and replacing with BVM Ventilation of an Apneic Patient**
- b) **Change the BLS Airway Management to Supraglottic Airway Management**
- c) **Remove the “Random Skill” and replace with Bleeding/ Shock & Wound Management**



## **Proposal #2:**

### **Adopt Capnography at EMT Level**

- a) For use as a monitoring device to confirm placement of the supraglottic airway, if available.
- b) Not to be used as diagnostic tool.



**Proposal #3:**

**Require that every EMT Candidate  
complete an Indiana EMT Psychomotor  
Competency Portfolio**



**The IDHS Staff,**



**The Work Group,**



**and The Commission,**

**For all the hard work and  
your consideration!**

**ATTACHMENT**

**#6**

# TITLE 836 INDIANA EMERGENCY MEDICAL SERVICES COMMISSION

## Proposed Rule LSA Document #19-172

### DIGEST

Adds 836 IAC 1-2.2 to add a new rule that creates a stroke field triage and transport destination protocol. Effective 30 days after filing with the Publisher.

SECTION 1. 836 IAC 1-2.2 IS ADDED TO READ AS FOLLOWS:

#### **Rule 2.2. Certification of Ambulance Service Providers - Stroke Field Triage and Transport Destination Protocol**

##### **836 IAC 1-2.2-1 Purpose**

Authority: IC 16-31-2-9.5

Affected: IC 10-14-3-12; IC 16-18; IC 16-21-2; IC 16-31-2-9.5; IC 16-31-3; IC 25-22.5-1-1.1; IC 25-23-1-1.1

**Sec. 1.** The purpose of this rule is to provide a regulatory plan to ensure that suspected stroke patients in the Indiana prehospital setting are transported to the most appropriate hospital based on field assessment by emergency medical services personnel.  
*(Indiana Emergency Medical Services Commission; 836 IAC 1-2.2-1)*

##### **836 IAC 1-2.2-2 Definitions**

Authority: IC 16-31-2-9.5

Affected: IC 10-14-3-12; IC 16-18; IC 16-21-2; IC 16-31-2-9; IC 16-31-3; IC 25-22.5-1-1.1; IC 25-23-1-1.1

**Sec. 2.** The following definitions apply throughout this rule:

- (1) "Hospital" means a hospital that is licensed under IC 16-21-2 or another hospital, located in Illinois, Kentucky, or Michigan, that is licensed under a statute in that state that is substantially equivalent to IC 16-21-2, or another hospital, located in Ohio that is legally operating under the laws of the state of Ohio and that provides substantially the same level of care as an Indiana hospital that is licensed under IC 16-21-2.
- (2) "Protocol" means a written guidance, prepared by the ambulance service provider organization's medical director, defining stroke treatment and destination procedures that shall be based on the findings of the stroke screening tool. Written protocols include protocols required for:
  - (A) ambulance service provider organizations in 836 IAC 1-2-1;
  - (B) nontransport provider organizations in 836 IAC 1-11-3;
  - (C) paramedic provider organizations in 836 IAC 2-2-1; and

(D) advanced emergency medical technician provider organizations in 836 IAC 2-7.2-1.

- (3) "Stroke screening tool" means an evidence-based nationally recognized tool that is used by emergency medical services personnel to identify and evaluate a neurological defect a patient may have as it relates to a stroke. The following are acceptable evidence based, nationally recognized tools that may be used:
- (A) The Cincinnati Prehospital Stroke Scale (CPSS).
  - (B) FAST mnemonic (facial, arms, speech, time assessment).
  - (C) L.A. Stroke Severity Scale.
  - (D) The National Institutes of Health Stroke Scale (NIHSS).
  - (E) The Rapid Arterial Occlusion Evaluation (RACE) Stroke Scale.
  - (F) Other evidenced-based nationally recognized tools approved by the ambulance service provider organization's medical director.

*(Indiana Emergency Medical Services Commission; 836 IAC 1-2.2-2)*

### 836 IAC 1-2.2-3 Identification, transport, and treatment protocol

Authority: IC 16-31-2-9.5

Affected: IC 10-14-3-12; IC 16-18; IC 16-21-2; IC 16-31-2-9; IC 16-31-2-9.5; IC 16-31-3; IC 25-22.5-1-1.1; IC 25-23-1-1.1

Sec. 3. (a) Ambulance service provider organization and nontransport provider organization medical directors shall develop protocols that address the identification, transport destination determination, and treatment protocols specifically addressing stroke as part of the medical director responsibilities in creating protocols.

(b) After an emergency medical dispatch agency, through the process of emergency medical dispatch, determines the possibility of a stroke and notifies responding emergency medical services units, the emergency medical services crews shall then be dispatched per dispatch protocols.

(c) Upon emergency medical services personnel arrival at the scene of a patient with suspected stroke, an emergency medical services provider must perform and document the following:

- (1) An initial stroke assessment utilizing a stroke screening tool, as listed in section 2(3) of this rule and as approved by protocol.
- (2) Obtain a blood glucose, if available.
- (3) Identify and document time of last known well time and time of symptom discovery.

(d) If the patient screens positive for a stroke during the assessment with the initial stroke screening tool, the provider may then perform, if approved by protocol, an evidence-based nationally recognized Large Vessel Occlusion (LVO) Stroke Scale assessment, such as Rapid Arterial Occlusion Evaluation (RACE), Field Assessment Stroke Triage for Emergency Destination (FAST-ED), and Cincinnati Stroke Triage Assessment Tool (C-STAT).

(e) Patients determined to need stroke center care, by virtue of their stroke screening tool, shall be transported to an appropriate stroke capable hospital as



determined by the provider organization's medical protocol, which shall consider the following:

- (1) Capability to administer tissue plasminogen activator (such as alteplase) accurately, promptly, and safely.
- (2) Nationally recognized evidence-based science.
- (3) Nationally recognized guidelines.
- (4) The list of available certified stroke centers published by the Indiana state department of health pursuant to IC 16-31-2-9.5(b).

*(Indiana Emergency Medical Services Commission; 836 IAC 1-2.2-3)*

**836 IAC 1-2.2-4 Advance notification**

Authority: IC 16-31-2-9.5

Affected: IC 10-14-3-12; IC 16-18; IC 16-21-2; IC 16-31-2-9; IC 16-31-3; IC 25-22.5-1-1.1; IC 25-23-1-1.1

**Sec. 4. Emergency medical services personnel shall provide early advance notification to the receiving facility whenever possible to allow appropriate activation of resources prior to patient arrival.**

*(Indiana Emergency Medical Services Commission; 836 IAC 1-2.2-4)*



PUBLIC HEARING FOR LSA #19-172 – STROKE RULE -TRANSCRIPT

INDIANA EMERGENCY MEDICAL SERVICE COMMISSION

Staff Present – Stan Frank – Southwest EMS District Manager, Kraig Kinney – Deputy General Counsel, Timothy Layton – Sim Lab Manager, Robin Stump – EMS Education and Training Manager, Michael Garvey- State EMS Director

General Public Present – Danielle Patterson - , Allison - , Ruth -

Mr. Kraig Kinney called the meeting to order at 10:15am on July 29, 2019.

Mr. Kraig Kinney - “Good morning. Welcome. It is July 29. It is 10:15am. We are here for a public hearing under Indiana Code 422 – 2 – 24 to hear public commentary on proposed rule 836 IAC 1-2.2 to create a Stroke Field Triage and Transportation rule to provide guide lines for all EMS provider organizations and EMS individual providers. The purpose of a public hearing is that it allows opportunity for individuals to comment on the proposed rule through the presentation of oral and written facts, or any arguments they would like to make either in support or against the rule or address and questions. Today’s testimony if any will be presented to the EMS Commission at which time the EMS Commission must decide to either accept the commentary or reject it but they must address it one way or another. You can address any questions to me. This is Kraig Kinney I am IDHS legal and I am administrating the hearing on behalf of the EMS Commission. With that said I know we have some staff here and we have 3 non staff here. Would you like to make any comment on the proposed rule?”

Ms. Danielle Patterson – “Good morning, my name is Danielle Patterson and I am Government Relations Staff for the American Heart Association. We advocated for the proposed rule through the legislative process. We are delighted that we are moving forward with it. We represent thousands of stroke patients and an unknown number of people that could be at risk of a stroke our goal is just to make sure that they get to best appropriate care at the time of the action. We work in concert with EMS and other partners through the state like the Indiana Stroke Consorsum. So we are happy that we are moving forward as we talked there hasn’t been to many comments just some clarification and we are hoping this will provide EMS a protocol that they can use to get people to the most appropriate care at the time of action. So I appreciate being here this morning.”

Mr. Kinney- "And Ms. Patterson I think when we were talking off the record you stated you helped spread the notice of today's meeting is that correct?"

Ms. Patterson – "We did so what we did is we sent notice out through our advocacy network we have more than 5,000 advocates throughout the state when we have hearings and rule hearings like this. We also notified our partners at the Indiana Stroke Consortium. We did our best to help spread this information in hopes that more people would come to comment if they have questions."

Mr. Kinney – "Thank you"

Ms. Patterson – "Thank you"

Mr. Kinney – "Would anyone else like to comment?"

Ms. Ruth – "I really don't have a comment I work with the Indiana Stroke Consortium and a Stroke Nurse. Danielle shared the information with us and we passed it on to our membership. I am here in support. I am here more to observe and to hear any comment that may be important to take it back to the membership"

Mr. Kinney – "And what is your name? For the record"

Ms. Ruth – "Ruth Rence"

Mr. Kinney – "Any other comments? It is now 10:20am so we are going to stop the recording. Staff is going to remain around for another 10 or 15 minutes because we know that this is a big building and there is traffic. We want to make sure to give people the best opportunity they can to participate. The next action after the hearing is that the summary will be typed up by Ms. Pope who is the Commission secretary. We will present this at the next EMS Commission meeting on September 18, 2019 at the Sheraton Hotel because that is the Indiana Emergency Response Conference. We will be present it for final approval there. From there it will go into a final review with the Attorney General but they did a pre review. Then the final say will be the Governor of Indiana. This concludes this part of the meeting we will go ahead and stop the recording but we will resume if anyone else shows up. Thank you."

Mr. Kinney – "We are back on record for our public hearing on the Stroke Rule LSA 19- 172 we have the same individual that spoke earlier here however no one else has shown up. It is now 10:39am so we are going to conclude the hearing. I just want to make sure that no one else here has any additional comments. Hearing several no's we will conclude this hearing. Thank you to everyone that attended."

**ATTACHMENT #**

**7**

**Emergency Medical Services  
Provider Certification Report**

**Date :** September 11, 2019

**September 18, 2019**

In compliance with the Rules and Regulations for the operation and administration of Emergency Medical Services, this report is respectfully submit to the Commission at the **September 18, 2019** Commission meeting, the following report of agencies who have meet the requirements for certification as Emergency Medical Service Providers and their vehicles.

<u>Provider Level</u>	<u>Counts</u>
Rescue Squad Organization	1
Basic Life Support Non-Transport	498
Ambulance Service Provider	101
EMT Basic-Advanced Organization	6
EMT Basic-Advanced Organization non-transport	1
EMT Intermediate Organization	9
EMT Intermediate Organization non-transport	0
Paramedic Organization	197
Paramedic Organization non-transport	13
Rotorcraft Air Ambulance	12
Fixed Wing Air Ambulance	3

**Total Count: 841**

**New Providers Since 01-JUL-19**

<b>CLAY CITY-HARRISON TWP VOL FIRE DEPARTMENT</b>	<b>Basic Certification: 08/28/2019</b>
---	--

**Emergency Medical Services  
Provider Certification Report**

**Date :** September 11, 2019

**September 18, 2019**

In compliance with the Rules and Regulations for the operation and administration of Emergency Medical Services, this report is respectfully submit to the Commission at the **September 18, 2019** Commission meeting, the following report of agencies who have meet the requirements for certification as Emergency Medical Service Providers and their vehicles.

**SPURGEON/MONROE TWP VOL FIRE  
DEPARTMENT**

**Basic Certification:  
07/24/2019**

**ATTACHMENT**

**#8**

## September 2019 EMS Statistics

NREMT pass rates are enclosed in this report. These statistics are for courses ending between September 1, 2018 and September 1, 2019. Paramedic pass rates are for two years since most course are between 18 and 24 months. The EMT courses are broken down into 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. The programs in the next category (60% -70%) are near meeting the standard set by the Commission and those in the bottom category are below standard. There were 409 graduates of EMT courses who have tested, but did not get certified and are still eligible to test.



# Emergency Medical Technician

Program Name	Program Code	Attempt	First Att	total pass	ELIG	First Pass %	Total Pass %
Adams Memorial Hospital	IN-4201	2	2	2	0	100%	100%
Deaconess Hospital	IN-4516	4	4	4	0	100%	100%
Fort Wayne Fire Department	IN-5955	8	8	8	0	100%	100%
Noblesville Fire Dept	IN-6086	3	3	3	0	100%	100%
Dukes Memorial Hospital	IN-4912	4	4	4	0	100%	100%
St Mary's Medical Center Evansville	IN-4096	11	10	11	0	91%	100%
Kosciusko Community Hospital	IN-4517	0	9	9	1	90%	90%
Clay Fire Territory	IN-4756	6	14	14	2	88%	88%
New Haven Fire and EMS	IN-5653	7	6	6	1	86%	86%
Hands on Instruction LLC	IN-6017	9	8	8	1	89%	89%
Richmond Fire Department	IN-5707	5	4	4	1	80%	80%
Greenfield Fire Territory	IN-5732	5	4	4	1	80%	80%
Wishard Health Services	IN-4083	54	39	41	13	72%	76%
Blue River Career Programs	IN-5603	8	6	7	1	75%	88%
Parkview Regional Medical Center	IN-5296	22	17	17	5	77%	74%
Franciscan Indianapolis Hospital	IN-4080	42	32	38	4	76%	90%
Pelham Training	IN-4668	65	46	48	17	71%	74%
Parkview Whitley Hospital	IN-5023	16	12	14	2	75%	88%
Parkview EMS	IN-5303	10	7	8	2	70%	80%
Community Health Network EMS	IN-4063	48	35	37	11	73%	77%
IU Arnett Hospital EMS Program	IN-5936	25	11	12	3	73%	80%
64							

# Emergency Medical Technician

Memorial Hospital South Bend	IN-4157	3	9	12	1	69%	92%
St Mary Medical Center/Hobart	IN-4943	16	11	12	4	69%	75%
Community Howard Regional Health	IN-5804	7	5	7	0	67%	100%
Franciscan Saint Anthony Health Crown Point	IN-4079	30	20	26	4	67%	87%
Franciscan St Elizabeth Health	IN-4068	30	20	25	5	67%	83%
Columbus Regional Hospital	IN-4355	22	14	17	5	64%	77%
St Vincent Hospital	IN-4081	71	45	55	14	63%	77%
Ivy Tech South Bend	IN-4070	29	12	14	5	63%	74%
Elkhart General Hospital	IN-4067	10	6	7	3	60%	70%
Otter Creek Fire Emergency Education	IN-5929	12	7	9	3	58%	75%
American Medical Response	IN-6316	5	1	4	1	20%	80%
Witham Memorial Hosp	IN-4140	6	4	4	2	67%	67%
Indiana University	IN-4495	52	33	36	16	63%	69%
Vincennes University Jasper Center	IN-4478	8	5	5	3	63%	63%

66

# Emergency Medical Technician

IU Ball Memorial Hospital	IN-4369	70	41	45	25	59%	64%
White County EMS Education	IN-5834	25	14	17	8	56%	68%
Ivy Tech Community College - Evansville	IN-4141	37	21	23	14	57%	62%
Ivy Tech Community College - Sellersburg	IN-4864	7	4	4	3	57%	57%
Heartland Ambulance	IN-6320	28	10	11	7	56%	61%
New Castle Career Center	IN-5718	21	11	11	10	52%	52%
Ivy Tech Community College Northeast	IN-4169	47	24	30	17	51%	64%
Franciscan St. Margaret Health EMS Acade	IN-5267	35	18	21	14	51%	60%
Ivy Tech Community College - Marion	IN-6109	2	1	1	0	50%	50%
Central Nine Career Center	IN-5026	23	11	14	9	48%	61%
Hendricks Regional Health	IN-4380	22	9	13	9	41%	59%
St. Vincent Anderson	IN-4588	24	11	14	10	46%	58%
Ivy Tech Community College-Kokomo	IN-4362	12	4	7	5	33%	58%
Parkview Health LaGrange EMS	IN-6048	7	3	3	4	43%	43%
Goshen Hospital	IN-4162	25	6	8	7	40%	53%
Riverview Hospital	IN-4077	5	2	2	3	40%	40%
Ivy Tech Community College - Valparaiso	IN-5747	18	7	7	11	39%	39%
Methodist Hospitals	IN-4072	26	4	10	6	25%	63%
Emergency Services Education Center	IN-4960	42	14	21	21	33%	50%
Area 30 Career Center	IN-5147	11	4	4	7	36%	36%
Scott County EMS	IN-4078	11	4	4	7	36%	36%
Elkhart Area Career Center	IN-5816	6	2	2	4	33%	33%
Ivy Tech Community College Terre Haute	IN-4612	26	5	9	7	31%	56%
Ripley County EMS - Training Institution	IN-6146	10	3	3	7	30%	30%
Ivy Tech Community College Bloomington	IN-4071	20	5	8	12	25%	40%
Union Hosp Health Group	IN-4431	4	1	2	2	25%	50%
Vincennes University	IN-4153	16	4	7	9	25%	44%
Hancock Regional Hospital	IN-4577	5	1	2	3	20%	40%
Franciscan Alliance Crawfordsville	IN-6002	5	1	2	3	20%	40%
Crawfordsville Fire Department	IN-5990	5	1	2	3	20%	40%
Edgar County Special Ser Area Amb	IN-5637	6	1	3	3	17%	50%
Hoosier Hills Career Center	IN-6346	9	2	2	7	22%	22%
Clinton Co EMS	IN-5863	2	0	0	2	0%	0%
LaPorte Co Career and Tech Ed	IN-5994	7	0	0	7	0%	0%

# Advanced EMT

Program Name	Program Co	Attempt	First Att	Cumuli	Cumula Eligible	Fo	First Pass %	Third Pass %	Total Pass %
Fort Wayne Fire Dept	IN-5955	17	15	16	16	1	88%	94%	94%
Yellow Ambulance Training Bureau	IN-4085	24	18	18	18	6	75%	75%	75%
Harrison County Hospital	IN-4336	5	3	3	3	2	60%	60%	60%
St Vincent Indianapolis	IN-4081	9	5	6	6	3	56%	67%	67%
St Joseph Regional Med Ctr Mishawaka	IN-5529	25	13	15	15	10	52%	60%	60%
Jennings Co EMS Training	IN-5887	3	1	1	1	2	33%	33%	33%
St Vincent Anderson	IN-4588	10	3	4	4	6	30%	40%	40%

# Paramedic

Program Name	Program Co	Attempt	First A	Cumulative	Eligible	For First	Pass %	Third	Pass %	Total	Pass %
St Vincent Hospital	IN-4081	18	18	18	18	0	100%	100%	100%	100%	100%
Pelham Training	IN-6266	3	3	3	3	0	100%	100%	100%	100%	100%
Community Health Network EMS	IN-4063	27	2	26	26	1	85%	96%	96%	96%	96%
Franciscan Health Indianapolis	IN-4080	29	2	29	29	0	83%	100%	100%	100%	100%
Hendricks Regional Health	IN-4380	9	7	8	8	1	78%	89%	89%	89%	89%
Indianapolis EMS	IN-4083	74	56	66	68	6	78%	89%	89%	92%	92%
Franciscan Health Crown Point	IN-4079	24	17	20	22	2	71%	83%	83%	92%	92%
St Mary Medical Center Hobart	IN-4943	10	7	8	8	2	70%	80%	80%	80%	80%
Methodist Hospitals	IN-4072	13	9	11	13	0	69%	85%	85%	100%	100%
Goshen Health	IN-4162	31	29	26	29	3	65%	84%	84%	94%	94%
Ivy Tech Community Northeast	IN-4169	64	39	51	56	9	61%	80%	80%	88%	88%
Scott Co EMS	IN-4078	15	6	12	13	2	40%	80%	80%	87%	87%
Ivy Tech Community College Terre Haute	IN-4612	27	16	21	22	5	59%	78%	78%	81%	81%
Ivy Tech Community College Terre Haute	IN-4071	16	9	12	12	4	56%	75%	75%	75%	75%
Ivy Tech Community College Madison	IN-4542	11	5	9	9	2	45%	82%	82%	82%	82%
Ivy Tech Community College South Bend	IN-4070	18	5	11	12	6	43%	57%	57%	57%	57%
Ivy Tech Community College Valparaiso	IN-5747	20	6	8	8	12	30%	40%	40%	40%	40%
Ivy Tech Community college Evansville	IN-4141	14	4	10	10	4	29%	71%	71%	71%	71%
Ivy Tech Community College Kokomo	IN-4362	15	3	8	8	10	20%	53%	53%	53%	53%

# ATTACHMENT

#9



# Indiana EMS Update September 2019

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

1



## Welcome to the IERC Conference

- Special thank you to the IFCA
- Special Thanks!
  - Chief Randall
  - Chief Smith
  - Chief Orusa
  - Chief Arnes
  - Chief Sink
  - Chief Konzen

**2019 IERC**  
INDIANA EMERGENCY RESPONSE CONFERENCE

**Building Foundations to Better Communities**

**September 18 - 21, 2019**  
Sheraton Indianapolis at Keystone Crossing | 8787 Keystone Crossing | Indianapolis, IN 46240

2

## Remembering our EMS Medical Directors



Remembering our EMS Medical Directors

Ralph Hatcher, MD

Former EMS Medical Director of Boone County EMS

“He touched so many people during his time here. He saved lives, changed lives, inspired others to work harder, do better, be something bigger.”


3

## Abbreviated Updates

Focus on moving forward!

4



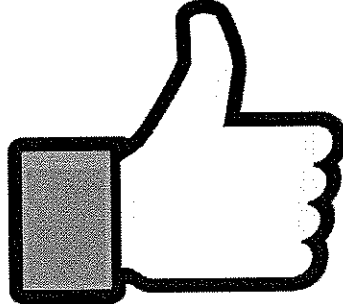




## Specific Updates - Data

- Data Update
  - 97% reporting
  - Agencies NOT reporting
    - United EMS – District 1
    - Priority One – District 5
    - Personal Care – District 6
    - Spirit Medical – District 6
    - Union City – District 6
    - Patient Transport Services – District 9
    - Yellow Ambulance – District 9
  - 2019 EMC Compass performance improvement report delayed
  - Continuing to work toward dashboard of clinical metrics based on the EMS Compass and/or NEMSQA (National EMS Quality Alliance)

5








## Naloxone Sustainability

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

UPDATE

6

- Meeting with IHIE leadership
- Discussions are underway to integrate EMS data
- Exploratory team looking at EMS data for a CCD
- Integration would allow EMS data to be accessible from CareWeb
- Test account created with test run records
- IHIE currently developing a CCD and testing import

## IHIE Integration

7

# MAGETREND®





WHO WE SERVE    SOLUTIONS

## Hot Off the Press

### ImageTrend

- EMS Medical Directors can now access ImageTrend!
- One login for all your agencies.
- Ability to QA individual charts.
- Reporting functions as well.
- MDs, Please sign up for Acadis access

8

**CONDUCT SURVEY**  
The survey form about ID includes  
a list of agency members with their  
e-mails to be completed. Complete them  
and show the number of returns.




**ASSESS PROGRESS**  
Perform an assessment of the ID  
to gauge effectiveness. Identify  
your areas to focus on and adjust  
action plan.

**ANALYZE RESULTS**  
Get a more complete picture  
with types and provides benchmark  
numbers so you can compare your  
numbers with national averages!

**DEVELOP & EXECUTE A PLAN**  
Identify resources to identify  
priorities and responsibilities,  
develop a plan to improve your  
patient safety culture.

**SMART INDICATORS**  
Use control indicators for  
shared with your team. IDH offers  
additional resources for how to approach  
developing this information.

# Patient Safety Project

- Controlled Substance Issues
- DEA 222 Forms
- EMS Medical Directors
- Public Law No: 115-83 (11/17/2017)
- Board of Pharmacy
- Draft Rule Writing has started!

## Dementia Friends



11


## Consideration for the November Meeting




- Consider draft rules for the further development of MIH-CP programs in the State of Indiana.
- Required by SB498

12

SEA 498




- Mobile Integrated Healthcare / Community Paramedicine
  - Authored by Sen. Karen Tallian
  - Gives the EMS Commission the authority to create the necessary rules/regulations concerning MIHP activities
  - Expands the definition of emergency medical services to include in home care, chronic care management and disease prevention
  - Allows FSSA to seek funding for reimbursement of activities
  - Establishes the MIHP grant fund to help support pilot programs across the state of IN (but doesn't fund it)



Information
Session
Committees
Legislation
Laws
Prior Sessions

13

Current Practice in Other States



- Summary Study
  - Stephen Marks, medical student
  - Funding and reimbursement/billing opportunities
  - Required education
  - Required credentials
  - Continuing education

### MIH-CP STATE BY STATE ANALYSIS

1. ALABAMA
  - A. Scopes of practice as of January 2018 (9<sup>th</sup> edition of scope of practice law)
    - i. Defined as an EMS personnel that visits patients for preventative purposes (reducing emergencies)
    - ii. During regularly scheduled visits, they are limited to BLS interventions only
      1. If emergency treatment is identified to be needed, they can then perform within their scope of practice the necessary interventions and then set up transport to the hospital
    - iii. <https://www.alabamapublichealth.gov/ems/contacts/2thEditionProtocolsFinal.pdf>
    - iv. February 7<sup>th</sup>, 2018 is when a "community paramedicine protocol" was added
      1. Coincides with "national prehospital scopes of practice"
      2. <https://www.alabamapublichealth.gov/ems/contacts/3thEditionProtocolsSummary.pdf>
      - 3.

14

<h3>FUNDING FOR PROGRAMS</h3>	<h3>REQUIRED EDUCATION</h3>	<h3>REQUIRED CREDENTIALS</h3>	<h3>CONTINUING EDUCATION</h3>
<p>Billable to Medicaid and/or private insurance: 13 states</p> <p>.....</p> <p>Funded through grants, contracts, or the existing budget: 23 states</p>	<p>Accredited institute or certified CP program: 9 states</p> <p>.....</p> <p>Local/state curriculum: 6 states</p> <p>.....</p> <p>General requirement: 3 states</p>	<p>IBSC: 3 states</p> <p>.....</p> <p>State Certification: 3 states</p> <p>.....</p> <p>State EMS Board Certified: 1 state</p> <p>.....</p> <p>State CP License: 1 state</p>	<p>4 hours per year: 1 state</p> <p>.....</p> <p>12 hours per year: 1 state</p> <p>.....</p> <p>May be required: 1 state</p> <p>.....</p> <p>Under development: 1 state</p>

## DEMONSTRATED PREPARATION

- Completion of an accredited MIH-CP program or EMS Commission approved local MIH-CP program
  - Example: Hennepin Technical College Community Paramedic Advanced Technical Program

OR

- Documented post-secondary education with at least two credit hours in each of the following content areas: social determinants of health, cross-cultural communication, public health, roles and responsibilities of community paramedicine, management of chronic disease AND a three credit-hour practicum/supervised clinical practice

OR


- International Board of Specialty Certification (IBSC): Certified Community Paramedic

## CERTIFICATION RENEWAL

- Four hours every two years in MIH-CP specific content areas (Examples: social determinants of health, chronic disease, addiction, maternal/infant health, etc.)
- Verification of MIH-CP skill competence

## RECOMMENDATIONS

## FOR CERTIFICATION




## PROGRAM MONITORING

- Quarterly evaluation of program processes and outcomes for the first two years of operation for each service provider organization followed by standard service provider renewal process

## MIH-CP ADVISORY BOARD

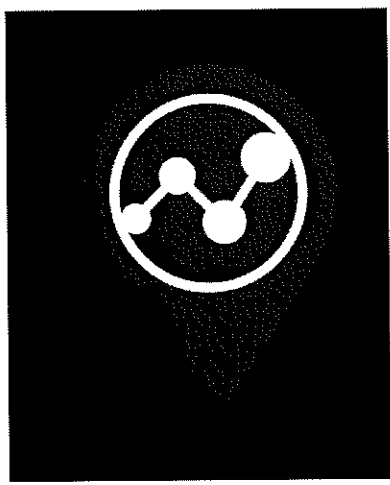
- Dedicated MIH-CP board with seats representing the diverse stakeholders (Examples: Medical director, MIH-CP program director, Municipal EMS-CP program, Non-municipal CP program, College/University, MIH-CP provider, MIH-CP patient, professional organizations, representatives from other relevant professions)

## RECOMMENDATIONS FOR OVERSIGHT




# Biospatial biospatial

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



# AED Registry

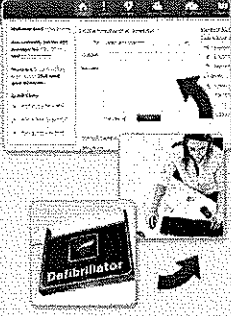



**National AED Registry**

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


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

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

# 2019

# EMS-C



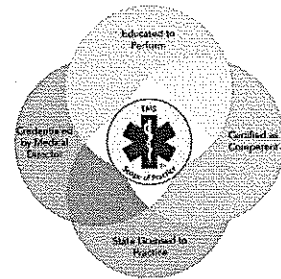
- EMS-C data collection
  - Please make sure your agency contact info is up to date with IDHS.
  - Recent query by EMS-C showed 115 email bounce backs meaning the address was incorrect.
  - This will be critically important moving forward as all EMS provider agencies will need to be surveyed moving forward.
  - Thank you for your help.



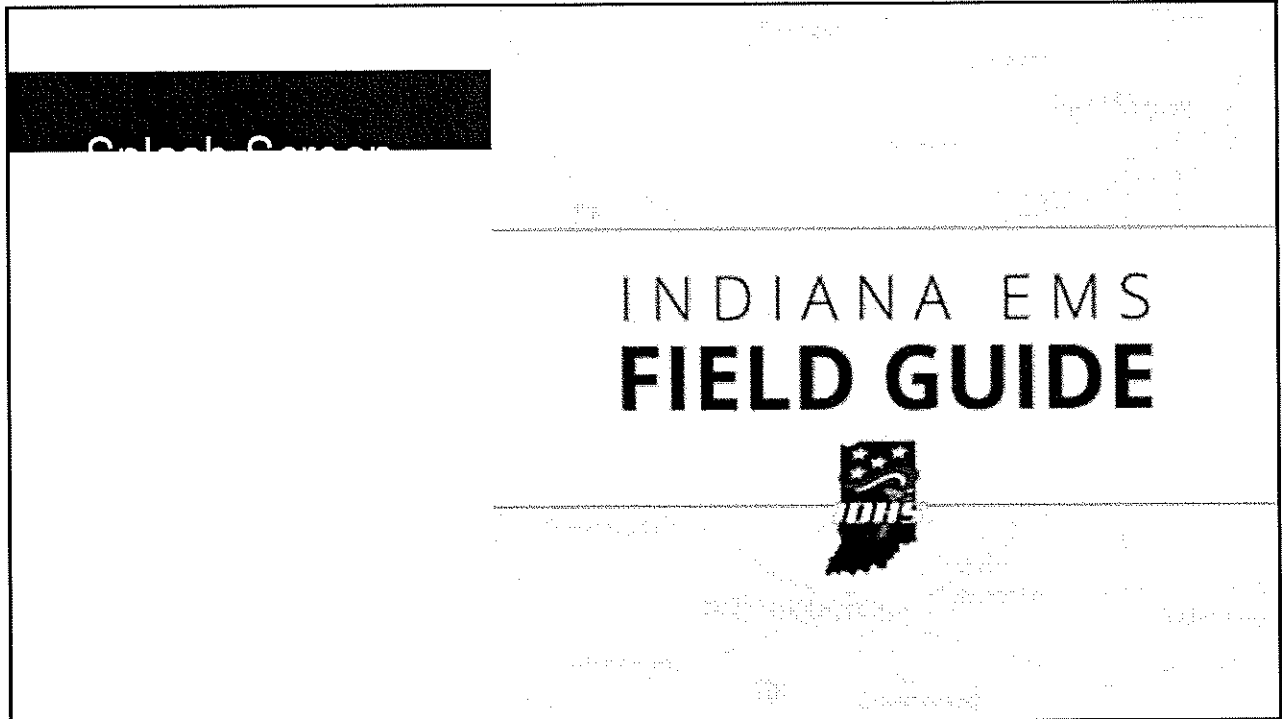
# November Meeting - Scope of Practice 2018



- January 21<sup>st</sup>, 2011 – EMS Commission partially adopted TAC recommendations.
  - National Education Agenda
  - Core Content
  - Scope of Practice
- **CONSISTENCY!**
- Defines **MINIMUM** practice requirements in advance of gaining field experience and prior to supervised or individual work experience
- It is **NOT** intended to define the limits of EMS practice
- Implies performing skills universally – **EVERY** EMR, EMT, AEMT, and Paramedic in every state **MUST** be educated and credentialed at the minimum practice level.
- EMR, EMT November meeting
- Advanced EMT, Paramedic at the February meeting



## EMS App 1.0



**Map Data**

- Hospital facilities listed in order of proximity.
- Icon designates facility services
  - Trauma
  - Peds Trauma
  - STEMI
  - Stroke
  - OB
  - Peds Trauma
- Map icon
- Phone direct dial

**St. Vincent Indiana...**  
 2001 W. 86th Street  
 Indianapolis  
 District 5  
 ~12.72 mile(s) away

**Eskenazi Health**  
 720 Eskenazi Ave.  
 Indianapolis  
 District 5  
 ~13.09 mile(s) away

**Riley Hospital for C...**  
 705 Riley Hospital Drive, ...  
 Indianapolis

Indianapolis District 5  
-12.71 mile(s) away

Eskenazi Health  
720 Eskenazi Ave.  
Indianapolis District 5  
-13.08 mile(s) away

Riley Hospital for C...  
705 Riley Hospital Drive, ...  
Indianapolis

Done

All Trauma Center Types  
**Trauma Centers Only**  
Burn Centers Only  
STEMI/Cardiac Centers Only

Sort feature built into the bottom

25

More Sort Features

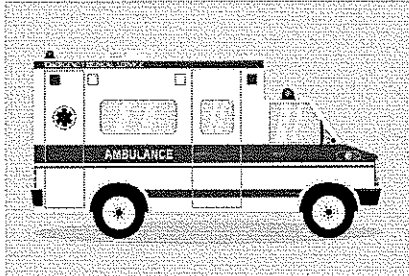
Burn Centers Only  
STEMI/Cardiac Centers Only  
Stroke Centers Only  
**OB/GYN Centers Only**  
Pediatric Trauma Centers Only  
Hospitals

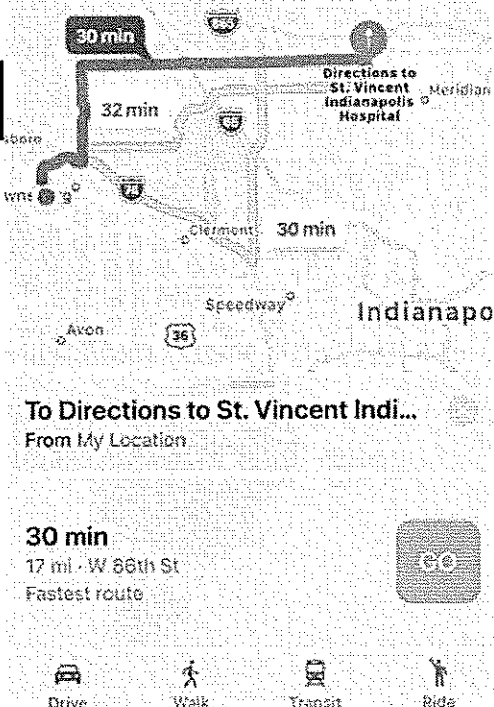
All Trauma Center Types  
Trauma Centers Only  
Burn Centers Only  
**STEMI/Cardiac Centers Only**  
Stroke Centers Only  
OB/GYN Centers Only  
Pediatric Trauma Centers Only

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### Map Features

- Distance and time to destination
- Turn by turn directions

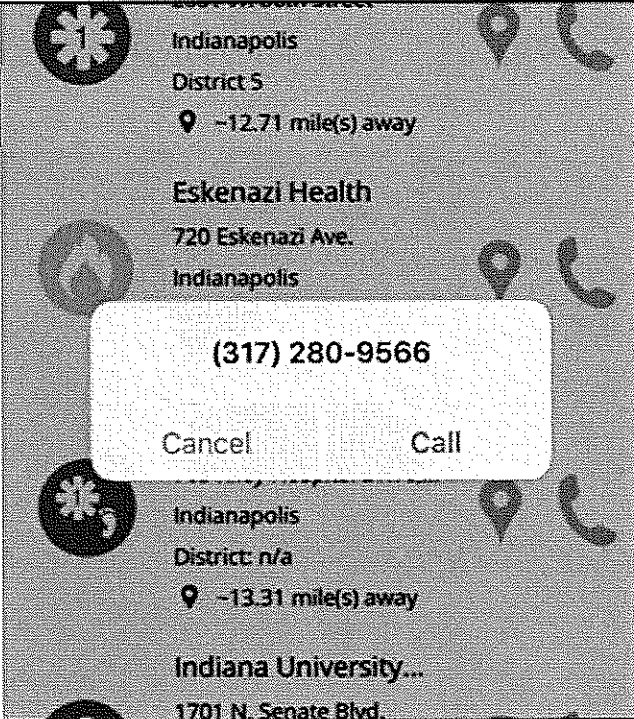




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### Direct Dial

- Connects directly to the ER.
- One tap calling



28

Aircraft Inventory

- Shows all aircraft based on base location
- Can zoom based on location showing the closest aircraft to your location.

29


Aircraft Inventory

**St. Vincent StatFlight**  
 West Lafayette, IN  
 Quantity Available: 1

**(866) 574-4633**

Cancel    Call

30



## CONTACTS

**Management** ^

**Michael Garvey**  
State EMS Director  
✉ [317.232.3982](mailto:317.232.3982)  
☎ [mgarvey@dhs.in.gov](mailto:mgarvey@dhs.in.gov)


**Michael Kaufmann,**  
MD, FACEP, FAEMS  
State EMS Medical Director  
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☎ [mkaufmann@dhs.in.gov](mailto:mkaufmann@dhs.in.gov)

**Provider Organization and Supervising Hospital District** v

**Certification and Compliance Questions** v


31

## IPQIC




- 2017 – SB360 signed into law
- Perinatal levels of care designation improve outcomes (AAP 2012)
- (b) The rules adopted under this section may include regulation of interfacility patient transfers
- [https://www.in.gov/laboroflove/files/Indiana Perinatal Transport Standards 2.pdf](https://www.in.gov/laboroflove/files/Indiana%20Perinatal%20Transport%20Standards%202.pdf)
  - All contracted or center-based perinatal transport teams that conduct inter-facility transfers of high risk maternal-fetal or neonatal patients shall be certified by the commission as an ambulance provider organization. ("Commission" means the Indiana Emergency Medical Services Commission (836 IAC 1-1-1 (15)). The following standards reflect the additional standards necessary for Maternal-Fetal and Neonatal Transport.
- This in no way effects EMS rules and doesn't apply to 911 calls for assistance.

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# IPQIC ISDH Standards


STANDARD	TITLE
I	Certification
II	Maternal-Fetal Quality Assurance
III	Maternal-Fetal Competencies
IV	Maternal Fetal Transport Equipment
V	Maternal-Fetal Medication
VI	Neonatal Quality Assurance
VII	Neonatal Competencies
VIII	Neonatal Transport Equipment
IX	Neonatal Medication
X	Perinatal Transport Personnel Licensure, Certification, and Education
XI	Perinatal Safety Measures
XII	Perinatal Policies and Protocols



# Care to Animals


- Current EMS rules/laws do not address care to animals
- EMS statute and rules reference a "person"
- EMS provider is generally governed by their scope of practice
- Current and future scopes of practice do not include veterinary medicine or training for that matter
- All EMS certifications have restrictions that providers must practice within their scope
- If an EMS provider were on-duty and at a scene because of their EMS position, were on the clock as an EMS professional, were in an ambulance, and utilized any EMS equipment for the care of the animal, then the EMS professional would likely be functioning under their EMS certification or licensure.
- Using that ambulance and or that equipment on an animal essentially takes it out of service for a human.

## IDHS/EMS Division 2018-2019 Goals

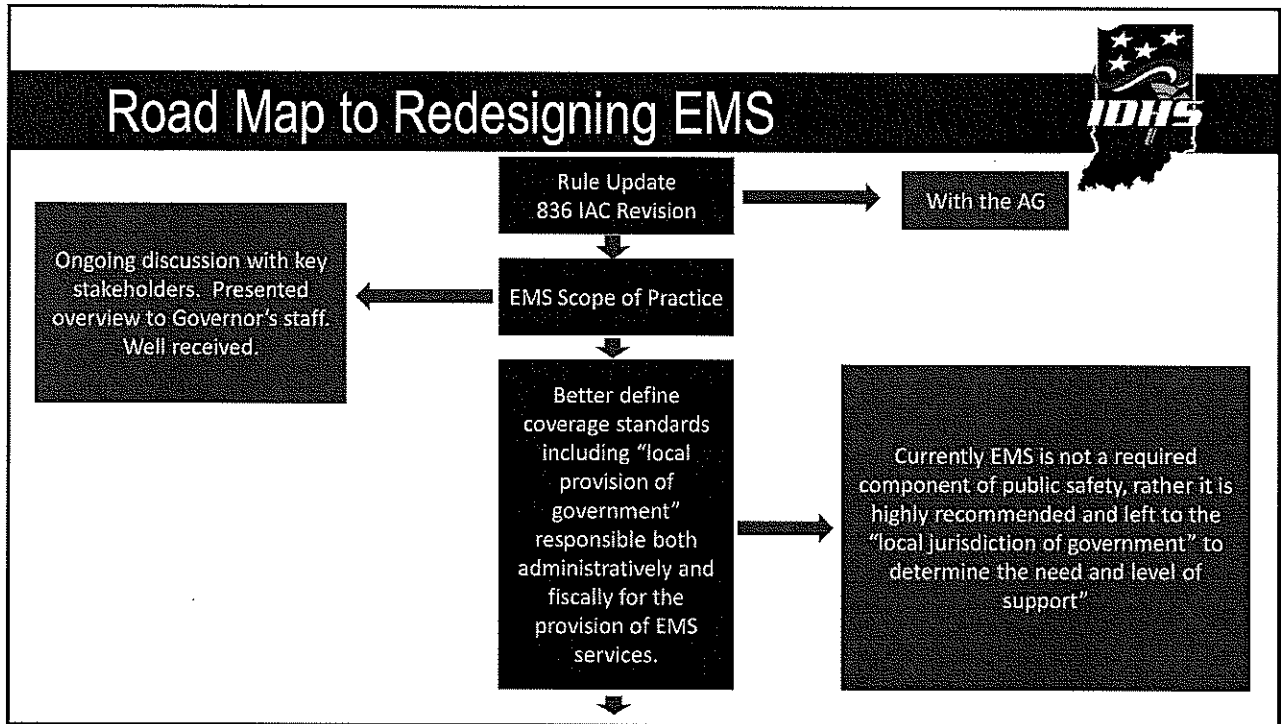


- Rewrite of the 836 IAC Articles 1 through 4
- Obtain 90% data reporting compliance of the Indiana certified ambulance service providers
- Develop a statewide quality improvement program for EMS utilizing patient data submitted to the EMS registry.
- In cooperation with the public safety training academy expand the executive leadership course to include EMS specific topics
- Develop the automated electronic interface between Acadis and National Registry database to facilitate a more efficient certification process.
- Develop rule language clarifying the EMS training institution's responsibilities for improving student outcomes.
- Promote and encourage expanded practice opportunities for EMS providers with a focus on integrated health care, public health and chronic care management.
- Further develop education and training for both patient and EMS provider mental health awareness.
- Explore additional or alternative mechanisms of reimbursement for EMS provider care based on care rendered not miles transported.
- Promote recruitment and retention of EMS and other public safety professions.
- Continue the development of the online application process for EMS provider and institutional organization certifications.
- Implement the recognition of EMS personnel interstate licensure compact act (REPLICA).
- Continue to encourage and promote EMS planning and participation in disaster preparedness.

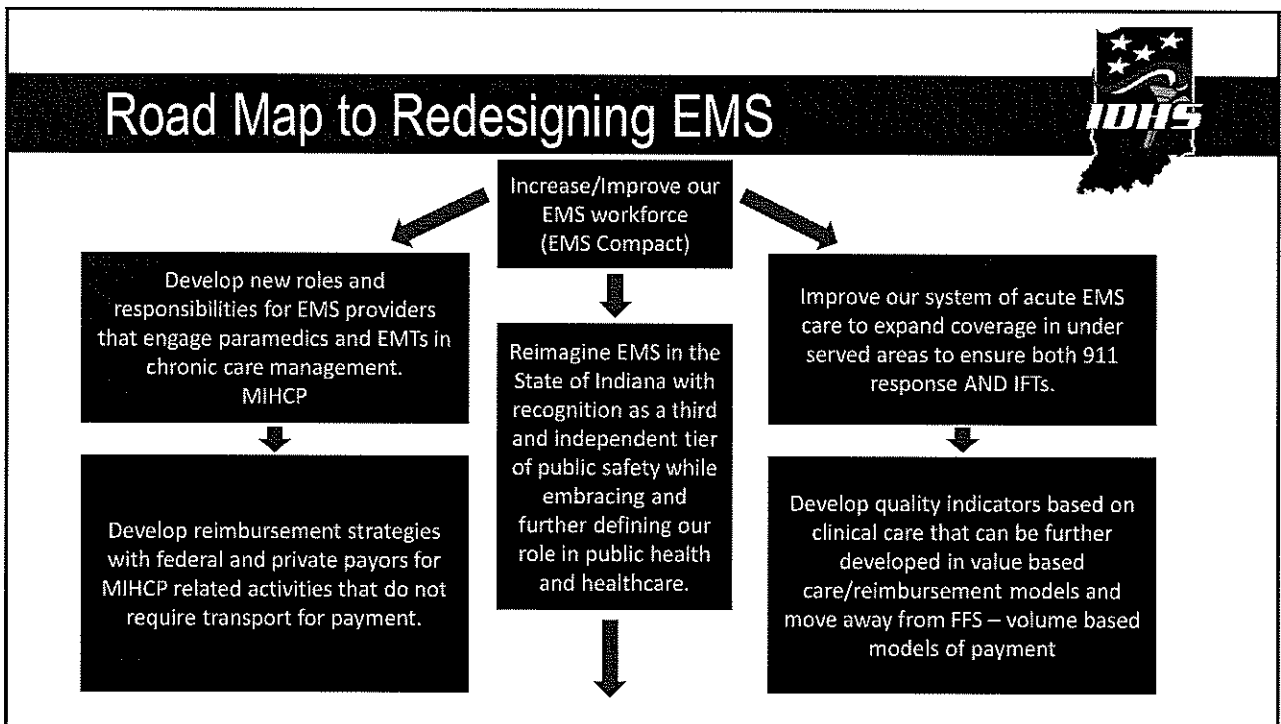
# END







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Road Map to Redesigning EMS

↓

Better connect EMS to hospital EHR and vice versa

The slide features a dark header bar with the text "Road Map to Redesigning EMS" in white. To the right of the header is the IDHS logo, which includes a stylized map of Indiana with three stars above it. A black arrow points downwards from the center of the header bar to a black rectangular box containing the text "Better connect EMS to hospital EHR and vice versa".