



**EMERGENCY MEDICAL SERVICES
COMMISSION MEETING MINUTES**

DATE: March 14, 2019
TIME: 9:30am
LOCATION: Zionsville Town Hall
1100 W. Oak St.
Zionsville, IN 46077

MEMBERS PRESENT:	G. Lee Turpen II	(Private Ambulance)
	John Zartman	(Training Institution)
	Myron Mackey	(EMTs)
	Mike Garvey	(Indiana State EMS Director)
	Matthew McCullough	(Volunteer Fire and EMS)
	Sara Brown	(Trauma Physician)
	Darin Hoggatt	(Paramedics)
	Thomas A Lardaro	(Air Medical Services)
	John P. Ryan	(General Public)
	Andrew Bowman	(RN)
	Charles Valentine	(Municipal Fire)
	Stephen Champion	(Medical Doctor)
MEMBERS NOT PRESENT:	Terri Hamilton	(Volunteer EMS)
	Melanie Jane Craigin	(Hospital EMS)
	John Brown	(Director of Preparedness and Training)

OTHERS PRESENT: Kraig Kinney, Dr. Michael Kaufmann (State EMS Medical Director), Field Staff, Robin Stump, Tony Pagano, Candice Pope, and members of the EMS Community.

CALL TO ORDER AND ROLL CALL

Meeting called to order at 9:33am by Chairman Lee Turpen. Mrs. Candice Pope called roll and announced quorum. Everyone stood for the Pledge of Allegiance. Chairman Turpen took a moment to recognize the AMR EMT students that were in attendance of the meeting.

RECOGNITION OF ZIONSVILLE EMT AND PARAMEDIC OF THE YEAR AWARD RECIPIENTS

Mr. Steve Gilliam told the Commission that the EMT of the year was unable to attend the meeting but recognized Trey Schmidt for receiving the Paramedic of the year award.

Chairman Turpen thanked the Zionsville Fire department for facilitating the use of the Zionsville Town Hall.

ADOPTION OF MINUTES

a. Adoption of minutes from the January 17, 2019 regular session.

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

b. Adoption of minutes from the February 12, 2019 special session.

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

INDIANA DEPARTMENT OF HEALTH

Mrs. Katie Hokinson reminded everyone that the 6th annual Medical Directors Conference is coming up and not to forget to register. Mrs. Hokinson reported that Elkhart Hospital is at their one year review for the ASC Trauma verification process. They should be finished with the process soon. The Health Department is receiving Stroke Center updates/notification from hospitals around the state. The list for the Stroke center is on the State Health Department website. Mrs. Hokinson reminded everyone that the health Department still has the First Responder grant for Narcan replenishment available.

EMS FOR CHILDREN

Ms. Margo Knefelkamp reported has received funding for next fiscal year. IEMSC has started their Peds recognition for ED readiness. 14 hospitals are working through the application process. IEMSC has started the EMS PECC network. EMSC day is the Wednesday of EMS week. Nomination forms are available for PEDS heroes. April 7th is the deadline for nominations.

INDIANA EMERGENCY MEDICAL SERVICES ASSOCIATION (IEMSA)

Mr. Faril Ward and Mr. Tom Fentress reported for IEMSA. A lobbyist has been hired to help push legislation. IEMSA will hold the legislative breakfast on March 28th. They will have a table set up with equipment and pricing to show to legislators. There is a hearing for Senate Bill 498 on March 20th IEMSA members will be there. IEMSA is still working to make the brokerage program better.

INDIANA FIRE CHIEFS ASSOCIATION

Mr. Douglas Randall the co – chair of the EMS Section reported that February 20th was legislative day at the Statehouse. The Fire Chiefs Association took the opportunity to educate senators and state representatives about EMS. September 18th – 21st is the dates for IERC at Sheraton Hotel Keystone Crossing.

EMS EDUCATION WORKING GROUP

Mr. Jeff Quinn reported that Lemar was discussed at their last meeting and Platinum presented at their last meeting. There will be 3 workshops for Platinum coming soon. The group is working on EMT scenario rewrites. April 11th is their next meeting at FDIC.

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. Anglin, Joseph Stanley
- ii. Bear, Kendall
- iii. Bennett, Ronald
- iv. Dilk, David
- v. Haley, Jeremy A
- vi. Johnson, Terrence L. Jr.
- vii. Kilnger, Scott
- viii. Mills, Renda
- ix. Randolph, Jimmy
- x. Reynolds, Shawn
- xi. Schroeder, Robert A.
- xii. Scott, Glenn
- xiii. Stevens, Scott W.
- xiv. Stonberg, Brevin T.
- xv. Stone, Amber
- xvi. Storm, Mark
- xvii. Tanhua-Castro, Satu

A motion was made by Commissioner Zartman to approve staff recommendation. The motion was seconded by Commissioner Valentine. 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: 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. 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. Possesses a valid National Registry paramedic certification. 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: the duration of the applicant's current certificate or license; or 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. Slawinski 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. Staff recommends approval based on previous Commission action.

Steve Slawinski

A motion was made by Commissioner Valentine to approve staff recommendation. The motion was seconded by Commissioner Bowman. The motion passed.

PROVIDER WAIVER REQUESTS

The following is requesting a waiver of 836 IAC 3-3-5 Staffing Authority: IC 16-31-2-7; IC 16-31-3-20 Affected: IC 4-21.5-1; IC 16-31-3-14 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. 836 IAC 3-2-5 Staffing Authority: IC 16-31-2-7; IC 16-31-3-20 Affected: IC 4-21.5-1 Sec. 5. (a) Each certified rotorcraft ambulance, while transporting an emergency patient, will be staffed by no fewer than three (3) people that have completed air-medical oriented training as prescribed by the air-medical director. Staffing will 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 currently certified, registered, or licensed in Indiana as: (A) a paramedic; (B) a registered nurse; or (C) a physician; within the state the air-ambulance is stationed and operating. (3) The third person shall be any appropriate personnel required to properly care for the medical needs of the patient at the discretion of the air-medical director. The air-medical personnel on board the aircraft shall be trained in air transport problems and flight physiology. Air Methods-Kentucky is requesting a renewal of the Staffing Waiver 836 IAC 3-2-5 & 836 IAC 3-3-5 because the staffing is for the specialty team inter-facility transports into and out of Norton Hospital Just for Kids and not always do they have personnel certified in Indiana. This waiver would be for both their fixed wing and roto craft.

Air Methods - Kentucky

A motion was made by Commissioner Valentine to approve the waiver. The motion was seconded by Commissioner Bowman. The motion was approved.

The following is requesting a waiver of 836 IAC 3-2-6 & 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. (b) Additional equipment and supplies approved by the supervising hospital shall be identified by the fixed-wing air ambulance service provider organization air-medical director and reported in writing to the agency for initial certification and recertification. (c) All drugs shall be supplied by the supervising hospital, or by written arrangement with a supervising hospital, on an even exchange basis. Lost, stolen, or misused drugs shall only be replaced on order of the advanced life support fixed-wing air ambulance service provider organization medical director. All medications and advanced life support equipment are to be supplied by order of the medical director. Accountability for distribution, storage, ownership, and security of medications is subject to applicable requirements as determined by the medical director, pharmacist, and the United States Department of Justice Drug Enforcement Administration. Air Methods-Kentucky is requesting a renewal waiver of 836 IAC 3-2-6 & 3-3-6 of all the adult size equipment and medications on both their fixed wing and roto craft. This service only does neonatal and pediatric transports.

Air Methods - Kentucky

A motion was made by Commissioner Valentine to approve. The motion was seconded by Commissioner Bowman. The motion was approved.

LEGISLATION UPDATE

Mr. Kraig Kinney gave an update on current legislation:

HB1063. School Safety <http://iga.in.gov/legislative/2019/bills/house/1063#digest-heading>

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

Status: Has made it through the House and is currently in the Senate for approval

HB 1069 Yellow dot emergency medical information program

<http://iga.in.gov/legislative/2019/bills/house/1069>

Establishes the yellow dot emergency medical information program (program). Specifies that the purpose of the program is to provide certain medical information to emergency medical services providers (providers). Provides that participation in the program is voluntary, and allows program participants to end participation in the program at any time. Requires motorists participating in the program to affix a yellow dot decal to the lower right interior corner of a participating automobile's driver side window. Requires a: (1) yellow dot program envelope (envelope); and (2) yellow dot information card (card); to be stored in the glove compartment of a participating automobile. Requires a provider to search the glove compartment of an automobile displaying a yellow dot decal. Provides that a provider may not: (1) search for contraband; or (2) search any location other than the glove compartment of a participating automobile; when searching for an envelope or card. Provides that contraband found during a provider's authorized search of a participating automobile's glove compartment may be: (1) reported to a law enforcement officer; or (2) confiscated by a law enforcement officer; if the provider was not acting under the direction of the law enforcement officer at the time of the search, or a law enforcement officer was not conducting a criminal investigation at the time of the search. Specifies that information contained on a card may be used to do any of the following: (1) Positively identify program participants. (2) Evaluate program participants for medical conditions that may impede or prevent communication with a provider. (3) Attempt contact with a program participant's emergency contact persons. (4) Evaluate a program participant's current medication, preexisting medical conditions, and recent surgeries when administering emergency medical treatment. (5) Share the information displayed on a card with another provider for the purpose of ensuring proper medical treatment. Provides that: (1) the bureau of motor vehicles; and (2) providers; are not liable for damages, including punitive damages, caused by any act, error, or omission related to the information displayed on a card or related to the storage of a card. Provides that a provider is not liable for any damages, including punitive damages, related to a provider's inability to establish contact with a program participant's emergency contact persons.

Status: Did not pass

HB 1269 Boards. <http://iga.in.gov/legislative/2019/bills/house/1269#digest-heading>

Many provisions but EMS affected would be that the bill substitutes the Indiana Department of Homeland Security in place of the EMS Commission as the unit that grants waivers to the EMS rules. Adds a provision that "the Commission is the ultimate authority for orders issued under this section" so there would be an appeal right to waiver reviews by the department.

Status: Has been updated to remove the TAC and move waivers to the agency.

SB 24 OWI and Public Safety Officials. <http://iga.in.gov/legislative/2019/bills/senate/24>

Makes operating while intoxicated a Level 6 felony if the operator causes bodily injury to a public safety official or property damage to an authorized emergency vehicle.

Status: Did not pass

SB 202 POST. <http://iga.in.gov/legislative/2019/bills/senate/202>

Requires that a health provider assess an individual's mental health before the individual may execute a physician order for scope of treatment (POST) form. Removes artificially administered nutrition from inclusion in the POST form. Requires that there is space at the top of the POST form to indicate whether an individual has designated a health care representative.

Status: Did not pass

SB 498 Mobile Integrated Healthcare <http://iga.in.gov/legislative/2019/bills/senate/498>

Requires the office of the secretary of family and social services to reimburse certain emergency medical services provider agencies for covered services provided to a Medicaid recipient as part of a mobile integration healthcare program. Amends the definition of "emergency medical services" to include transportation services, acute care, chronic condition services, or disease management services as part of a mobile integration healthcare program. Requires the emergency medical services commission (commission), in consultation with the state department of health, to develop a mobile integration healthcare program and approve mobile integration healthcare program applications. Sets forth requirements of the commission concerning the mobile integration healthcare program. Requires the commission to establish and administer a mobile integration healthcare grant and establishes the mobile integration healthcare grant fund. Continuously appropriates money in the fund.

Status: Is moving through

SB510 EMS Personnel Licensure Interstate Compact

<http://iga.in.gov/legislative/2019/bills/senate/510>

Implements the emergency medical services personnel licensure interstate compact.

Status: Did not pass

SB 531 EMT seizure of drugs and paraphernalia <http://iga.in.gov/legislative/2019/bills/senate/531>

Requires the Indiana emergency medical services commission, after consultation with the state police department, to adopt a protocol concerning the seizure, transportation, and temporary storage of illegal controlled substances and drug paraphernalia. Authorizes an emergency medical services provider who has administered an overdose intervention drug to a patient to seize illegal controlled substances and drug paraphernalia that the provider observes in plain view. Provides immunity to the provider for acts or omissions occurring in connection with the seizure, transportation, and storage of illegal controlled substances and drug paraphernalia.

Status: Did not pass

HB134 – Telephone CPR has been introduced.

HB – Air Medical has been passed

RULE STATUS UPDATE

- a. Stroke – Mr. Kinney reported to the Commission that the Stroke rule is pending with the Attorney General at this time.
- b. NEMSIS – Mr. Kinney reported that NEMSIS has been approved and will be effective March 15, 2019.

NEW BUSINESS

- a. ALJ update
Ms. Michelle Allen informed the Commission members that ALJ Chelsea Smith is being deployed and that the agency is working on a contract for a temporary ALJ to cover ALJ Chelsea Smith's cases until her return.

A motion was made by Commissioner Hoggatt to authorize an interim ALJ as contracted by the agency to preside over any appeals from April 30, 2019 until June 30, 2020. The motion was seconded by Commissioner Mackey. The motion was approved.

OLD BUSINESS

- a. Tabled Business and/or waivers
 - a. 2018 National EMS Scope of Practice Model
Mr. Craig Kinney briefly discussed the agency position on the Scope of Practice model. The agency is requesting the Commission pull the 2018 Scope of practice off the table to be reintroduced at a later date.
A motion was made by Commissioner Zartman to table and remove from the Commission agenda the 2018 National EMS Scope of Practice Model until IDHS staff has a new recommendation. The motion was seconded by Commissioner Valentine. The motion was approved.
- b. Current ongoing studies
 1. CPAP use at the BLS level –
Mr. Chris McFarland did not have a report for this meeting.

ASSIGNMENTS

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

ADMINISTRATIVE PROCEEDINGS

- A. Personnel Orders
 - a. Emergency Suspension
 - i. Order Number 0002-2019 Bowlby, Chad
No action required. None taken.
 - b. 2 Year Probation
 - i. Order Number 0005-2019 Samuel, Nick D.
No action required. None taken
 - c. Revocation
 - i. Order Number 0003-2019 Burgess, Norman Jr.

No action required. None taken.

B. Provider Organization Order

a. 2 Year Probation

i. Order Number 0001-2019 Kurtz Ambulance, INC.

No action required. None taken.

APPROVAL OF DRAFT RULE LANGUAGE

Mr. Kraig Kinney started discussion on the rules. Discussion started with Article 4 Rule 4 EMT.

Discussion was brief for the new EVOC rules.

A motion was made by Commissioner Bowman to require EVOC instructors to teach 2 EVOC courses in 4 years to renew. The motion was seconded by Commissioner Valentine. The motion passed.

Commissioner S. Brown and Chairman Turpen thanked Mr. Kinney and staff for their work on the rule rewrite.

Chairman Turpen thanked Mr. Kinney, staff, and Commissioner Members for their work on the rule rewrite.

A motion was made by Commissioner Zartman to approve Article 4. The motion was seconded by Commissioner Valentine. The motion passed.

A motion was made by Commissioner Bowman that although the Commission has approved the rule changes in groups, that each rule approved be considered separate and severable such that if any individual rule is determined to be illegal or otherwise unenforceable, that the remainder of the rules approved would remain approved and applicable. The motion was seconded by Commissioner Hoggett. The motion was approved.

Chairman Turpen called for a break at 11:28am

Chairman Turpen called the meeting back to order at 11:44am

STAFF REPORTS

- A. Data Report – Deferred to State Medical Directors report.
- B. Operations Report – Ms. Robin Stump reminded everyone that is getting ready to expire on April 1 to get their applications turned in as soon as possible. Ms. Stump briefly discussed that rosters will be available through the portal to instructors soon. Ms. Stump announced it is Don Watson's birthday today.
- C. Compliance Report- Mrs. Candice Pope did not give a report at this meeting.
- D. Certifications report – (see attachment #1)
 - a. Personnel report – No report included
 - b. Provider report – no action required. None taken
- E. Training Report – (see attachment #2) – Mr. Tony Pagano went over the report and talked about poor performing Training Institutions. Discussion followed. No action required. None taken.

STATE EMS DIRECTORS REPORT – Director Michael Garvey reminded everyone of the Medical Directors Seminar on April 16th. Director Garvey reminded everyone that National EMS week is May 19 -25th and that we are awaiting the proclamation from the Governor's office. Director Garvey let everyone know that there would be a survey from the Center for Patient Safety coming out to

please take the time and complete the survey. Everyone needs to promote a culture of safety in EMS. IDHS is partnering with the Fire Chiefs Association and IEMSA in this effort.

STATE MEDICAL DIRECTORS REPORT - Dr. Michael Kaufmann announced that the week of March 17th is Severe Weather Preparedness week. We are at 95% for data reporting. We have 333 reporting organizations. Dr. Kaufmann reminded everyone that the new NEMSIS data rule will be in effect as of March 18th. We only have 8 agencies not reporting and most of them are out of state. Staff is working on cleaning up the facility code list so that we can auto transfer data to NEMSIS. Next week is data day at the state house and Dr. Kaufmann will be making a presentation on the Naloxone dashboard. Dr. Kaufmann discussed more on legislation and initiatives such as CARES registry, AED registry.

CHAIRMAN'S REPORT AND DIRECTION- Chairman Turpen thanked everyone for their strong work on the 836 rewrite and is happy about the strengthening of the Medical Director requirements. Chairman Turpen talked about the amount of legislation that has been introduced in regards to EMS. Chairman Turpen talked about the focus on triage tags is going away and changing. CMS ET3 for reimbursement for transporting patients to an appropriate facility instead of just transporting patients to the emergency department is being rolled out. Chairman Turpen encouraged everyone to watch the studies on TXA vs Epi. Chairman Turpen wants to encourage the agency and the Commission to look at the EMT course hours that the minimum hour required hours needs to be increased. Chairman Turpen encouraged everyone to look at the fatigue issue and help to change the culture in EMS.

NEXT MEETING

May 16, 2019
10:00am at
Zionsville Town Hall
1100 W. Oak St.
Zionsville, IN 46077

ADJOURNMENT

A motion was made by Commissioner Mackey to adjourn the meeting. The motion was seconded by Commissioner Hoggatt. The meeting was adjourned at 12:22pm.

Approved G. Lee Turpen
G Lee Turpen, Chairman

Attachment #1

Emergency Medical Services Provider Certification Report

Date : March 6, 2019

March 14, 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 **March 14, 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	2
Basic Life Support Non-Transport	490
Ambulance Service Provider	97
EMT Basic-Advanced Organization	7
EMT Basic-Advanced Organization non-transport	2
EMT Intermediate Organization	10
EMT Intermediate Organization non-transport	0
Paramedic Organization	200
Paramedic Organization non-transport	14
Rotorcraft Air Ambulance	14
Fixed Wing Air Ambulance	3

Total Count: 839

New Providers Since 01-JAN-19

BLOOMINGDALE VOL FIRE DEPARTMENT

**Basic Certification:
01/25/2019**

**Emergency Medical Services
Provider Certification Report**

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BRIDGETON VOL FIRE DEPARTMENT	Basic Certification: 01/25/2019
CRAWFORD COUNTY AMBULANCE SERVICE	Paramedic Certification: 01/03/2019
Jonesboro Fire/Rescue Dept.	Basic Certification: 02/13/2019
Lake Station Volunteer Fire Department	Paramedic Certification: 01/21/2019
MONTEZUMA/RESERVE TWP FIRE DEPARTMENT	Basic Certification: 01/25/2019
ROSEDALE VOL FIRE DEPARTMENT	Basic Certification: 01/25/2019
VEEDERSBURG FIRE DEPARMENT	Basic Certification: 02/05/2019

ATTACHMENT

#2

March 2019 EMS Statistics

NREMT pass rates are enclosed in this report. These statistics are for courses ending between February 28, 2018 and February 28, 2019. The EMT courses are broken down into four separate categories. The top category represents those training institutions whose graduates average at least 70% after the third attempt which is the standard set by the Commission. The programs in the next category (60% -70%) are near meeting the standard set by the Commission and those in the bottom two categories are below standard. In the last two categories there were 164 graduates of EMT courses who did not get certified.

It is sad to report, but it appears our test results are going in the wrong direction, but solutions are being sought both from the Primary Instructor Working Group and EMS staff. Staff is meeting with instructors and training institution officials, our mentoring program is continuing and workshops from the Platinum Educational Group are being planned for this Spring and Summer.

National Registry Pass Rates, February 28, 2018 to February 28, 2019

National or State	Level of Certification	Initial	3d Attempt	6 th Attempt	Total Attempts
National	EMT	71%	79%	80%	71,278
State	EMT	55%	66%	68%	1270
National	Adv EMT	61%	72%	73%	4590
State	Adv EMT	56%	65%	65%	43
National	Paramedic	74%	86%	86%	10,778
State	Paramedic	63%	76%	78%	219

National Registry Pass Rates, February 28, 2016 to February 28, 2019

National or State	Level of Certification	Initial	3d Attempt	6 th Attempt	Total Attempts
National	EMT	69%	80%	81%	225,458
State	EMT	56%	68%	68%	2950
National	Adv EMT	57%	72%	75%	15,500
State	Adv EMT	51%	61%	63%	276
National	Paramedic	73%	86%	88%	31,159
State	Paramedic	66%	80%	85%	618

National Registry Pass Rates, August 31, 2018 to February 28, 2019

Level of Certification	Initial	3d Attempt	6 th Attempt	Total Attempts
EMT	53% (153)	61% (175)	61% (175)	288

Program Name	Program Code	Attempts	First Att	Cumulatively	First Pass %	Third Pass %	Total Pass %
Porter Health System	IN-4075	3	3	3	100%	100%	100%
Fort Wayne Fire Department	IN-5955	13	13	13	100%	100%	100%
Otter Creek Fire-Emergency Education	IN-5929	6	6	6	100%	100%	100%
Richmond Fire Department	IN-5707	1	1	1	100%	100%	100%
Crawfordsville Fire Department	IN-5990	1	1	1	100%	100%	100%
St Mary's Medical Center Evansville	IN-4096	4	4	4	100%	100%	100%
Ivy Tech Community College - Marion	IN-6109	1	0	1	0%	100%	100%
Indianapolis Fire Department	IN-5751	56	46	55	82%	98%	98%
Parkview Regional Medical Center	IN-5296	8	6	7	75%	88%	88%
Hands on Instruction LLC	IN-6017	8	6	7	75%	88%	88%
White County EMS Education	IN-5834	14	8	12	57%	86%	86%
Columbus Regional Hospital	IN-4355	13	11	11	85%	85%	85%
Elkhart General Hospital	IN-4067	7	5	6	71%	86%	86%
Memorial Hospital South Bend	IN-4157	19	12	16	63%	84%	84%
Wishard Health Services	IN-4083	57	41	48	72%	84%	84%
New Castle Career Center	IN-5718	17	13	14	76%	82%	82%
Clay Fire Territory	IN-4756	16	10	13	63%	81%	81%
Community Health Network EMS	IN-4063	24	19	19	79%	79%	79%
Hendricks Regional Health	IN-4380	14	8	11	57%	79%	79%
Ivy Tech Community College-Kokomo	IN-4362	14	5	11	36%	79%	79%
Deaconess Hospital	IN-4516	19	12	15	63%	79%	79%
St Francis Hospital	IN-4080	37	25	29	68%	78%	78%
Pelham Training	IN-4668	92	60	71	65%	77%	77%
Dukes Memorial Hospital	IN-4912	17	10	13	59%	76%	76%
St Vincent Hospital	IN-4081	42	28	32	67%	76%	76%
Ivy Tech Community College Sellersburg	IN-4864	4	3	3	75%	75%	75%
St Mary Medical Center/Hobart	IN-4943	20	14	15	70%	75%	75%
Indiana University	IN-4495	52	32	38	62%	73%	73%
Riverview Hospital	IN-4077	11	8	8	73%	73%	73%
Franciscan St. Margaret Health EMS Acade	IN-5267	15	10	11	67%	73%	73%

Franciscan St Elizabeth Health	IN-4068	28	19	19	68%	68%	68%
Ivy Tech Community College Northeast	IN-4169	44	23	30	52%	68%	68%
Parkview Huntington Hospital EMS	IN-5269	9	5	6	56%	67%	67%
Jennings County EMS Training Institution	IN-5887	6	3	5	50%	67%	83%
St. Vincent Anderson	IN-4588	28	13	18	46%	64%	64%
Ripley County EMS - Training Institution	IN-6146	11	5	7	45%	64%	64%
Ball Memorial Hospital	IN-4369	46	26	29	57%	63%	63%
Ivy Tech Community College-Evansville	IN-4141	38	20	24	53%	63%	63%
Parkview Whitley Hospital	IN-5023	13	8	8	62%	62%	69%
Emergency Services Education Center	IN-4960	33	15	20	45%	61%	61%
Brownsburg Fire Territory	IN-4061	23	10	14	43%	61%	61%
Franciscan Saint Anthony Health Crown Point	IN-4079	38	18	23	47%	61%	61%
Ivy Tech Community College Columbus	IN-4073	5	3	3	60%	60%	60%
IU Arnett Hospital EMS Program	IN-5936	5	3	3	60%	60%	60%
Ivy Tech South Bend	IN-4070	20	11	12	55%	60%	65%
Central Nine Career Center	IN-5026	26	12	15	46%	58%	58%
Vincennes University Jasper Center	IN-4478	7	4	4	57%	57%	57%
Methodist Hospitals	IN-4072	17	6	9	35%	53%	53%
Ivy Tech Community College Bloomington	IN-4071	23	8	12	35%	52%	52%
Ivy Tech Community College Terre Haute	IN-4612	21	8	11	38%	52%	52%
Parkview Health LaGrange EMS	IN-6048	23	9	12	39%	52%	52%
Morgan Co EMS	IN-6193	4	2	2	50%	50%	50%
St. Joseph's Regional Med Ctr-Plymouth	IN-5001	6	2	3	33%	50%	50%
Adams Memorial Hospital	IN-4201	8	3	4	38%	50%	50%
Hancock Regional Hospital	IN-4577	4	2	2	50%	50%	50%
Scott County EMS	IN-4078	18	7	9	39%	50%	50%
Union Hosp-Health Group	IN-4431	8	3	4	38%	50%	50%
Goshen Hospital	IN-4162	20	7	10	35%	50%	50%
LaPorte Co Career and Tech Ed	IN-5994	2	0	1	0%	50%	50%

Cameron Memorial Hospital	IN-4534	5	2	2	40%	40%	40%
Eikhart Area Career Center	IN-5816	8	3	3	38%	38%	38%
Anderson High School D26	IN-4201	8	3	3	38%	38%	38%
Blue River Career Programs	IN-5603	11	4	4	36%	36%	36%
Riley Fire Department	IN-5965	6	0	2	0%	33%	33%
Area 30 Career Center	IN-5147	14	4	4	29%	29%	29%
Clinton Co EMS	IN-5863	7	1	2	14%	29%	30%
Terre Haute Regional Hospital	IN-4152	9	1	2	11%	22%	22%
Ivy Tech Community College - Valparaiso	IN-5747	10	1	2	10%	20%	20%
Greenfield Fire Territory	IN-5732	10	0	2	0%	20%	20%
Kosciusko Community Hospital	IN-4517	4	0	0	0%	0%	0%
South Bend Community School Corporation	IN-5974	10	0	0	0%	0%	0%
Perry County Memorial Hospital	IN-4931	1	0	0	0%	0%	0%
Saint Joseph Regional Med Ctr-Mishawaka	IN-5529	1	0	0	0%	0%	0%
Howard Regional Health System	IN-5804	1	0	0	0%	0%	0%

Program Name	Program Co	Attempt	First Att	Cumuli	Cumula	Eligible	Fo	First Pass %	Third Pass %	Total Pass %
Fort Wayne Fire Department	IN-5955	9	5	8	8	1	1	56%	89%	89%
St Joseph Regional Med Ctr Mishawaka	IN-5529	5	4	4	4	1	1	80%	80%	80%
Yellow Ambulance Training Bureau	IN-4085	13	9	9	9	4	4	69%	69%	69%
St. Vincent Anderson	IN-4588	7	3	4	4	3	3	43%	57%	57%
New Castle Career Center	IN-5718	9	3	3	3	6	6	33%	33%	33%

Program Name	Program Co	Attempt	First Att	Cumul	Cumula	Eligible	Fo	First Pass %	Third Pass %	Total Pass %
St Vincent Hospital	IN-4081	8	8	8	8	0	0	100%	100%	100%
Community Health Network EMS	IN-4063	6	6	6	6	0	0	100%	100%	100%
Franciscan Health Crown Point	IN-4079	4	4	4	4	0	0	100%	100%	100%
Hendricks Regional Health	IN-4380	7	6	7	7	1	1	86%	100%	100%
Methodist Hospitals	IN 4072	4	3	3	4	0	0	75%	75%	100%
Franciscan Health Indianapolis	IN-4080	18	15	16	16	2	2	83%	89%	89%
St Mary Medical Center Hobart	IN-4943	8	6	7	7	1	1	75%	88%	88%
Ivy Tech Community Northeast	IN-4169	46	30	36	38	8	8	65%	78%	83%
Ivy Tech Bloomington	IN-4071	16	9	12	12	4	4	56%	75%	75%
Goshen Health	IN-4162	16	8	13	13	3	3	50%	81%	81%
Indianapolis EMS	IN-4083	27	18	21	21	6	6	67%	78%	78%
Ivy Tech Community College Terre Haute	IN-4612	9	6	6	6	3	3	67%	67%	67%
Scott Co EMS	IN-4078	14	8	9	10	4	4	57%	64%	71%
Ivy Tech Community College Kokomo	IN-4362	5	1	3	3	2	2	20%	60%	60%
Ivy Tech Community college Evansville	IN-4141	6	0	4	4	2	2	0%	67%	67%
Ivy Tech Community College Madison	IN- 4542	10	5	5	5	5	5	50%	50%	50%
Ivy Tech Community College Valparaiso	IN-5747	6	3	3	3	3	3	50%	50%	50%
Ivy Tech Community College South Bend	IN-4070	5	1	1	1	4	4	20%	20%	20%