



MICHAEL R. PENCE, Governor
STATE OF INDIANA

INDIANA DEPARTMENT OF HOMELAND SECURITY
302 West Washington Street
Indianapolis, IN 46204

EMERGENCY MEDICAL SERVICES

COMMISSION MEETING MINUTES

DATE: December 20, 2013
10:00 A.M.

LOCATION: Horizon Convention Center
401 South High Street
Muncie, IN 47605

MEMBERS PRESENT: John Zartman (Training Institution)
Charles Valentine (Municipal Fire)
G. Lee Turpen II (Private Ambulance)
Myron Mackey (EMTs)
Terri Hamilton (Volunteer EMS)
Mike Garvey (Indiana State EMS Director)
Darin Hoggatt (Paramedics)
Michael Lockard (General Public)
Melanie Jane Craigin (Hospital EMS)

MEMBERS ABSENT: Michael Olinger (Trauma Physicians)
Sue Dunham (Emergency Nurses)
Ed Gordon (Volunteer Fire EMS)
Stephen Champion (Medical Doctor)

OTHERS PRESENT: Elizabeth Fiato, Field Staff (Robin Stump, Don Watson, Steve Gressmire, and Jason Smith), Judge Gary Bippus, IDHS Staff, and members of the EMS Community



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CALL TO ORDER AND ROLL CALL

Meeting called to order at 10:11 a.m. Candice Hilton called roll and announced quorum.

No action was needed by the Commission. No action was taken.

ADOPTION OF MINUTES

A motion was made by Commissioner Zartman to accept the minutes from the October 18, 2013 meeting. The motion was seconded by Commissioner Lockard. The motion passed.

STAFF REPORT

Data Registry

State Fire Marshal Greeson reported the following information regarding the data registry:

Marshal Greeson announced that Indiana is now compliant with NEMESIS for reporting. He also announced that data has been successfully transferred to the State Health Department. Marshal Greeson reported that other vendors besides Firehouse are working toward the goal of NEMESIS 3.0. Marshal Greeson stated that the plan is to have the past years 2011, 2012, and 2013 data to the State Health Department by the end of February. Mr. Gary Robison along with other staff will be working on this goal. Commissioner Lockard asked a few questions. Marshal Greeson stated he would get the information to Commissioner Lockard.

Chairman Turpen gave the direction that the Data registry report starting at the next meeting will include a report like the one that was previously given.

Commissioner Lockard also stated that a letter was sent in 2012 reminding providers of their responsibilities to report data and in what format it needs to be reported. Chairman Turpen stated that Gary Miller is the one that drafted the letter. Chairman Turpen stated he would draft the letter to be sent by Commission staff to providers.

Field Staff

Ms. Robin Stump reported the following information:

Provider forums will be scheduled for 2014 anyone interested please contact field staff to let them know. At the last Commission meeting the Commission asked staff to include new services in the report. That is being worked on but is not yet a part of the report. Since the last Commission meeting we have had 1 new ambulance service upgraded from BLS non-transport, 1 new paramedic non-transport upgraded from BLS non-transport, 1 new BLS non-transport, and 1 ambulance service is no longer in business. There have also been 30 new vehicle applications received and processed. There are 7 complaints/investigations currently opened.

Individual Certification Report- See attachment #2. Submitted for informational purposes.

Provider Certification Report- See attachment #3. Submitted for informational purposes.

Training Report

Mrs. Elizabeth Fiato reported the following information:

POST: The Post Training Information is now live on the IDHS website. All EMS personnel are required to take this course as a part of their initial certification for EMR and/or EMT

certification as well as a recertification requirement for all current EMS responders beginning on January 1, 2014. The Acadis testing mechanism is fully operational.

Data Page: IDHS has created a data page link. If you are a regional or local EMS institution with data to share, please send a copy that you would like published to emscertifications@dhs.in.gov in order to have it posted.

Trauma Triage Rule and Training: The Trauma Triage Rule and training course has been available on the IDHS website since 2012. We encourage all training institutions and providers to direct their personnel and students to this site to learn more about the types of patients that should go to a certified trauma center and what trauma centers in your area are available and certified to receive trauma patients. The most current map and contact list of trauma centers within a 90 minute driving radius and 45 minute flight radius are posted as well. We recommend posting these in either your local protocols or SOPs for easy reference.

The AEMT Psychomotor exam is now available for training institutions to utilize. Any Advanced or Advanced Bridge candidate must be successfully validated on this skill station by the training institution before he/she can be considered for full AEMT certification. You can find the link to the PDF on both the EMS bulletin board under AEMT Testing as well as under the course information page.

Please see the main page of the EMS website for information on a recall of Phillip's HeartStart AEDs. Certain models of Phillip's AEDs are failing to deliver a shock in spite of a clear machine test. Please see the FDA link for more information and how to find out if one of your AEDs is affected.

The state EMS Training Manual In your packets you will find a copy of the semi-final draft of the new State EMS Training Manual. This manual is an all encompassing text that will advise instructors, training institutions, State Representatives, and students on the rules, regulations, policies, and procedures surrounding EMS education in Indiana. The members of the EMS Education Working Group (EEWG) have spent countless hours over the past seven months drafting, discussing, and editing this manual, and I would like to recognize all of them at this time for their amazing work. All members please stand if you are present. At our closing meeting of the 2013 season, the EEWG members proposed the following timeline for education and implementation of the manual: **January 1, 2014-** Release the manual to the EMS education population. Announce that this will be the revised guidelines to follow beginning on July 1, 2014 **February-June 30, 2014-** EEWG members and IDHS staff will coordinate PI/Training Institution updates throughout the state. Each district will have 2 updates scheduled, and the EEWG members of that district along with IDHS staff will present the manual as well as any educational changes and information pertinent to administering up to date and accurate EMS training programs. It is the recommendation of the EEWG, in consultation with the

active EEWG Commission Representatives Ms. Hamilton and Mr. Zartman, that the EMS Commission require all active primary instructors and a representative from every active training institution to attend one of the scheduled updates. There would be 20 opportunities for educators to attend throughout the state, so it is our feeling that we will be making every effort to reach our current affiliates and are giving them ample opportunities to meet this requirement if implemented. **July 1, 2014-** All training institutions and primary instructors must follow the guidance in the revised EMS Training Manual moving forward.

A motion was made by Commissioner Zartman to make it mandatory to have at least one representative from every certified training institution attend a PI/Training Institution update by June 30, 2014. The motion was seconded by Commissioner Hamilton.

Some discussion followed among Commission members concerning only giving a six month window to attend an update. It was stated that there would be two times (morning and evening) on every date to give plenty of opportunity to attend the updates. Director Mike Garvey stated that staff would explore the possibility of having a webinar available for those that have a hardship getting to the updates. Director Garvey also stated staff would give an update on how many have been able to attend at the April Commission meeting.

The motion passed.

AEMT and Paramedic Pass Rates In your packet, you will find copies of the AEMT and Paramedic National Registry Passing Rates. (see attachment # 4).

Commissioner Zartman asked if IDHS has requested if any of the training institution had any disciplinary action or progress notes. Mrs. Fiato stated that COAEMSP sends IDHS any disciplinary actions that are taken against a training institution.

A motion was made by Commissioner Mackey to post the statistics for each training institution. Commissioner Zartman just cautioned that a time frame that is fair to all institutions be established because the data can be manipulated. After some discussion regarding the data Commissioner Zartman also stated maybe Mrs. Fiato could run some more reports and report back to the Commission as to a proposed time frame. Commissioner Zartman suggested that IDHS reach out to training institutions that have low pass rates. Mrs. Fiato requested that maybe a sub-committee or a working group be assigned to look into the issue and come back with recommendations. Commissioner Mackey withdrew his motion.

Chairman Turpen spoke about the following four issues that he has seen while helping with the interview process for COEMSP and would like to see these looked at with the working group/sub-committee:

- major issues were identified but not addressed in the report
- College base institution where the student takes the class and never tests
- Length of the course

- Using tools from certain vendors that are not current

Leon Bell stated that on December 1st his annual report is due to COAEMSP possibly add this to the training institution renewal report.

Commissioner Zartman stated that maybe a letter from the staff requesting a copy of the annual report from accredited institutions would be the way to go. Staff was assigned to draft and send letter requesting their annual report.

A motion was made by Commissioner Mackey to appoint a working group to look into the passing rate issue with Mrs. Fiato. The motion was seconded by Commission Zartman. The motion passed.

Chairman Turpen asked for volunteers from the Commission. Commissioner Zartman volunteered for the group. Chairman Turpen also asked for volunteers from the audience (several people volunteered). Chairman Turpen assigned Commissioner Zartman to be chairman for the working group.

Mrs. Fiato also recognized Candice Hilton for her hard work running the Enhance CPR program over the last year. The program is to provide free CPR training and certification to all state employees. Chairman Turpen also stated that the Commission depends on Candice for communication and that she always does an exceptional job.

EMS Crash Report

Mrs. Fiato introduced Natasha Click to the Commission. She is an intern with IDHS that has been working on compiling the data from the paper vehicle crash reports from the past 11 years. (see attachment #5). Mrs. Click noted that not all of the required ambulance crashes are being reported or not being reported correctly. Mrs. Click recommends that the vehicle crash reports need to be electronic forms rather than paper so that required fields could not be left blank. Mrs. Click also recommends that more specific information be collected. Chairman Turpen stated that he has access to the national crash data base. Chairman Turpen stated that he, Mrs. Fiato, and Mrs. Click should get together and talk so they could bring a recommendation back to the Commission at the next meeting.

Simulation Lab Report

Ms. Pam Moore gave a presentation to the Commission regarding the mobile SIM Lab. The purpose of the SIM Lab is to help with patient safety. (see attachment #6). Ms. Moore stated that an area that could use some improvements is to have sessions set up more like an all day class room. Director Garvey stated that the equipment was at the meeting so anyone that would like to see it was welcome to look at it.

SUB-COMMITTEE REPORTS

Narcotics working group:

Narcotics working groups next meeting is scheduled for January 16, 2014.

INDIANA DEPARTMENT OF HEALTH
Trauma Registry Report

Ms. Katie Gatz reported out (see attachment #7)

Trauma Center Designation process

Mr. Art Logsdon reported that both Franciscan St. Elizabeth Health-Lafayette East and St. Vincent Anderson have applied to be considered in process to become trauma centers. It is the recommendation of the Indiana State Health Department that both be approved to be considered in the process to become trauma centers.

A motion was made by Commissioner Mackey to approve both Franciscan St. Elizabeth Health of Lafayette East and St. Vincent Anderson as in the process hospitals. The motion was seconded by Commissioner Lockard. The motion passed.

Mr. Art Logsdon also reported that the pilot program for the EMS reporting data to the Indiana State Department of Health is going well. Mr. Logsdon also announced that the trauma registry rule is now in effect and has been since November 24, 2013. Mr. Logsdon also talked about the Medical Director symposium that will take place on January 31, 2014 at Fort Harrison. Mr. Logsdon also introduced Ms. Gretchen Martin the Indiana State Department of Health's Child Fatality Review Program Coordinator.

Child Fatality Review

Ms. Gretchen Martin stated that the Child Fatality review was moved from Child Services to the Health Department. (see attachment #8)

Chairman Turpen called for a break at 12:15pm
Chairman Turpen reconvened the meeting 12:25pm

EMS PERSONNEL WAIVER REQUEST

The following requested a waiver of Rule 4. Certification of Emergency Medical Technicians 836 IAC 4-4-3 Certification based upon reciprocity Authority: IC 16-31-2-7 Affected: IC 16-31-3-8; IC 16-31-3-10 Sec. 3. (a) To obtain certification based upon reciprocity, an individual shall be a minimum of eighteen (18) years of age and meet one (1) of the following requirements: (1) Be a person who: (A) Possesses a valid certificate or license as an emergency medical technician from another state; and (B) Successfully completes the written and practical skills certification examinations as prescribed by the commission. (b) Any nonresident of Indiana who possesses a certificate or license as an emergency medical technician that is valid in another state, or a valid registration issued by the National Registry, upon affiliation with an Indiana certified provider organization may apply to the agency for temporary certification as an emergency medical technician. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification, which shall be valid for the duration of the applicant's current certificate or license or for a period not to exceed six (6) months from the date that the reciprocity request is approved by the agency, 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. Ms. Cappetto is requesting a six month

extension due to financial difficulties and time issues. Staff recommends approval of a three month extension.

Diana M. Cappetto

EMT

A motion was made by Commissioner Mackey to accept staff recommendation and grant a 3 month extension with the stipulation that Ms. Cappetto cannot request another extension. The motion was seconded by Commissioner Zartman. The motion passed.

The following requested a waiver of Rule 4: Certification of Emergency Medical Technicians 836 IAC 4-4-3 Certification Based upon Reciprocity Authority: IC 16-31-2-7 Affected: IC 16-31-3-8; IC 16-31-3-10 Sec. 3. (a) To obtain certification based upon reciprocity, an individual shall be a minimum of eighteen (18) years of age and meet one (1) of the following requirements: (1) Be a person who: (A) possesses a valid certificate or license as an emergency medical technician from another state; and (B) successfully completes the written and practical skills certification examinations as prescribed by the commission. (2) Be a person who: (A) while serving in the military of the United States, successfully completed a course of training and study equivalent to the material contained in the Indiana basic emergency medical technician training course; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (3) Be a person who: (A) holds a valid unlimited license to practice medicine in Indiana; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (4) Be a person who: (A) successfully completed a course of training and study equivalent to the material contained in the Indiana basic emergency medical technician training course; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (5) Be a person who: (A) holds a current emergency medical technician registration from the National Registry; and (B) has completed a course equivalent to the Indiana approved curriculum. (b) Any nonresident of Indiana who possesses a certificate or license as an emergency medical technician that is valid in another state, or a valid registration issued by the National Registry, upon affiliation with an Indiana certified provider organization may apply to the agency for temporary certification as an emergency medical technician. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification, which shall be valid for the duration of the applicant's current certificate or license or for a period not to exceed six (6) months from the date that the reciprocity request is approved by the agency, 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. King is requesting a three month extension on his temporary EMT certification. Mr. King was unable to locate testing within the allotted time. His Illinois certification expires 12-31-2014.

Andrew King EMT

A motion was made by Commissioner Hoggatt to accept staff recommendation of a 3 month extension to complete testing with the stipulation that Mr. King cannot request another extension. The motion was seconded by Commissioner Zartman. The motion passed.

The following requested a waiver of SECTION 47. (a) A registered nurse may challenge the advanced emergency medical technician course if he or she meets the following requirements: (1) be a registered nurse in Indiana. (2) Be an Indiana certified emergency medical technician. (3) Be able to document one (1) year of experience in an emergency department or as a flight nurse with an air ambulance service. (4) Hold an advanced cardiac life support certification. (5) hold either an American Heart Association or American Red Cross health care provider card or equivalent. (6) Be able to meet prerequisites required by the

commission, the advanced emergency medical technician curriculum, and the local training institution course. (b) For successful completion of the advanced emergency medical technician training course, a registered nurse must meet all of the requirements set forth by the training institution for all students or meet the prerequisites as described in subsection (a) and the following: (1) May earn credit by written examination for individual modules of the advanced emergency medical technician course. (2) Test out of a module to be completed prior to the beginning of that module by completing: (A) the written examination with a passing score; and (B) the practical skills examination with a passing score. Failure of any module exam will require the students to participate in the entire module. (3) Successfully complete the advanced emergency medical technician program comprehensive final examination. (4) Demonstrate skill proficiency by completing the advanced emergency medical technician level skills with course proficiency. (5) May earn credit of clinical hours by review of the student's past experience in the clinical areas. (6) Complete all field internship and required hospital clinical hours. (7) Pass the advanced emergency medical technician written and practical skills examinations as approved by the commission. (8) Meet general certification requirements in SECTION 49 of this document. The following requested a waiver of SECTION 47. (a) A registered nurse may challenge the advanced emergency medical technician course if he or she meets the following requirements: (1) be a registered nurse in Indiana. (2) Be an Indiana certified emergency medical technician. (3) Be able to document one (1) year of experience in an emergency department or as a flight nurse with an air ambulance service. (4) Hold an advanced cardiac life support certification. (5) hold either an American Heart Association or American Red Cross health care provider card or equivalent. (6) Be able to meet prerequisites required by the commission, the advanced emergency medical technician curriculum, and the local training institution course. (b) For successful completion of the advanced emergency medical technician training course, a registered nurse must meet all of the requirements set forth by the training institution for all students or meet the prerequisites as described in subsection (a) and the following: (1) May earn credit by written examination for individual modules of the advanced emergency medical technician course. (2) Test out of a module to be completed prior to the beginning of that module by completing: (A) the written examination with a passing score; and (B) the practical skills examination with a passing score. Failure of any module exam will require the students to participate in the entire module. (3) Successfully complete the advanced emergency medical technician program comprehensive final examination. (4) Demonstrate skill proficiency by completing the advanced emergency medical technician level skills with course proficiency. (5) May earn credit of clinical hours by review of the student's past experience in the clinical areas. (6) Complete all field internship and required hospital clinical hours. (7) Pass the advanced emergency medical technician written and practical skills examinations as approved by the commission. (8) Meet general certification requirements in SECTION 49 of this document. Ms. Forthofer is requesting a petition to challenge the AEMT written and practical exams. Ms. Forthofer is requesting a petition to challenge the AEMT written and practical exams. Ms. Forthofer is requesting to substitute her RM education for the bridge course. Ms. Forthofer is currently licensed as an RN, and she has valid ACLS, BLS, CPR instructor, CPR, EMT-B, and EMT-A certifications. Ms. Forthofer is also an active member of a paramedic provider. Ms. Forthofer fulfills the above requirements except for the one year experience in an emergency department or as a flight nurse with an air ambulance service.

Tammy Forthofer RN and EMT Basic Advanced

A motion was made by Commissioner Mackey to accept staff recommendation to approve Ms. Forthofer to take the AEMT exam based on her training and experience with the stipulation that Ms. Forthofer share her test results (pass/fail) with IDHS to report back to the Commission. The motion was seconded by Commissioner Hoggatt. The motion passed.

The following requested a waiver of Rule 4: Certification of Emergency Medical Technicians 836 IAC 4-4-3 Certification Based upon Reciprocity Authority: IC 16-31-2-7 Affected: IC 16-31-3-8; IC 16-31-3-10 Sec. 3. (a) To obtain certification based upon reciprocity, an individual shall be a minimum of eighteen (18) years of age and meet one (1) of the following requirements: (1) Be a person who: (A) possesses a valid certificate

or license as an emergency medical technician from another state; and (B) successfully completes the written and practical skills certification examinations as prescribed by the commission. (2) Be a person who: (A) while serving in the military of the United States, successfully completed a course of training and study equivalent to the material contained in the Indiana basic emergency medical technician training course; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (3) Be a person who: (A) holds a valid unlimited license to practice medicine in Indiana; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (4) Be a person who: (A) successfully completed a course of training and study equivalent to the material contained in the Indiana basic emergency medical technician training course; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (5) Be a person who: (A) holds a current emergency medical technician registration from the National Registry; and (B) has completed a course equivalent to the Indiana approved curriculum. (b) Any nonresident of Indiana who possesses a certificate or license as an emergency medical technician that is valid in another state, or a valid registration issued by the National Registry, upon affiliation with an Indiana certified provider organization may apply to the agency for temporary certification as an emergency medical technician. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification, which shall be valid for the duration of the applicant's current certificate or license or for a period not to exceed six (6) months from the date that the reciprocity request is approved by the agency, 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. Ramaeker is asking for an extension due to the fact he will lose his job. He has taken the written but failed and needs to retake it along with his practical. He advised he has been working 80 hours a week with his current company. Staff recommendation approval extend 3 month.

Codi A. Rameker EMT

A motion was made by Commissioner Zartman to accept staff recommendation and approve a 3 month extension with the stipulation that Mr. Rameker cannot request another extension. The motion was seconded by Commissioner Hamilton. The motion passed.

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National Registry; and (B) has completed a course equivalent to the Indiana approved curriculum. (b) Any nonresident of Indiana who possesses a certificate or license as an emergency medical technician that is valid in another state, or a valid registration issued by the National Registry, upon affiliation with an Indiana certified provider organization may apply to the agency for temporary certification as an emergency medical technician. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification, which shall be valid for the duration of the applicant's current certificate or license or for a period not to exceed six (6) months from the date that the reciprocity request is approved by the agency, 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. Seidl is asking for an extension due to the fact his temporary expires on 12-31-13 his practical is scheduled for 12-14-13 he has passed his written. His employer stated they will lay him off until he received his Indiana numbers. Staff recommends a three month extension.

Zachary A. Seidl EMT

A motion was made by Commissioner Zartman to accept staff recommendation and approve a 3 month extension with the stipulation that Mr. Seidl cannot request another extension. The motion was seconded by Commissioner Lockard. The motion passed.

The following requested a waiver of Rule 4: Certification of Emergency Medical Technicians 836 IAC 4-4-3 Certification Based upon Reciprocity Authority: IC 16-31-2-7 Affected: IC 16-31-3-8; IC 16-31-3-10 Sec. 3. (a) To obtain certification based upon reciprocity, an individual shall be a minimum of eighteen (18) years of age and meet one (1) of the following requirements: (1) Be a person who: (A) possesses a valid certificate or license as an emergency medical technician from another state; and (B) successfully completes the written and practical skills certification examinations as prescribed by the commission. (2) Be a person who: (A) while serving in the military of the United States, successfully completed a course of training and study equivalent to the material contained in the Indiana basic emergency medical technician training course; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (3) Be a person who: (A) holds a valid unlimited license to practice medicine in Indiana; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (4) Be a person who: (A) successfully completed a course of training and study equivalent to the material contained in the Indiana basic emergency medical technician training course; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (5) Be a person who: (A) holds a current emergency medical technician registration from the National Registry; and (B) has completed a course equivalent to the Indiana approved curriculum. (b) Any nonresident of Indiana who possesses a certificate or license as an emergency medical technician that is valid in another state, or a valid registration issued by the National Registry, upon affiliation with an Indiana certified provider organization may apply to the agency for temporary certification as an emergency medical technician. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification, which shall be valid for the duration of the applicant's current certificate or license or for a period not to exceed six (6) months from the date that the reciprocity request is approved by the agency, 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. Stratton advised he was unable to test within the 6 month period, he advised through work and family obligations he lost track of time and was not able to find a test site. Staff recommends a three month extension.

Tye K. Stratton EMT

A motion was made by Commissioner Hoggatt to accept staff recommendation and approve a 3 month extension with the stipulation that Mr. Stratton cannot request another extension. The motion was seconded by Commissioner Zartman. The motion passed.

ADMINISTRATIVE PROCEEDINGS

1. Administrative Orders Issued

a. Personnel Orders

i. 1 Year Probations

Order No. 0144-2013 Corey P. Federico

No action required, none taken

Order No. 0145-2013 Patrick R. McBride

No action required, none taken

Order No. 0146-2013 Kory S. Opper

No action required, none taken

Order No. 0089-2013 Matthew D. Sims

No action required, none taken

Order No. 0113-2013 James R. Vannoy

No action required, none taken

Order No. 0112-2013 Charles P. Zakutansky

No action required, none taken

ii. 2 Year Probations

Order No. 0132-2013 Joshua D. Ballard

No action required, none taken

Order No. 0112-2013 Jeremy J. Gephart

No action required, none taken

Order No. 0103-2013 Eric J. Moore

No action required, none taken

Order No. 0107-2013 Mathew R. Morris

No action required, none taken

Order No. 0148-2013 Rebecca D. Oden

No action required, none taken

Order No. 0110-2013 John Remler

No action required, none taken

Order No. 0111-2013 Amber Renee Tompkins

No action required, none taken

Order No. 0109-2013 Merle E. Yonder

No action required, none taken

Order No. 0105-2013 Ronald J. Goedde

No action required, none taken

Order No. 0103-2013 Eric J. Moore

No action required, none take

Order No. 0104-2013 Jared D. Miller

No action required, none taken

iii. Revocation

Order No. 0094-2013 Jonathan M. Kanema

No action required, none taken

Order No. 0108-2013 Jacob R. Thornton

No action required, none taken

iv. Denial

Order No. 0122-2013 Crystal Barrera-Badillo

No action required, none taken

Order No. 0118-2013 Justin Barrow

No action required, none taken

Order No. 0120-2013 Tiffany Blake

No action required, none taken

Order No. 0119-2013 Maxwell Breitingger

No action required, none taken

Order No. 0133-2013 Lee Caspari

No action required, none taken

Order No. 0128-2013 Stacey Dils

No action required, none taken

Order No. 0121-2013 Richard Drennan

No action required, none taken

Order No. 0135-2013 Jack D. Eads II

No action required, none taken

Order No. 0125-2013 Donald George

No action required, none taken

Order No. 0140-2013 Corey R. Hobbs

No action required, none taken

Order No. 0127-2013 Roger Huff

No action required, none taken

Order No. 0137-2013 Jeremy Jessie

No action required, none taken

Order No. 0136-2013 Jeffrey Marshall

No action required, none taken

Order No. 0131-2013 Michael T. O'Malley

No action required, none taken

Order No. 0138-2013 Octavial Reynolds

No action required, none taken

Order No. 0124-2013 Easton M. Robertson

No action required, none taken

Order No. 0130-2013 Dylan Romandine

No action required, none taken

Order No. 0123-2013 James Snapp

No action required, none taken

Order No. 0139-2013 Zachary Summers

No action required, none taken

Order No. 0126-2013 Jason Taylor-Ohmes

No action required, none taken

Order No. 0129-2013 Joshua Thedans

No action required, none taken

Order No. 0143-2013 Josh Walker

No action required, none taken

Order No. 0142-2013 Steven Waller

No action required, none taken

v. Renewal of Emergency Order

Order No. 0064-2013 Timothy Greenlee

No action required, none taken

Order No. 0095-2013 Jeremy West

No action required, none taken

vi. Revocation of Denial Order

Order No. 0130-2013 Dylan Romandine

No action required, none taken

Order No. 0123-2013 James Snapp

No action required, none taken

Order No. 0143-2013 Josh Walker

No action required, none taken

vii. Suspension

Order No. 0116-2013 Pat S. Savell

No action required, none taken

Order No. 0115-2013 Christopher Weiss

No action required, none taken

b. Provider Organization Orders

Order No. 0105-2013 Kountry Kare EMS

No action required, none taken

c. Training Institution Orders

Order No. 0141-2013 Medic On-Site Services

No action required, none taken

2. Appeals filed in a timely manner

- a. Dylan Romandine
- b. Jacob R. Thornton

A motion was made by Commissioner Zartman to grant the appeals of the above listed individuals. The motion was seconded by Commissioner Lockard. The motion passed.

3. Non-Final Orders

- a. Alex Leisz

Judge Gary Bippus addressed the Commission due to Mr. Leisz's non-final order being dated December 5, 2013 and the Commission meeting being on December 20, 2013 it did not allow for the 18 day time frame for appeal.

A motion was made by Commissioner Mackey to table this non- final order until the February 14th meeting to allow for the appeal time frame. The motion was seconded by Commissioner Zartman. The motion passed.

- b. Matthew Sims

A motion was made by Commissioner Mackey to accept the non-final order with the amendment of the Fire and Building Safety Commission by changed to the EMS Commission. The motion was seconded by Commissioner Zartman. The motion passed.

EMS FOR CHILDREN

Mrs. Gretchen Huffman reported that the survey for EMSC was completed. Mrs. Huffman thanked the Commission and IDHS staff for their help in getting providers to answer the survey for EMSC. Chairman Turpen stated he would be very interested in seeing the results from question #50. Legal Counsel Snyder asked if there would be an executive summary. Mrs. Huffman stated that yes there would be a summary but is there anything specific that the Commission wants to see. The Commission will wait for the summary.

TECHNICAL ADVISORY COMMITTEE see attachment # 9

Mr. Leon Bell, Chairman of the Technical Advisory Committee, reported information from their last meeting. At this time The Technical Advisory Committee does not have any recommendations for the EMS Commission. Mr. Bell stated that a letter outlining the concerns regarding the AEMT level was being sent to Director Mike Garvey. Mr. Bell reviewed where the Technical Advisory Committee was on the various assignments. Mr. Bell also asked about the assignment that was made into a working group earlier in the meeting. Chairman Turpen stated the Commission would be able to answer that question a little later in the meeting.

Indiana Emergency Medical Services Association

Mr. Chris Jones reported the Public announcement is running smoothly however they have run into a funding issue but they will be ready to go in May. Mr. Jones also announced the IEMSA conference May 1-2 in Bloomington. There has been a call put out for presenters and if interested please contact Mr. Jones. Mr. Jones also invited the Commission members and staff to the IEMSA sponsored legislator's breakfast on February 10th from 7:30am-10am.

OLD BUSINESS

1. Chairman Turpen read into record the non-rule policy regarding "use of mechanical breathing devices" in the terms of "basic life support":

836 IAC- Emergency Medical Services Commission

Title: Interpretation of IC 16-18-2-33.5 and 836 IAC 1-1-1. "use of mechanical breathing devices" in the term "basic life support"

Date: December 31, 2013

Purpose: To clarify the scope of the phrase "use of mechanical breathing devices" in the definition of "basic life support"

Interpretation: The Emergency Medical Services Commission interprets this rule as follows:

The phrase "use of mechanical breathing devices" in the definition of "basic life support" with respect to ventilators is limited to the use of automatic transport ventilators that only allow adjustments of rate, tidal volume, and inspiratory time(for adult vs. pediatric settings).

Any ventilator that exceeds the limitations of adjustment of rate, tidal volume, and inspiratory time (for adult vs. pediatric settings) shall be considered a multiple feature ventilator and its use shall be considered specialty care transport at the paramedic level. Any interfacility transportation of a patient whose care requires a multiple feature ventilator shall be conducted only with a multiple feature ventilator, unless, in the event that a multiple feature ventilator is not immediately available and in the opinion of the transferring physician delaying the transportation of the patient until a multiple feature ventilator can be obtained would create a risk of harm to the patient.

Commissioner Mackey asked what the purpose behind the limiting at the end of the non-rule policy. Chairman Turpen stated that the purpose behind this was twofold. First clarify the SCT definition just in case the provider should have interaction with CMS and also to restate the COBRA requirement.

A motion was made by Commissioner Mackey to adopt the non-rule policy as read. The motion was seconded by Commissioner Hoggatt. The motion passed.

NEW BUSINESS

1. Honorary lifetime EMT certification for George D. Ockerman- (see attachment #10) Chairman Turpen read the letter into record.

A motion was made by Commissioner Zartman to approve the certificate. The motion was seconded by Commissioner Hamilton. The motion passed.

2. Rural Paramedic programs letter- Mrs. Fiato read the letter into record. (see attachment #11) Mrs. Fiato stated that in the months since the letter was sent to IDHS, she has had contact with the Indiana Rural Health Association. Mrs. Fiato spoke to Cindy Large from Indiana Rural Health Association and Cindy jumped on the opportunity to help. Ms. Large stated that she would take this issue to her hierarchy. Ms. Large stated in an email to Mrs. Fiato the Wednesday prior to the Commission meeting that things were moving faster than expected. Mrs. Fiato stated she has already provided some information to Ms. Large. Chairman Turpen stated that the Commission would let Mrs. Fiato and Ms. Large continue with their work and report back to the Commission.
3. Director Garvey spoke regarding the reciprocity non-rule policy. The issue is that there are a lot of people that are asking for extensions and do not test to get their permanent Indiana certification. Chairman Turpen gave direction that language for the non-rule policy regarding reciprocity is brought back to the next EMS Commission meeting.
4. Dr. Kaufmann spoke regarding EMT 12 lead acquisition. Dr. Kaufmann stated that EMS BLS 12 lead acquisition is already being practiced in several other states. Mr. Greg Poe from the American Heart Association also spoke in favor of EMS BLS 12 lead acquisition. Chairman Turpen commented that there is no clinical argument that this should not be done. Chairman Turpen stated that there have been no negative patient outcomes. Chairman Turpen read the following drafted non-rule policy into record:

836 IAC-Emergency Medical Services Commission

Title: Interpretation of IC 16-18-2-33.5(a)(10)

Date: December 31, 2013

Purpose: To clarify conduct that is considered basic life support

Interpretation: The Emergency Medical Services Commission interprets this statute to clarify as follows:

The acquisition and transmission of a 12-lead electrocardiogram, without continuous monitoring or interpretation or both, for the purposes of early physician interpretation, diagnosis and activation of interventional therapies is basic life support.

A motion was made by Commissioner Hoggatt to adopt the Interpretation of IC 16-16-2-33.5(a)(10) as previously read. The motion was seconded by Commissioner Mackey. The motion passed. Legal Counsel Mara Snyder stated that the effective date would probably be more along the lines of January 10th when it is published.

5. Mr. Eddie Erickson from Health Occupations Students of America (HOSA) reported to the Commission regarding what HOSA is and what they do (see attachment # 12). The age limit of 18 years is stopping a lot of students from joining the program. Just dropping the age limit to 17 years old would let more students participate in the program. Chairman Turpen spoke regarding the age issue and stated that this issue has been discussed before and according to some physiologists may cause some trauma. Chairman Turpen stated that he has worked with the EHOSA, the Evansville chapter of HOSA, and it has been very beneficial to AMR in Evansville. Chairman Turpen encouraged others to look at their local HOSA chapters.
6. Ms. Jennifer Knapp presented on behalf of the Indiana Fire Chief's Association that the Fire Chief's Association passed off the AEMT additional tests to IDHS staff of December 18th.
7. Mr. Jeffrey Nikirk spoke regarding the EMT Basic Advance (see attachment #13) . Both Commissioner Mackey and Dr. Nikirk both have been contacted by numerous EMT Basic Advance personnel concerning the EMT Basic Advance level. There are concerns about the EMT Basic Advance level going away. Dr. Nikirk asked that the Commission not take away the EMT Basic Advance. Chairman Turpen stated that he would like for a working group to be formed and for Commissioner Mackey to be the head of that group.

EMS STATE DIRECTOR'S REPORT

Director Garvey gave a report on the following:

Director Garvey talked about a meeting in Connersville IN that he, and several of Commission members attended regarding EMT Basic Advanced level going away. Several concerns were expressed. Among them are fear of testing, not understanding where they fit in, could they do it if they had more time. The comments and information from the meeting will be fully shared with the EMT BA working group.

Director Garvey also reported that the staff is continuing to work on an electronic provider application and hope to complete that soon. Director Garvey reminded everyone that the legislative session will be coming up soon and encourages everyone to stay aware of the things that involve EMS. One of the things that IDHS is hearing is going to be talked about is a State Medical Director.

CHAIRMAN'S REPORT

Chairman Turpen stated that one of the things that other states like about Indiana is that they have the ability to change pretty quickly. This is due to the ability of medical directors to make changes on the local level. Chairman Turpen also announced that the Data subcommittee has been dissolved but Chairman Turpen would like Commissioner Lockard to stay available as a resource for NEMSIS questions. At the same time the Data Quality Committee has been form under the

direction of Commissioner Valentine. The following are also going to be a part of the Data Quality Committee: Commissioner Champion, Commissioner Hoggatt, Mr. Bob Atkins, and Mr. John Clam.

Chairman Turpen made a chairman's direction to pull the accreditation/self reporting for TI's assignment from the Technical Advisory Committee due to the formation of the working group earlier today.

Commissioner Lockard expressed concerns regarding the rewrite of the data dictionary. Chairman Turpen stated that he would let that stay with Directory Garvey and Marshal Greeson.

ASSIGNMENTS

1. Past Assignments
 - a. John Buckman survey will report in February.
2. New Assignments
 - a. Chairman Turpen gave the direction that the Data registry report starting at the next meeting will include a report like the one that use to be given at every Commission meeting by staff.
 - b. Chairman Turpen stated he would draft the letter to be sent by Commission staff to providers reminding them that they need to be reporting data and in what format they should be reporting.
 - c. Staff was assigned to draft and send letter requesting accredited training institutions annual report.
 - d. Chairman Turpen stated that he, Mrs. Fiato, and Mrs. Click get together and talk so they could bring a recommendation back to the Commission at the next meeting regarding EMS vehicle crash reports.
 - e. Non-rule policy - reciprocity

NEXT MEETING

The next EMS Commission meeting will be held February 14, 2014 10:00 am at Town of Fishers One Municipal Drive Fishers, IN 46038.

ADJOURNMENT

A motion was made by Commissioner Hamilton to adjourn the meeting. The motion was seconded by Commissioner Lockard. The motion passed. The meeting was adjourned at 1:56p.m.

Approved _____

G. Lee Turpen II, Chairman



MICHAEL R. PENCE, Governor
STATE OF INDIANA

INDIANA DEPARTMENT OF HOMELAND SECURITY
302 West Washington Street
Indianapolis, IN 46204

EMERGENCY MEDICAL SERVICES

COMMISSION MEETING MINUTES

DATE: December 20, 2013

10:00 A.M.

LOCATION: Horizon Convention Center

401 South High Street

Muncie, IN 47605

MEMBERS PRESENT:

John Zartman	(Training Institution)
Charles Valentine	(Municipal Fire)
G. Lee Turpen II	(Private Ambulance)
Myron Mackey	(EMTs)
Terri Hamilton	(Volunteer EMS)
Mike Garvey	(Indiana State EMS Director)
Darin Hoggatt	(Paramedics)
Michael Lockard	(General Public)
Melanie Jane Craigin	(Hospital EMS)

MEMBERS ABSENT:

Michael Olinger	(Trauma Physicians)
Sue Dunham	(Emergency Nurses)
Ed Gordon	(Volunteer Fire EMS)
Stephen Champion	(Medical Doctor)

OTHERS PRESENT:

Elizabeth Fiato, Field Staff (Robin Stump, Don Watson, Steve Gressmire, and Jason Smith), Judge Gary Bippus, IDHS Staff, and members of the EMS Community



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CALL TO ORDER AND ROLL CALL

Meeting called to order at 10:11 a.m. Candice Hilton called roll and announced quorum.

No action was needed by the Commission. No action was taken.

ADOPTION OF MINUTES

A motion was made by Commissioner Zartman to accept the minutes from the October 18, 2013 meeting. The motion was seconded by Commissioner Lockard. The motion passed.

STAFF REPORT

Data Registry

State Fire Marshal Greeson reported the following information regarding the data registry:

Marshal Greeson announced that Indiana is now compliant with NEMESIS for reporting. He also announced that data has been successfully transferred to the State Health Department. Marshal Greeson reported that other vendors besides Firehouse are working toward the goal of NEMESIS 3.0. Marshal Greeson stated that the plan is to have the past years 2011, 2012, and 2013 data to the State Health Department by the end of February. Mr. Gary Robison along with other staff will be working on this goal. Commissioner Lockard asked a few questions. Marshal Greeson stated he would get the information to Commissioner Lockard.

Chairman Turpen gave the direction that the Data registry report starting at the next meeting will include a report like the one that was previously given.

Commissioner Lockard also stated that a letter was sent in 2012 reminding providers of their responsibilities to report data and in what format it needs to be reported. Chairman Turpen stated that Gary Miller is the one that drafted the letter. Chairman Turpen stated he would draft the letter to be sent by Commission staff to providers.

Field Staff

Ms. Robin Stump reported the following information:

Provider forums will be scheduled for 2014 anyone interested please contact field staff to let them know. At the last Commission meeting the Commission asked staff to include new services in the report. That is being worked on but is not yet a part of the report. Since the last Commission meeting we have had 1 new ambulance service upgraded from BLS non-transport, 1 new paramedic non-transport upgraded from BLS non-transport, 1 new BLS non-transport, and 1 ambulance service is no longer in business. There have also been 30 new vehicle applications received and processed. There are 7 complaints/investigations currently opened.

Individual Certification Report- See attachment #2. Submitted for informational purposes.

Provider Certification Report- See attachment #3. Submitted for informational purposes.

Training Report

Mrs. Elizabeth Fiato reported the following information:

POST: The Post Training Information is now live on the IDHS website. All EMS personnel are required to take this course as a part of their initial certification for EMR and/or EMT

certification as well as a recertification requirement for all current EMS responders beginning on January 1, 2014. The Acadis testing mechanism is fully operational.

Data Page: IDHS has created a data page link. If you are a regional or local EMS institution with data to share, please send a copy that you would like published to emscertifications@dhs.in.gov in order to have it posted.

Trauma Triage Rule and Training: The Trauma Triage Rule and training course has been available on the IDHS website since 2012. We encourage all training institutions and providers to direct their personnel and students to this site to learn more about the types of patients that should go to a certified trauma center and what trauma centers in your area are available and certified to receive trauma patients. The most current map and contact list of trauma centers within a 90 minute driving radius and 45 minute flight radius are posted as well. We recommend posting these in either your local protocols or SOPs for easy reference.

The AEMT Psychomotor exam is now available for training institutions to utilize. Any Advanced or Advanced Bridge candidate must be successfully validated on this skill station by the training institution before he/she can be considered for full AEMT certification. You can find the link to the PDF on both the EMS bulletin board under AEMT Testing as well as under the course information page.

Please see the main page of the EMS website for information on a recall of Phillip's HeartStart AEDs. Certain models of Phillip's AEDs are failing to deliver a shock in spite of a clear machine test. Please see the FDA link for more information and how to find out if one of your AEDs is affected.

The state EMS Training Manual In your packets you will find a copy of the semi-final draft of the new State EMS Training Manual. This manual is an all encompassing text that will advise instructors, training institutions, State Representatives, and students on the rules, regulations, policies, and procedures surrounding EMS education in Indiana. The members of the EMS Education Working Group (EEWG) have spent countless hours over the past seven months drafting, discussing, and editing this manual, and I would like to recognize all of them at this time for their amazing work. All members please stand if you are present. At our closing meeting of the 2013 season, the EEWG members proposed the following timeline for education and implementation of the manual: **January 1, 2014-** Release the manual to the EMS education population. Announce that this will be the revised guidelines to follow beginning on July 1, 2014 **February-June 30, 2014-** EEWG members and IDHS staff will coordinate PI/Training Institution updates throughout the state. Each district will have 2 updates scheduled, and the EEWG members of that district along with IDHS staff will present the manual as well as any educational changes and information pertinent to administering up to date and accurate EMS training programs. It is the recommendation of the EEWG, in consultation with the

active EEWG Commission Representatives Ms. Hamilton and Mr. Zartman, that the EMS Commission require all active primary instructors and a representative from every active training institution to attend one of the scheduled updates. There would be 20 opportunities for educators to attend throughout the state, so it is our feeling that we will be making every effort to reach our current affiliates and are giving them ample opportunities to meet this requirement if implemented. **July 1, 2014-** All training institutions and primary instructors must follow the guidance in the revised EMS Training Manual moving forward.

A motion was made by Commissioner Zartman to make it mandatory to have at least one representative from every certified training institution attend a PI/Training Institution update by June 30, 2014. The motion was seconded by Commissioner Hamilton.

Some discussion followed among Commission members concerning only giving a six month window to attend an update. It was stated that there would be two times (morning and evening) on every date to give plenty of opportunity to attend the updates. Director Mike Garvey stated that staff would explore the possibility of having a webinar available for those that have a hardship getting to the updates. Director Garvey also stated staff would give an update on how many have been able to attend at the April Commission meeting.

The motion passed.

AEMT and Paramedic Pass Rates In your packet, you will find copies of the AEMT and Paramedic National Registry Passing Rates. (see attachment # 4).

Commissioner Zartman asked if IDHS has requested if any of the training institution had any disciplinary action or progress notes. Mrs. Fiato stated that COAEMSP sends IDHS any disciplinary actions that are taken against a training institution.

A motion was made by Commissioner Mackey to post the statistics for each training institution. Commissioner Zartman just cautioned that a time frame that is fair to all institutions be established because the data can be manipulated. After some discussion regarding the data Commissioner Zartman also stated maybe Mrs. Fiato could run some more reports and report back to the Commission as to a proposed time frame. Commissioner Zartman suggested that IDHS reach out to training institutions that have low pass rates. Mrs. Fiato requested that maybe a sub-committee or a working group be assigned to look into the issue and come back with recommendations. Commissioner Mackey withdrew his motion.

Chairman Turpen spoke about the following four issues that he has seen while helping with the interview process for COEMSP and would like to see these looked at with the working group/cub-committee:

- major issues where identified but not addressed in the report
- College base institution where the student takes the class and never tests
- Length of the course

- Using tools from certain vendors that are not current

Leon Bell stated that on December 1st his annual report is due to COAEMSP possibly add this to the training institution renewal report.

Commissioner Zartman stated that maybe a letter from the staff requesting a copy of the annual report from accredited institutions would be the way to go. Staff was assigned to draft and send letter requesting their annual report.

A motion was made by Commissioner Mackey to appoint a working group to look into the passing rate issue with Mrs. Fiato. The motion was seconded by Commission Zartman. The motion passed.

Chairman Turpen asked for volunteers from the Commission. Commissioner Zartman volunteered for the group. Chairman Turpen also asked for volunteers from the audience (several people volunteered). Chairman Turpen assigned Commissioner Zartman to be chairman for the working group.

Mrs. Fiato also recognized Candice Hilton for her hard work running the Enhance CPR program over the last year. The program is to provide free CPR training and certification to all state employees. Chairman Turpen also stated that the Commission depends on Candice for communication and that she always does an exceptional job.

EMS Crash Report

Mrs. Fiato introduced Natasha Click to the Commission. She is an intern with IDHS that has been working on compiling the data from the paper vehicle crash reports from the past 11 years. (see attachment #5). Mrs. Click noted that not all of the required ambulance crashes are being reported or not being reported correctly. Mrs. Click recommends that the vehicle crash reports need to be electronic forms rather than paper so that required fields could not be left blank. Mrs. Click also recommends that more specific information be collected. Chairman Turpen stated that he has access to the national crash data base. Chairman Turpen stated that he, Mrs. Fiato, and Mrs. Click should get together and talk so they could bring a recommendation back to the Commission at the next meeting.

Simulation Lab Report

Ms. Pam Moore gave a presentation to the Commission regarding the mobile SIM Lab. The purpose of the SIM Lab is to help with patient safety. (see attachment #6). Ms. Moore stated that an area that could use some improvements is to have sessions set up more like an all day class room. Director Garvey stated that the equipment was at the meeting so anyone that would like to see it was welcome to look at it.

SUB-COMMITTEE REPORTS

Narcotics working group:

Narcotics working groups next meeting is scheduled for January 16, 2014.

INDIANA DEPARTMENT OF HEALTH
Trauma Registry Report

Ms. Katie Gatz reported out (see attachment #7)

Trauma Center Designation process

Mr. Art Logsdon reported that both Franciscan St. Elizabeth Health-Lafayette East and St. Vincent Anderson have applied to be considered in process to become trauma centers. It is the recommendation of the Indiana State Health Department that both be approved to be considered in the process to become trauma centers.

A motion was made by Commissioner Mackey to approve both Franciscan St. Elizabeth Health of Lafayette East and St. Vincent Anderson as in the process hospitals. The motion was seconded by Commissioner Lockard. The motion passed.

Mr. Art Logsdon also reported that the pilot program for the EMS reporting data to the Indiana State Department of Health is going well. Mr. Logsdon also announced that the trauma registry rule is now in effect and has been since November 24, 2013. Mr. Logsdon also talked about the Medical Director symposium that will take place on January 31, 2014 at Fort Harrison. Mr. Logsdon also introduced Ms. Gretchen Martin the Indiana State Department of Health's Child Fatality Review Program Coordinator.

Child Fatality Review

Ms. Gretchen Martin stated that the Child Fatality review was moved from Child Services to the Health Department. (see attachment #8)

Chairman Turpen called for a break at 12:15pm
Chairman Turpen reconvened the meeting 12:25pm

EMS PERSONNEL WAIVER REQUEST

The following requested a waiver of Rule 4. Certification of Emergency Medical Technicians 836 IAC 4-4-3 Certification based upon reciprocity Authority: IC 16-31-2-7 Affected: IC 16-31-3-8; IC 16-31-3-10 Sec. 3. (a) To obtain certification based upon reciprocity, an individual shall be a minimum of eighteen (18) years of age and meet one (1) of the following requirements: (1) Be a person who: (A) Possesses a valid certificate or license as an emergency medical technician from another state; and (B) Successfully completes the written and practical skills certification examinations as prescribed by the commission. (b) Any nonresident of Indiana who possesses a certificate or license as an emergency medical technician that is valid in another state, or a valid registration issued by the National Registry, upon affiliation with an Indiana certified provider organization may apply to the agency for temporary certification as an emergency medical technician. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification, which shall be valid for the duration of the applicant's current certificate or license or for a period not to exceed six (6) months from the date that the reciprocity request is approved by the agency, 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. Ms. Cappetto is requesting a six month

extension due to financial difficulties and time issues. Staff recommends approval of a three month extension.

Diana M. Cappetto

EMT

A motion was made by Commissioner Mackey to accept staff recommendation and grant a 3 month extension with the stipulation that Ms. Cappetto cannot request another extension. The motion was seconded by Commissioner Zartman. The motion passed.

The following requested a waiver of Rule 4: Certification of Emergency Medical Technicians 836 IAC 4-4-3 Certification Based upon Reciprocity Authority: IC 16-31-2-7 Affected: IC 16-31-3-8; IC 16-31-3-10 Sec. 3. (a) To obtain certification based upon reciprocity, an individual shall be a minimum of eighteen (18) years of age and meet one (1) of the following requirements: (1) Be a person who: (A) possesses a valid certificate or license as an emergency medical technician from another state; and (B) successfully completes the written and practical skills certification examinations as prescribed by the commission. (2) Be a person who: (A) while serving in the military of the United States, successfully completed a course of training and study equivalent to the material contained in the Indiana basic emergency medical technician training course; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (3) Be a person who: (A) holds a valid unlimited license to practice medicine in Indiana; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (4) Be a person who: (A) successfully completed a course of training and study equivalent to the material contained in the Indiana basic emergency medical technician training course; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (5) Be a person who: (A) holds a current emergency medical technician registration from the National Registry; and (B) has completed a course equivalent to the Indiana approved curriculum. (b) Any nonresident of Indiana who possesses a certificate or license as an emergency medical technician that is valid in another state, or a valid registration issued by the National Registry, upon affiliation with an Indiana certified provider organization may apply to the agency for temporary certification as an emergency medical technician. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification, which shall be valid for the duration of the applicant's current certificate or license or for a period not to exceed six (6) months from the date that the reciprocity request is approved by the agency, 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. King is requesting a three month extension on his temporary EMT certification. Mr. King was unable to locate testing within the allotted time. His Illinois certification expires 12-31-2014.

Andrew King EMT

A motion was made by Commissioner Hoggatt to accept staff recommendation of a 3 month extension to complete testing with the stipulation that Mr. King cannot request another extension. The motion was seconded by Commissioner Zartman. The motion passed.

The following requested a waiver of SECTION 47. (a) A registered nurse may challenge the advanced emergency medical technician course if he or she meets the following requirements: (1) be a registered nurse in Indiana. (2) Be an Indiana certified emergency medical technician. (3) Be able to document one (1) year of experience in an emergency department or as a flight nurse with an air ambulance service. (4) Hold an advanced cardiac life support certification. (5) hold either an American Heart Association or American Red Cross health care provider card or equivalent. (6) Be able to meet prerequisites required by the

commission, the advanced emergency medical technician curriculum, and the local training institution course. (b) For successful completion of the advanced emergency medical technician training course, a registered nurse must meet all of the requirements set forth by the training institution for all students or meet the prerequisites as described in subsection (a) and the following: (1) May earn credit by written examination for individual modules of the advanced emergency medical technician course. (2) Test out of a module to be completed prior to the beginning of that module by completing: (A) the written examination with a passing score; and (B) the practical skills examination with a passing score. Failure of any module exam will require the students to participate in the entire module. (3) Successfully complete the advanced emergency medical technician program comprehensive final examination. (4) Demonstrate skill proficiency by completing the advanced emergency medical technician level skills with course proficiency. (5) May earn credit of clinical hours by review of the student's past experience in the clinical areas. (6) Complete all field internship and required hospital clinical hours. (7) Pass the advanced emergency medical technician written and practical skills examinations as approved by the commission. (8) Meet general certification requirements in SECTION 49 of this document. The following requested a waiver of SECTION 47. (a) A registered nurse may challenge the advanced emergency medical technician course if he or she meets the following requirements: (1) be a registered nurse in Indiana. (2) Be an Indiana certified emergency medical technician. (3) Be able to document one (1) year of experience in an emergency department or as a flight nurse with an air ambulance service. (4) Hold an advanced cardiac life support certification. (5) hold either an American Heart Association or American Red Cross health care provider card or equivalent. (6) Be able to meet prerequisites required by the commission, the advanced emergency medical technician curriculum, and the local training institution course. (b) For successful completion of the advanced emergency medical technician training course, a registered nurse must meet all of the requirements set forth by the training institution for all students or meet the prerequisites as described in subsection (a) and the following: (1) May earn credit by written examination for individual modules of the advanced emergency medical technician course. (2) Test out of a module to be completed prior to the beginning of that module by completing: (A) the written examination with a passing score; and (B) the practical skills examination with a passing score. Failure of any module exam will require the students to participate in the entire module. (3) Successfully complete the advanced emergency medical technician program comprehensive final examination. (4) Demonstrate skill proficiency by completing the advanced emergency medical technician level skills with course proficiency. (5) May earn credit of clinical hours by review of the student's past experience in the clinical areas. (6) Complete all field internship and required hospital clinical hours. (7) Pass the advanced emergency medical technician written and practical skills examinations as approved by the commission. (8) Meet general certification requirements in SECTION 49 of this document. Ms. Forthofer is requesting a petition to challenge the AEMT written and practical exams. Ms. Forthofer is requesting a petition to challenge the AEMT written and practical exams. Ms. Forthofer is requesting to substitute her RM education for the bridge course. Ms. Forthofer is currently licensed as an RN, and she has valid ACLS, BLS, CPR instructor, CPR, EMT-B, and EMT-A certifications. Ms. Forthofer is also an active member of a paramedic provider. Ms. Forthofer fulfills the above requirements except for the one year experience in an emergency department or as a flight nurse with an air ambulance service.

Tammy Forthofer RN and EMT Basic Advanced

A motion was made by Commissioner Mackey to accept staff recommendation to approve Ms. Forthofer to take the AEMT exam based on her training and experience with the stipulation that Ms. Forthofer share her test results (pass/fail) with IDHS to report back to the Commission. The motion was seconded by Commissioner Hoggatt. The motion passed.

The following requested a waiver of Rule 4: Certification of Emergency Medical Technicians 836 IAC 4-4-3 Certification Based upon Reciprocity Authority: IC 16-31-2-7 Affected: IC 16-31-3-8; IC 16-31-3-10 Sec. 3. (a) To obtain certification based upon reciprocity, an individual shall be a minimum of eighteen (18) years of age and meet one (1) of the following requirements: (1) Be a person who: (A) possesses a valid certificate

or license as an emergency medical technician from another state; and (B) successfully completes the written and practical skills certification examinations as prescribed by the commission. (2) Be a person who: (A) while serving in the military of the United States, successfully completed a course of training and study equivalent to the material contained in the Indiana basic emergency medical technician training course; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (3) Be a person who: (A) holds a valid unlimited license to practice medicine in Indiana; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (4) Be a person who: (A) successfully completed a course of training and study equivalent to the material contained in the Indiana basic emergency medical technician training course; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (5) Be a person who: (A) holds a current emergency medical technician registration from the National Registry; and (B) has completed a course equivalent to the Indiana approved curriculum. (b) Any nonresident of Indiana who possesses a certificate or license as an emergency medical technician that is valid in another state, or a valid registration issued by the National Registry, upon affiliation with an Indiana certified provider organization may apply to the agency for temporary certification as an emergency medical technician. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification, which shall be valid for the duration of the applicant's current certificate or license or for a period not to exceed six (6) months from the date that the reciprocity request is approved by the agency, 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. Ramaeker is asking for an extension due to the fact he will lose his job. He has taken the written but failed and needs to retake it along with his practical. He advised he has been working 80 hours a week with his current company. Staff recommendation approval extend 3 month.

Codi A. Rameker EMT

A motion was made by Commissioner Zartman to accept staff recommendation and approve a 3 month extension with the stipulation that Mr. Rameker cannot request another extension. The motion was seconded by Commissioner Hamilton. The motion passed.

The following requested a waiver of Rule 4: Certification of Emergency Medical Technicians 836 IAC 4-4-3 Certification Based upon Reciprocity Authority: IC 16-31-2-7 Affected: IC 16-31-3-8; IC 16-31-3-10 Sec. 3. (a) To obtain certification based upon reciprocity, an individual shall be a minimum of eighteen (18) years of age and meet one (1) of the following requirements: (1) Be a person who: (A) possesses a valid certificate or license as an emergency medical technician from another state; and (B) successfully completes the written and practical skills certification examinations as prescribed by the commission. (2) Be a person who: (A) while serving in the military of the United States, successfully completed a course of training and study equivalent to the material contained in the Indiana basic emergency medical technician training course; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (3) Be a person who: (A) holds a valid unlimited license to practice medicine in Indiana; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (4) Be a person who: (A) successfully completed a course of training and study equivalent to the material contained in the Indiana basic emergency medical technician training course; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (5) Be a person who: (A) holds a current emergency medical technician registration from the

National Registry; and (B) has completed a course equivalent to the Indiana approved curriculum. (b) Any nonresident of Indiana who possesses a certificate or license as an emergency medical technician that is valid in another state, or a valid registration issued by the National Registry, upon affiliation with an Indiana certified provider organization may apply to the agency for temporary certification as an emergency medical technician. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification, which shall be valid for the duration of the applicant's current certificate or license or for a period not to exceed six (6) months from the date that the reciprocity request is approved by the agency, 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. Seidl is asking for an extension due to the fact his temporary expires on 12-31-13 his practical is scheduled for 12-14-13 he has passed his written. His employer stated they will lay him off until he received his Indiana numbers. Staff recommends a three month extension.

Zachary A. Seidl EMT

A motion was made by Commissioner Zartman to accept staff recommendation and approve a 3 month extension with the stipulation that Mr. Seidl cannot request another extension. The motion was seconded by Commissioner Lockard. The motion passed.

The following requested a waiver of Rule 4: Certification of Emergency Medical Technicians 836 IAC 4-4-3 Certification Based upon Reciprocity Authority: IC 16-31-2-7 Affected: IC 16-31-3-8; IC 16-31-3-10 Sec. 3. (a) To obtain certification based upon reciprocity, an individual shall be a minimum of eighteen (18) years of age and meet one (1) of the following requirements: (1) Be a person who: (A) possesses a valid certificate or license as an emergency medical technician from another state; and (B) successfully completes the written and practical skills certification examinations as prescribed by the commission. (2) Be a person who: (A) while serving in the military of the United States, successfully completed a course of training and study equivalent to the material contained in the Indiana basic emergency medical technician training course; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (3) Be a person who: (A) holds a valid unlimited license to practice medicine in Indiana; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (4) Be a person who: (A) successfully completed a course of training and study equivalent to the material contained in the Indiana basic emergency medical technician training course; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (5) Be a person who: (A) holds a current emergency medical technician registration from the National Registry; and (B) has completed a course equivalent to the Indiana approved curriculum. (b) Any nonresident of Indiana who possesses a certificate or license as an emergency medical technician that is valid in another state, or a valid registration issued by the National Registry, upon affiliation with an Indiana certified provider organization may apply to the agency for temporary certification as an emergency medical technician. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification, which shall be valid for the duration of the applicant's current certificate or license or for a period not to exceed six (6) months from the date that the reciprocity request is approved by the agency, 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. Stratton advised he was unable to test within the 6 month period, he advised through work and family obligations he lost track of time and was not able to find a test site. Staff recommends a three month extension.

Tye K. Stratton EMT

A motion was made by Commissioner Hoggatt to accept staff recommendation and approve a 3 month extension with the stipulation that Mr. Stratton cannot request another extension. The motion was seconded by Commissioner Zartman. The motion passed.

ADMINISTRATIVE PROCEEDINGS

1. Administrative Orders Issued

a. Personnel Orders

i. 1 Year Probations

Order No. 0144-2013 Corey P. Federico

No action required, none taken

Order No. 0145-2013 Patrick R. McBride

No action required, none taken

Order No. 0146-2013 Kory S. Opper

No action required, none taken

Order No. 0089-2013 Matthew D. Sims

No action required, none taken

Order No. 0113-2013 James R. Vannoy

No action required, none taken

Order No. 0112-2013 Charles P. Zakutansky

No action required, none taken

ii. 2 Year Probations

Order No. 0132-2013 Joshua D. Ballard

No action required, none taken

Order No. 0112-2013 Jeremy J. Gephart

No action required, none taken

Order No. 0103-2013 Eric J. Moore

No action required, none taken

Order No. 0107-2013 Mathew R. Morris

No action required, none taken

Order No. 0148-2013 Rebecca D. Oden

No action required, none taken

Order No. 0110-2013 John Remler

No action required, none taken

Order No. 0111-2013 Amber Renee Tompkins

No action required, none taken

Order No. 0109-2013 Merle E. Yonder

No action required, none taken

Order No. 0105-2013 Ronald J. Goedde

No action required, none taken

Order No. 0103-2013 Eric J. Moore

No action required, none take

Order No. 0104-2013 Jared D. Miller

No action required, none taken

iii. Revocation

Order No. 0094-2013 Jonathan M. Kanema

No action required, none taken

Order No. 0108-2013 Jacob R. Thornton

No action required, none taken

iv. Denial

Order No. 0122-2013 Crystal Barrera-Badillo

No action required, none taken

Order No. 0118-2013 Justin Barrow

No action required, none taken

Order No. 0120-2013 Tiffany Blake

No action required, none taken

Order No. 0119-2013 Maxwell Breitingner

No action required, none taken

Order No. 0133-2013 Lee Caspari

No action required, none taken

Order No. 0128-2013 Stacey Dils

No action required, none taken

Order No. 0121-2013 Richard Drennan

No action required, none taken

Order No. 0135-2013 Jack D. Eads II

No action required, none taken

Order No. 0125-2013 Donald George

No action required, none taken

Order No. 0140-2013 Corey R. Hobbs

No action required, none taken

Order No. 0127-2013 Roger Huff

No action required, none taken

Order No. 0137-2013 Jeremy Jessie

No action required, none taken

Order No. 0136-2013 Jeffrey Marshall

No action required, none taken

Order No. 0131-2013 Michael T. O'Malley

No action required, none taken

Order No. 0138-2013 Octavial Reynolds

No action required, none taken

Order No. 0124-2013 Easton M. Robertson

No action required, none taken

Order No. 0130-2013 Dylan Romandine

No action required, none taken

Order No. 0123-2013 James Snapp

No action required, none taken

Order No. 0139-2013 Zachary Summers

No action required, none taken

Order No. 0126-2013 Jason Taylor-Ohmes

No action required, none taken

Order No. 0129-2013 Joshua Thedans

No action required, none taken

Order No. 0143-2013 Josh Walker

No action required, none taken

Order No. 0142-2013 Steven Waller

No action required, none taken

v. Renewal of Emergency Order

Order No. 0064-2013 Timothy Greenlee

No action required, none taken

Order No. 0095-2013 Jeremy West

No action required, none taken

vi. Revocation of Denial Order

Order No. 0130-2013 Dylan Romandine

No action required, none taken

Order No. 0123-2013 James Snapp

No action required, none taken

Order No. 0143-2013 Josh Walker

No action required, none taken

vii. Suspension

Order No. 0116-2013 Pat S. Savell

No action required, none taken

Order No. 0115-2013 Christopher Weiss

No action required, none taken

b. Provider Organization Orders

Order No. 0105-2013 Kountry Kare EMS

No action required, none taken

c. Training Institution Orders

Order No. 0141-2013 Medic On-Site Services

No action required, none taken

2. Appeals filed in a timely manner

- a. Dylan Romandine
- b. Jacob R. Thornton

A motion was made by Commissioner Zartman to grant the appeals of the above listed individuals. The motion was seconded by Commissioner Lockard. The motion passed.

3. Non-Final Orders

- a. Alex Leisz

Judge Gary Bippus addressed the Commission due to Mr. Leisz's non-final order being dated December 5, 2013 and the Commission meeting being on December 20, 2013 it did not allow for the 18 day time frame for appeal.

A motion was made by Commissioner Mackey to table this non- final order until the February 14th meeting to allow for the appeal time frame. The motion was seconded by Commissioner Zartman. The motion passed.

- b. Matthew Sims

A motion was made by Commissioner Mackey to accept the non-final order with the amendment of the Fire and Building Safety Commission by changed to the EMS Commission. The motion was seconded by Commissioner Zartman. The motion passed.

EMS FOR CHILDREN

Mrs. Gretchen Huffman reported that the survey for EMSC was completed. Mrs. Huffman thanked the Commission and IDHS staff for their help in getting providers to answer the survey for EMSC. Chairman Turpen stated he would be very interested in seeing the results from question #50. Legal Counsel Snyder asked if there would be an executive summary. Mrs. Huffman stated that yes there would be a summary but is there anything specific that the Commission wants to see. The Commission will wait for the summary.

TECHNICAL ADVISORY COMMITTEE see attachment # 9

Mr. Leon Bell, Chairman of the Technical Advisory Committee, reported information from their last meeting. At this time The Technical Advisory Committee does not have any recommendations for the EMS Commission. Mr. Bell stated that a letter outlining the concerns regarding the AEMT level was being sent to Director Mike Garvey. Mr. Bell reviewed where the Technical Advisory Committee was on the various assignments. Mr. Bell also asked about the assignment that was made into a working group earlier in the meeting. Chairman Turpen stated the Commission would be able to answer that question a little later in the meeting.

Indiana Emergency Medical Services Association

Mr. Chris Jones reported the Public announcement is running smoothly however they have run into a funding issue but they will be ready to go in May. Mr. Jones also announced the IEMSA conference May 1-2 in Bloomington. There has been a call put out for presenters and if interested please contact Mr. Jones. Mr. Jones also invited the Commission members and staff to the IEMSA sponsored legislator's breakfast on February 10th from 7:30am-10am.

OLD BUSINESS

1. Chairman Turpen read into record the non-rule policy regarding "use of mechanical breathing devices" in the terms of "basic life support":

836 IAC- Emergency Medical Services Commission

Title: Interpretation of IC 16-18-2-33.5 and 836 IAC 1-1-1. "use of mechanical breathing devices" in the term "basic life support"

Date: December 31, 2013

Purpose: To clarify the scope of the phrase "use of mechanical breathing devices" in the definition of "basic life support"

Interpretation: The Emergency Medical Services Commission interprets this rule as follows:

The phrase "use of mechanical breathing devices" in the definition of "basic life support" with respect to ventilators is limited to the use of automatic transport ventilators that only allow adjustments of rate, tidal volume, and inspiratory time(for adult vs. pediatric settings).

Any ventilator that exceeds the limitations of adjustment of rate, tidal volume, and inspiratory time (for adult vs. pediatric settings) shall be considered a multiple feature ventilator and its use shall be considered specialty care transport at the paramedic level. Any interfacility transportation of a patient whose care requires a multiple feature ventilator shall be conducted only with a multiple feature ventilator, unless, in the event that a multiple feature ventilator is not immediately available and in the opinion of the transferring physician delaying the transportation of the patient until a multiple feature ventilator can be obtained would create a risk of harm to the patient.

Commissioner Mackey asked what the purpose behind the limiting at the end of the non-rule policy. Chairman Turpen stated that the purpose behind this was twofold. First clarify the SCT definition just in case the provider should have interaction with CMS and also to restate the COBRA requirement.

A motion was made by Commissioner Mackey to adopt the non-rule policy as read. The motion was seconded by Commissioner Hoggatt. The motion passed.

NEW BUSINESS

1. Honorary lifetime EMT certification for George D. Ockerman- (see attachment #10) Chairman Turpen read the letter into record.

A motion was made by Commissioner Zartman to approve the certificate. The motion was seconded by Commissioner Hamilton. The motion passed.

2. Rural Paramedic programs letter- Mrs. Fiato read the letter into record. (see attachment #11) Mrs. Fiato stated that in the months since the letter was sent to IDHS, she has had contact with the Indiana Rural Health Association. Mrs. Fiato spoke to Cindy Large from Indiana Rural Health Association and Cindy jumped on the opportunity to help. Ms. Large stated that she would take this issue to her hierarchy. Ms. Large stated in an email to Mrs. Fiato the Wednesday prior to the Commission meeting that things were moving faster than expected. Mrs. Fiato stated she has already provided some information to Ms. Large. Chairman Turpen stated that the Commission would let Mrs. Fiato and Ms. Large continue with their work and report back to the Commission.
3. Director Garvey spoke regarding the reciprocity non-rule policy. The issue is that there are a lot of people that are asking for extensions and do not test to get their permanent Indiana certification. Chairman Turpen gave direction that language for the non-rule policy regarding reciprocity is brought back to the next EMS Commission meeting.
4. Dr. Kaufmann spoke regarding EMT 12 lead acquisition. Dr. Kaufmann stated that EMS BLS 12 lead acquisition is already being practiced in several other states. Mr. Greg Poe from the American Heart Association also spoke in favor of EMS BLS 12 lead acquisition. Chairman Turpen commented that there is no clinical argument that this should not be done. Chairman Turpen stated that there have been no negative patient outcomes. Chairman Turpen read the following drafted non-rule policy into record:

836 IAC-Emergency Medical Services Commission

Title: Interpretation of IC 16-18-2-33.5(a)(10)

Date: December 31, 2013

Purpose: To clarify conduct that is considered basic life support

Interpretation: The Emergency Medical Services Commission interprets this statute to clarify as follows:

The acquisition and transmission of a 12-lead electrocardiogram, without continuous monitoring or interpretation or both, for the purposes of early physician interpretation, diagnosis and activation of interventional therapies is basic life support.

A motion was made by Commissioner Hoggatt to adopt the Interpretation of IC 16-16-2-33.5(a)(10) as previously read. The motion was seconded by Commissioner Mackey. The motion passed. Legal Counsel Mara Snyder stated that the effective date would probably be more along the lines of January 10th when it is published.

5. Mr. Eddie Erickson from Health Occupations Students of America (HOSA) reported to the Commission regarding what HOSA is and what they do (see attachment # 12). The age limit of 18 years is stopping a lot of students from joining the program. Just dropping the age limit to 17 years old would let more students participate in the program. Chairman Turpen spoke regarding the age issue and stated that this issue has been discussed before and according to some physiologists may cause some trauma. Chairman Turpen stated that he has worked with the EHOSA, the Evansville chapter of HOSA, and it has been very beneficial to AMR in Evansville. Chairman Turpen encouraged others to look at their local HOSA chapters.
6. Ms. Jennifer Knapp presented on behalf of the Indiana Fire Chief's Association that the Fire Chief's Association passed off the AEMT additional tests to IDHS staff of December 18th.
7. Mr. Jeffrey Nikirk spoke regarding the EMT Basic Advance (see attachment #13) . Both Commissioner Mackey and Dr. Nikirk both have been contacted by numerous EMT Basic Advance personnel concerning the EMT Basic Advance level. There are concerns about the EMT Basic Advance level going away. Dr. Nikirk asked that the Commission not take away the EMT Basic Advance. Chairman Turpen stated that he would like for a working group to be formed and for Commissioner Mackey to be the head of that group.

EMS STATE DIRECTOR'S REPORT

Director Garvey gave a report on the following:

Director Garvey talked about a meeting in Connersville IN that he, and several of Commission members attended regarding EMT Basic Advanced level going away. Several concerns were expressed. Among them are fear of testing, not understanding where they fit in, could they do it if they had more time. The comments and information from the meeting will be fully shared with the EMT BA working group.

Director Garvey also reported that the staff is continuing to work on an electronic provider application and hope to complete that soon. Director Garvey reminded everyone that the legislative session will be coming up soon and encourages everyone to stay aware of the things that involve EMS. One of the things that IDHS is hearing is going to be talked about is a State Medical Director.

CHAIRMAN'S REPORT

Chairman Turpen stated that one of the things that other states like about Indiana is that they have the ability to change pretty quickly. This is due to the ability of medical directors to make changes on the local level. Chairman Turpen also announced that the Data subcommittee has been dissolved but Chairman Turpen would like Commissioner Lockard to stay available as a resource for NEMSIS questions. At the same time the Data Quality Committee has been formed under the

direction of Commissioner Valentine. The following are also going to be a part of the Data Quality Committee: Commissioner Champion, Commissioner Hoggatt, Mr. Bob Atkins, and Mr. John Clam.

Chairman Turpen made a chairman's direction to pull the accreditation/self reporting for TI's assignment from the Technical Advisory Committee due to the formation of the working group earlier today.

Commissioner Lockard expressed concerns regarding the rewrite of the data dictionary. Chairman Turpen stated that he would let that stay with Directory Garvey and Marshal Greeson.

ASSIGNMENTS

1. Past Assignments
 - a. John Buckman survey will report in February.
2. New Assignments
 - a. Chairman Turpen gave the direction that the Data registry report starting at the next meeting will include a report like the one that use to be given at every Commission meeting by staff.
 - b. Chairman Turpen stated he would draft the letter to be sent by Commission staff to providers reminding them that they need to be reporting data and in what format they should be reporting.
 - c. Staff was assigned to draft and send letter requesting accredited training institutions annual report.
 - d. Chairman Turpen stated that he, Mrs. Fiato, and Mrs. Click get together and talk so they could bring a recommendation back to the Commission at the next meeting regarding EMS vehicle crash reports.
 - e. Non-rule policy - reciprocity

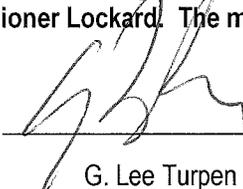
NEXT MEETING

The next EMS Commission meeting will be held February 14, 2014 10:00 am at Town of Fishers One Municipal Drive Fishers, IN 46038.

ADJOURNMENT

A motion was made by Commissioner Hamilton to adjourn the meeting. The motion was seconded by Commissioner Lockard. The motion passed. The meeting was adjourned at 1:56p.m.

Approved _____


G. Lee Turpen II, Chairman

Attachment #2



EMS Commission Certification Report Compiled December 13, 2013



again noted the loss of 207 certified people

Total Certifications	Issued Since Last Mtg	Issued Same Time -	2012	Certified Individuals
EMS - EVOC 2995	EMS - EVOC 52	EMS - EVOC 112	6	63
EMS - EVOC INSTR 74	EMS - EVOC INSTR 0	EMS - EVOC INSTR 0	3	0
ADVANCED EMT 29	ADVANCED EMT 10	ADVANCED EMT 3	5	11
EMT - BA 1310	EMT - BA 0	EMT - BA 5	166	1
EMT 19273	EMT - BASIC 118	EMT - BASIC 0	0	13622
EMT-INTERMEDIATE 162	EMT-INTERMEDIATE 0	EMT-INTERMEDIATE 0	47	162
PARAMEDIC 3948	PARAMEDIC 35	PARAMEDIC 11	11	3948
EMT-PI 501	EMT-PI 3	EMT-PI 0	0	0
EXTRICATION 1977	EXTRICATION 0	EXTRICATION 0	77	0
EMR 5496	FIRST RESPONDER 63	FIRST RESPONDER 0	0	5496
Temporary EMT 176	Temporary EMT 66	Temporary EMT 0	0	0
Temporary Paramedic 50	Temporary Paramedic 18	Temporary Paramedic 0	0	0
Temporary EMR 1	Temporary EMR 1	Temporary EMR 0	0	0
Temporary Advance 4	Temporary Advance 2	Temporary Advance 0	0	0
Totals	35996	368	427	24538

1st Qtr 2013	Count	2nd Qtr 2013	Count	3rd Qtr 2013	Count	4th Qtr 2013	Count
EMS - EVOC 33	EMS - EVOC 117	EMS - EVOC 63	0	EMS - EVOC 63	0	EMS - EVOC 63	0
EVOC INSTRUCTOR 0	EVOC INSTRUCTOR 0	EVOC INSTRUCTOR 0	0	EVOC INSTRUCTOR 0	0	EVOC INSTRUCTOR 0	0
ADVANCED EMT 0	ADVANCED EMT 2	ADVANCED EMT 11	1	ADVANCED EMT 11	1	ADVANCED EMT 11	1
EMT - BA 18	EMT - BA 14	EMT - BA 1	1	EMT - BA 1	1	EMT - BA 1	1
EMT-BASIC 970	EMT-BASIC 525	EMT-BASIC 464	0	EMT-BASIC 464	0	EMT-BASIC 464	0
EMT-INTERMEDIATE 2	EMT-INTERMEDIATE 2	EMT-INTERMEDIATE 1	1	EMT-INTERMEDIATE 1	1	EMT-INTERMEDIATE 1	1
PARAMEDIC 493	PARAMEDIC 24	PARAMEDIC 76	0	PARAMEDIC 76	0	PARAMEDIC 76	0
EMT-PI 8	EMT-PI 3	EMT-PI 15	0	EMT-PI 15	0	EMT-PI 15	0
EXTRICATION 0	EXTRICATION 0	EXTRICATION 0	0	EXTRICATION 0	0	EXTRICATION 0	0
EMR 198	EMR 209	EMR 93	0	EMR 93	0	EMR 93	0
Temporary EMT 0	Temporary EMT 46	Temporary EMT 73	0	Temporary EMT 73	0	Temporary EMT 73	0
Temporary Paramedic 0	Temporary Paramedic 24	Temporary Paramedic 19	0	Temporary Paramedic 19	0	Temporary Paramedic 19	0
Temporary EMR 0	Temporary EMR 0	Temporary EMR 0	0	Temporary EMR 0	0	Temporary EMR 0	0
Temporary Advance 0	Temporary Advance 0	Temporary Advance 3	0	Temporary Advance 3	0	Temporary Advance 3	0
Totals	1722	966	819	0	0	0	0

1st Qtr 2012	Count	2nd Qtr 2012	Count	3rd Qtr 2012	Count	4th Qtr 2012	Count
15	2012	Count	2012	Count	2012	Count	2012

EMS - EVOC	44	EMS - EVOC	13	EMS - EVOC	89	EMS - EVOC	92
EVOC INSTRUCTOR	5	EVOC INSTRUCTOR	0	EVOC INSTRUCTOR	1	EVOC INSTRUCTOR	7
ADVANCED EMT		ADVANCED EMT		ADVANCED EMT	0	ADVANCED EMT	5
EMT - BA	43	EMT - BA	58	EMT - BA	52	EMT - BA	13
EMT-BASIC	574	EMT-BASIC	523	EMT-BASIC	492	EMT	268
EMT-INTERMEDIATE	0	EMT-INTERMEDIATE	7	EMT-INTERMEDIATE		EMT-INTERMEDIATE	79
PARAMEDIC	119	PARAMEDIC	92	PARAMEDIC	111	PARAMEDIC	13
EMT-PI	11	EMT-PI	12	EMT-PI	4	EMT-PI	0
EXTRICATION	0	EXTRICATION	0	EXTRICATION	0	EXTRICATION	124
FIRST RESPONDER	158	FIRST RESPONDER	199	FIRST RESPONDER	144	EMR	
Totals	954		904		893		601

1st Qtr 2011	Count	2nd Qtr 2011	Count	3rd Qtr 2011	Count	4th Qtr 2011	Count
EMS - EVOC	120	EMS - EVOC	40	EMS - EVOC	127	EMS - EVOC	73
EVOC INSTRUCTOR	8	EVOC INSTRUCTOR	3	EVOC INSTRUCTOR	11	EVOC INSTRUCTOR	6
EMT - BA	50	EMT - BA	51	EMT - BA	56	EMT - ADVANCED	46
EMT-BASIC	652	EMT-BASIC	781	EMT-BASIC	516	EMT-BASIC	341
EMT-INTERMEDIATE	4	EMT-INTERMEDIATE	3	EMT-INTERMEDIATE	4	EMT-INTERMEDIATE	3
PARAMEDIC	79	PARAMEDIC	135	PARAMEDIC	94	PARAMEDIC	87
EMT-PI	4	EMT-PI	2	EMT-PI	7	EMT-PI	6
EXTRICATION	0	EXTRICATION	0	EXTRICATION	30	EXTRICATION	7
FIRST RESPONDER	168	FIRST RESPONDER	250	FIRST RESPONDER	145	FIRST RESPONDER	165
Totals	1085		1265		990		734

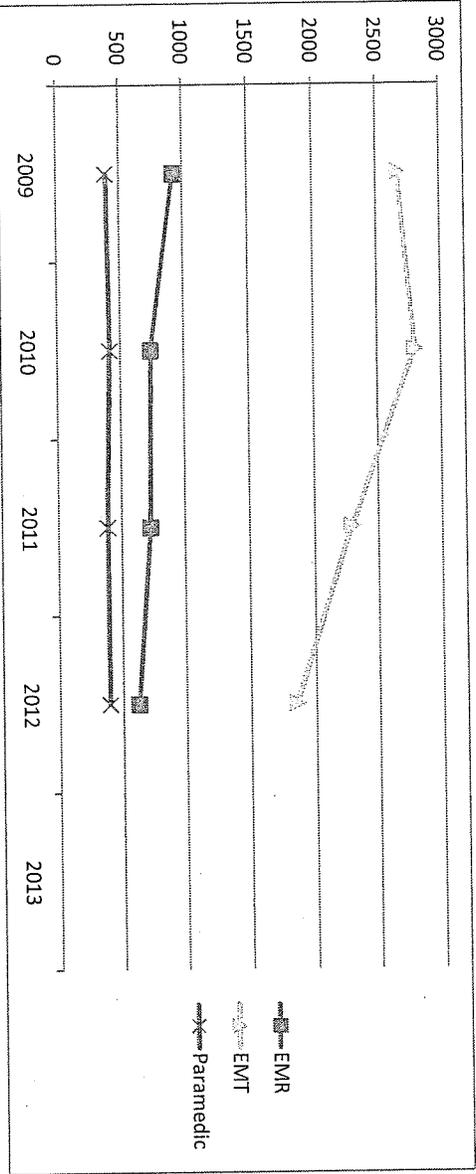
1st Qtr 2010	2nd Qtr 2010	3rd Qtr 2010	4th Qtr 2010	Count	Count
EMS - EVOC	124	166	240	107	
EVOC INSTRUCTOR	1	1	0	0	5
EMT - BA	41	35	51	47	
EMT-BASIC	801	767	841	400	
EMT-INTERMEDIATE	4	5	4	7	
PARAMEDIC	121	123	95	83	
EMT-PI	9	15	3	5	
EXTRICATION	20	10	12	0	
FIRST RESPONDER	230	274	131	105	
Totals	1351	1396	1377	759	

1st Qtr 2009	2nd Qtr 2009	3rd Qtr 2009	4th Qtr 2009	Count	Count
EMS - EVOC	47	163	82	331	
EVOC INSTRUCTOR	4	0	0	0	
EMT - BA	74	23	70	55	
EMT-BASIC	738	514	856	570	
EMT-INTERMEDIATE	7	5	6	13	
PARAMEDIC	135	91	93	83	
EMT-PI	14	10	15	14	
EXTRICATION	0	47	0	1	
FIRST RESPONDER	178	268	239	247	
Totals	1197	1121	1361	1314	

Certs Due for Re-N	3/31/2014	Expired 06/30/2013	Number of People Failed to Recertify Past the 120 day time frame
EMS - EVOC	119	83	987
EVOC INSTRUCTOR	11	0	
EMT - BA	145	56	Number of New People Certified Last Quarter
EMT-BASIC	2017	602	780
EMT-INTERMEDIATE	35	5	
PARAMEDIC	435	46	Net gain/Loss of: -207
EMT-PI	51	9	
EMR	558	324	
Totals	3371	1125	

Trending Graph

Year	2009	2010	2011	2012	2013
EMR	992	746	728	973	
EMT	2575	2809	3290	1867	
Paramedic	402	424	988	401	



Attachment #3

**Emergency Medical Services
Provider Certification Report**

Date : December 13, 2013

December 20, 2013

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 **December 20, 2013** 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	5
Basic Life Support Non-Transport	416
Ambulance Service Provider	101
EMT Basic-Advanced Organization	33
EMT Basic-Advanced Organization non-transport	21
EMT Intermediate Organization	2
EMT Intermediate Organization non-transport	0
Paramedic Organization	187
Paramedic Organization non-transport	9
Rotorcraft Air Ambulance	13
Fixed Wing Air Ambulance	3
Total Count:	790

Attachment #4

AEMT
National
Registry Exam
Report

Pass/Fail Report

Report Date: 12/18/2013 2:23:22 PM
 Report Type: State Report (IN)
 Registration Level: Advanced EMT (AEMT)
 Course Completion Date: 1st Quarter 2012 to 4th Quarter 2013
 Training Program: All

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
84	50% (42 / 84)	52% (44 / 84)	54% (45 / 84)	0% (0 / 84)	46% (39 / 84)	0% (0 / 84)

NREMT - State EMS Offices - Pass/Fail Report

Pass/Fail Report

Report Date: 12/18/2013 2:24:20 PM
 Report Type: National Report
 Registration Level: Advanced EMT (AEMT)
 Course Completion Date: 1st Quarter 2012 to 4th Quarter 2013
 Training Program: All

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
5041	54% (2734 / 5041)	70% (3553 / 5041)	71% (3595 / 5041)	0% (5 / 5041)	29% (1441 / 5041)	0% (0 / 5041)

Attempted the exam: Number of graduates that make at least one attempt at the exam.

First attempt pass: Number and percent of those who attempt the exam that pass on the first attempt.

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Failed all 6 attempts: Number and percent of those who fail the exam six times.

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Did not complete within 2 years: Number and percent of those who fail their last attempt and are no longer eligible for retest (more than two years from course completion.)

Pass/Fail Report

Report Date: 12/18/2013 2:22:32 PM
Report Type: Program Report (IN)
Registration Level: Advanced EMT (AEMT)
Course Completion Date: 1st Quarter 2012 to 4th Quarter 2013
Training Program: All

Program Name	Program Code	Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
Adams Memorial Hospital	IN-4201	3	100% (3 / 3)	100% (3 / 3)	100% (3 / 3)	0% (0 / 3)	0% (0 / 3)	0% (0 / 3)
Alliance EMS	IN-5293	5	80% (4 / 5)	80% (4 / 5)	80% (4 / 5)	0% (0 / 5)	20% (1 / 5)	0% (0 / 5)
Ball Memorial Hospital	IN-4369	1	0% (0 / 1)	100% (1 / 1)	100% (1 / 1)	0% (0 / 1)	0% (0 / 1)	0% (0 / 1)
Deaconess Hospital	IN-4516	1	0% (0 / 1)	0% (0 / 1)	0% (0 / 1)	0% (0 / 1)	100% (1 / 1)	0% (0 / 1)
Harrison County Hospital EMS	IN-4336	4	75% (3 / 4)	75% (3 / 4)	75% (3 / 4)	0% (0 / 4)	25% (1 / 4)	0% (0 / 4)
Ivy Tech Community College	IN-4864	1	0% (0 / 1)	0% (0 / 1)	0% (0 / 1)	0% (0 / 1)	100% (1 / 1)	0% (0 / 1)
Ivy Tech South Bend	IN-4070	5	80% (4 / 5)	80% (4 / 5)	80% (4 / 5)	0% (0 / 5)	20% (1 / 5)	0% (0 / 5)
Jennings County Training Institution	IN-5281	2	100% (2 / 2)	100% (2 / 2)	100% (2 / 2)	0% (0 / 2)	0% (0 / 2)	0% (0 / 2)
Memorial Hospital/Jasper	IN-5271	3	33% (1 / 3)	33% (1 / 3)	33% (1 / 3)	0% (0 / 3)	67% (2 / 3)	0% (0 / 3)
Parkview Huntington Hospital EMS	IN-5269	11	55% (6 / 11)	55% (6 / 11)	55% (6 / 11)	0% (0 / 11)	45% (5 / 11)	0% (0 / 11)
Parkview Regional Medical Center	IN-5296	8	75% (6 / 8)	75% (6 / 8)	75% (6 / 8)	0% (0 / 8)	25% (2 / 8)	0% (0 / 8)
Scott County EMS	IN-4078	5	40% (2 / 5)	40% (2 / 5)	40% (2 / 5)	0% (0 / 5)	60% (3 / 5)	0% (0 / 5)
St Mary Medical Center/Hobart	IN-4943	13	38% (5 / 13)	46% (6 / 13)	46% (6 / 13)	0% (0 / 13)	54% (7 / 13)	0% (0 / 13)
Sullivan County	IN-5193	1	0%	0%	0%	0%	100%	0%

Community Hospital		(0 / 1)	(0 / 1)	(0 / 1)	(0 / 1)	(1 / 1)	(0 / 1)
Switzerland County EMS Inc.	IN-4145 7	29% (2 / 7)	29% (2 / 7)	29% (2 / 7)	0% (0 / 7)	71% (5 / 7)	0% (0 / 7)
Terre Haute Regional Hospital	IN-4152 1	0% (0 / 1)	0% (0 / 1)	0% (0 / 1)	0% (0 / 1)	100% (1 / 1)	0% (0 / 1)
Tri County Ambulance	IN-4644 9	44% (4 / 9)	44% (4 / 9)	56% (5 / 9)	0% (0 / 9)	44% (4 / 9)	0% (0 / 9)
Vincennes University	IN-4153 4	0% (0 / 4)	0% (0 / 4)	0% (0 / 4)	0% (0 / 4)	100% (4 / 4)	0% (0 / 4)

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Did not complete within 2 years: Number and percent of those who fail their last attempt and are no longer eligible for retest (more than two years from course completion.)

Paramedic
National
Registry Exam
Report

Pass/Fail Report

Report Date: 12/18/2013 2:25:17 PM
 Report Type: State Report (IN)
 Registration Level: EMT-Paramedic / Paramedic
 Course Completion Date: 1st Quarter 2012 to 4th Quarter 2013
 Training Program: All

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
517	66% (340 / 517)	79% (410 / 517)	81% (419 / 517)	1% (6 / 517)	18% (92 / 517)	0% (0 / 517)

NREMT - State EMS Offices - Pass/Fail Report

Pass/Fail Report

Report Date: 12/18/2013 2:26:13 PM
 Report Type: National Report
 Registration Level: EMT-Paramedic / Paramedic
 Course Completion Date: 1st Quarter 2012 to 4th Quarter 2013
 Training Program: All

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
20521	73% (14987 / 20521)	85% (17415 / 20521)	86% (17695 / 20521)	0% (51 / 20521)	14% (2775 / 20521)	0% (0 / 20521)

Attempted the exam: Number of graduates that make at least one attempt at the exam.
First attempt pass: Number and percent of those who attempt the exam that pass on the first attempt.
Cumulative pass within 3 attempts: Number and percent of those who attempt the exam who pass on the first, second, or third attempt.
Cumulative pass within 6 attempts: Number and percent of those who attempt the exam who pass on the first, second, third, fourth, fifth, or sixth attempt.
Failed all 6 attempts: Number and percent of those who fail the exam six times.
Eligible for retest: Number and percent of those who failed their last attempt, but remain eligible for retest (less than six attempts, less than two years from course completion.)
Did not complete within 2 years: Number and percent of those who fail their last attempt and are no longer eligible for retest (more than two years from course completion.)

Pass/Fail Report

Report Date: 12/18/2013 2:05:29 PM
Report Type: Program Report (IN)
Registration Level: EMT-Paramedic / Paramedic
Course Completion Date: 1st Quarter 2012 to 4th Quarter 2013
Training Program: All

Program Name	Program Code	Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
Adams Memorial Hospital	IN-4201	9	67% (6 / 9)	89% (8 / 9)	100% (9 / 9)	0% (0 / 9)	0% (0 / 9)	0% (0 / 9)
Community Health Network EMS	IN-4063	38	71% (27 / 38)	87% (33 / 38)	87% (33 / 38)	0% (0 / 38)	13% (5 / 38)	0% (0 / 38)
Elkhart General Hospital	IN-4067	26	54% (14 / 26)	73% (19 / 26)	81% (21 / 26)	4% (1 / 26)	15% (4 / 26)	0% (0 / 26)
Franciscan Saint Anthony Health Crown Point	IN-4079	20	30% (6 / 20)	55% (11 / 20)	55% (11 / 20)	0% (0 / 20)	45% (9 / 20)	0% (0 / 20)
Franciscan St Elizabeth Health	IN-4068	3	100% (3 / 3)	100% (3 / 3)	100% (3 / 3)	0% (0 / 3)	0% (0 / 3)	0% (0 / 3)
Hendricks Regional Health	IN-4380	13	92% (12 / 13)	100% (13 / 13)	100% (13 / 13)	0% (0 / 13)	0% (0 / 13)	0% (0 / 13)
Indiana University Health	IN-4062	10	80% (8 / 10)	90% (9 / 10)	90% (9 / 10)	0% (0 / 10)	10% (1 / 10)	0% (0 / 10)
Indiana University Health Goshen Hospital	IN-4162	21	33% (7 / 21)	71% (15 / 21)	71% (15 / 21)	10% (2 / 21)	19% (4 / 21)	0% (0 / 21)
Ivy Tech Bloomington	IN-4071	13	23% (3 / 13)	38% (5 / 13)	46% (6 / 13)	8% (1 / 13)	46% (6 / 13)	0% (0 / 13)
Ivy Tech Community College - Madison	IN-4542	5	100% (5 / 5)	100% (5 / 5)	100% (5 / 5)	0% (0 / 5)	0% (0 / 5)	0% (0 / 5)
Ivy Tech Community College	IN-4073	20	75% (15 / 20)	90% (18 / 20)	90% (18 / 20)	0% (0 / 20)	10% (2 / 20)	0% (0 / 20)

Columbus Ivy Tech Community College Northeast	IN-4169	17	35% (6 / 17)	41% (7 / 17)	41% (7 / 17)	0% (0 / 17)	59% (10 / 17)	0% (0 / 17)
Ivy Tech Community College Terre Haute	IN-4612	27	37% (10 / 27)	48% (13 / 27)	56% (15 / 27)	0% (0 / 27)	44% (12 / 27)	0% (0 / 27)
Ivy Tech Community College- Evansville	IN-4141	20	55% (11 / 20)	70% (14 / 20)	75% (15 / 20)	0% (0 / 20)	25% (5 / 20)	0% (0 / 20)
Ivy Tech Community College- Kokomo	IN-4362	21	67% (14 / 21)	81% (17 / 21)	86% (18 / 21)	0% (0 / 21)	14% (3 / 21)	0% (0 / 21)
Ivy Tech South Bend	IN-4070	20	40% (8 / 20)	60% (12 / 20)	60% (12 / 20)	0% (0 / 20)	40% (8 / 20)	0% (0 / 20)
Methodist Hospitals	IN-4072	19	74% (14 / 19)	95% (18 / 19)	95% (18 / 19)	0% (0 / 19)	5% (1 / 19)	0% (0 / 19)
Pelham Training	IN-4668	103	78% (80 / 103)	88% (91 / 103)	88% (91 / 103)	1% (1 / 103)	11% (11 / 103)	0% (0 / 103)
St Francis Hospital	IN-4080	7	86% (6 / 7)	100% (7 / 7)	100% (7 / 7)	0% (0 / 7)	0% (0 / 7)	0% (0 / 7)
St Mary Medical Center/Hobart	IN-4943	18	56% (10 / 18)	67% (12 / 18)	67% (12 / 18)	0% (0 / 18)	33% (6 / 18)	0% (0 / 18)
St Vincent Hospital	IN-4081	26	96% (25 / 26)	96% (25 / 26)	96% (25 / 26)	0% (0 / 26)	4% (1 / 26)	0% (0 / 26)
Vincennes University	IN-4153	18	61% (11 / 18)	72% (13 / 18)	78% (14 / 18)	6% (1 / 18)	17% (3 / 18)	0% (0 / 18)
Wishard Health Services	IN-4083	43	91% (39 / 43)	98% (42 / 43)	98% (42 / 43)	0% (0 / 43)	2% (1 / 43)	0% (0 / 43)

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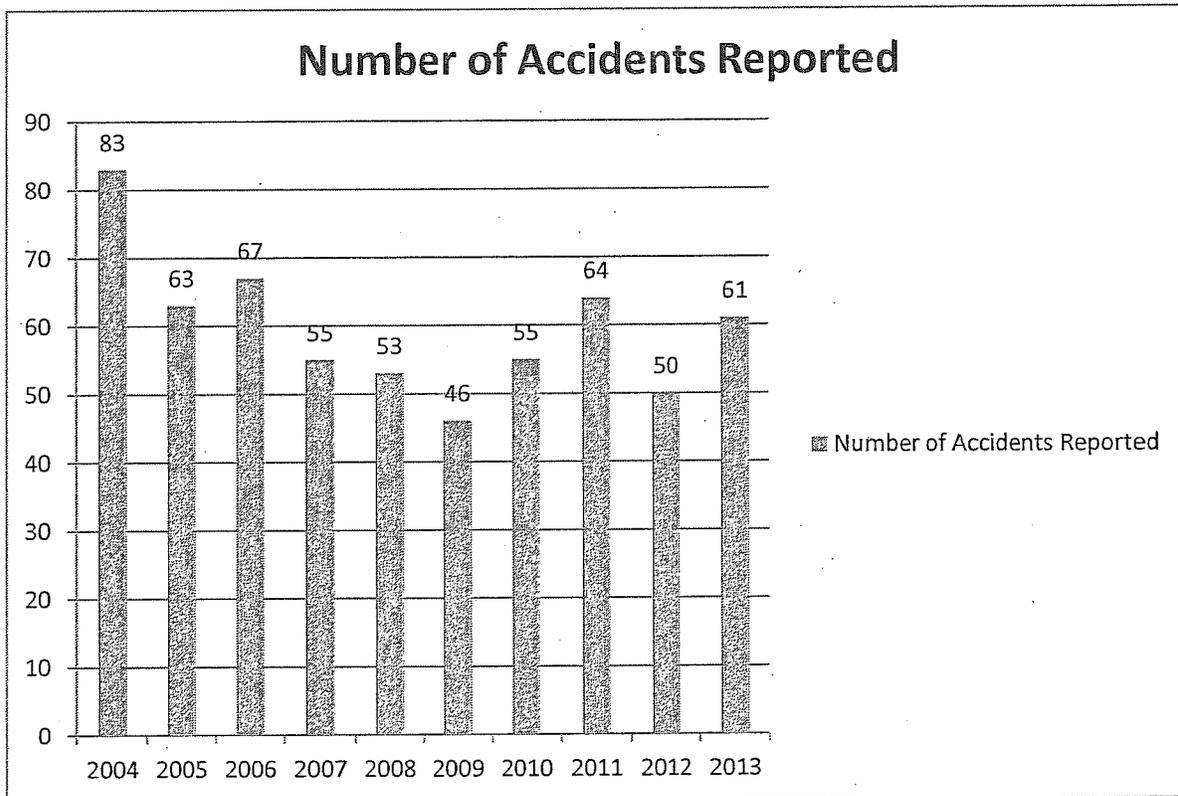
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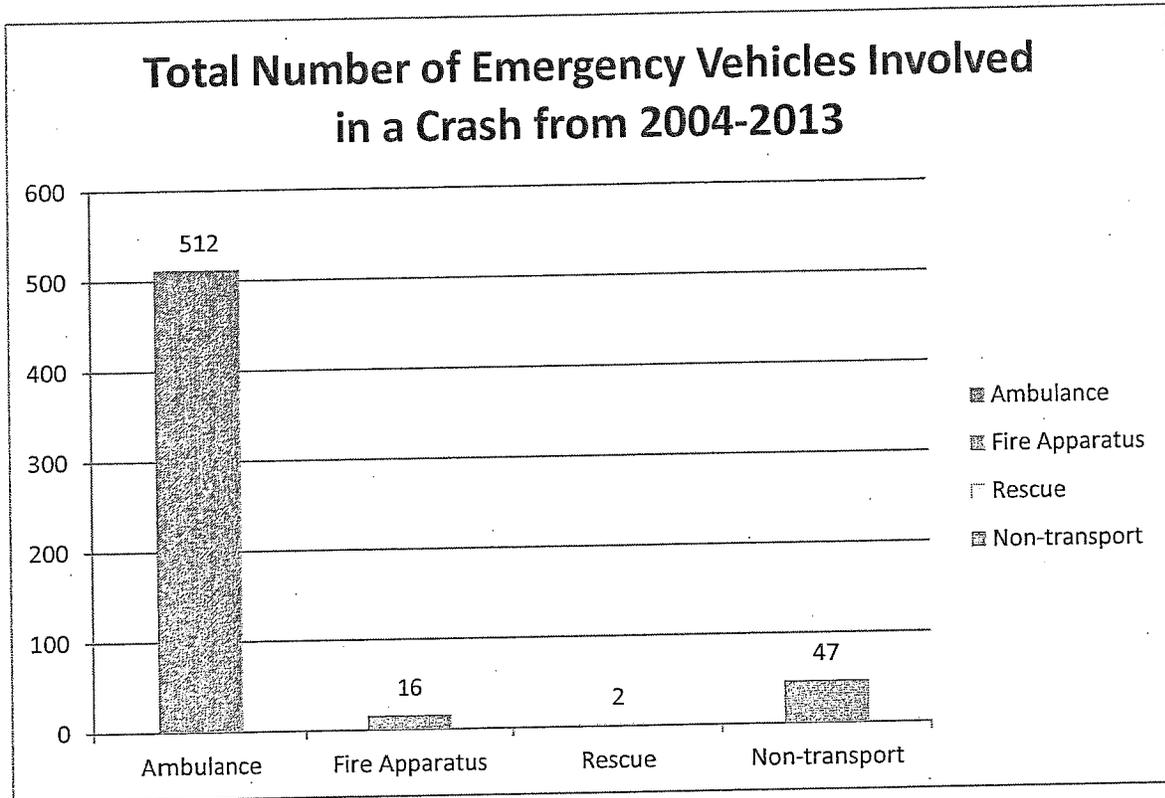
Attachment #5

EMS Certified Vehicle Accidents Report Outline

Reported data from January 2004 to November 2013

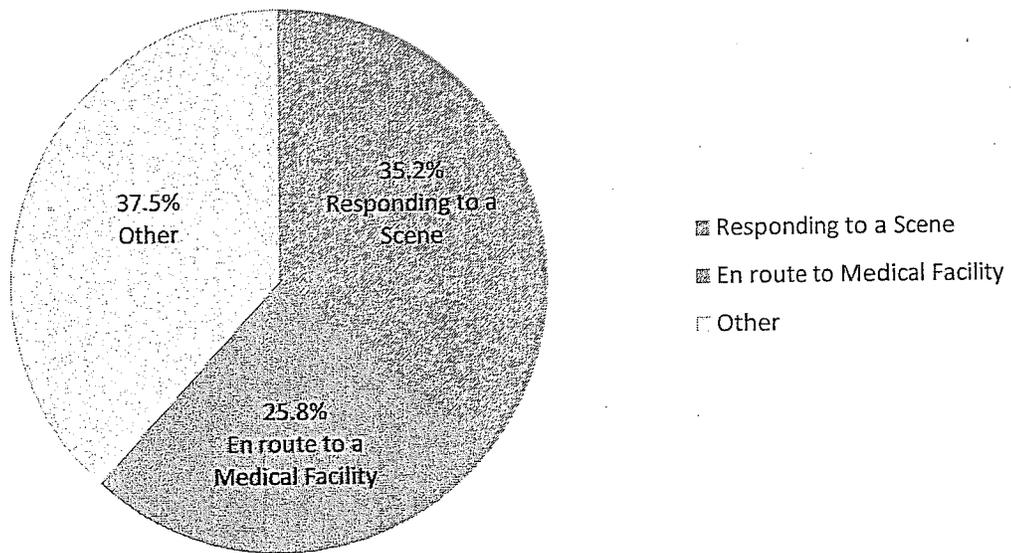


- A total of 597 accidents reported within the 10 years from 2004 to November 2013 with an average of 59.7 year
- 597 emergency vehicle crashes involving 1200 EMS personnel and 181 patients were on board during those accidents
- 472 of the 597 involved another vehicle
- 475 reported some type of property damage
- 46.2% were in emergency mode at the time of the accident

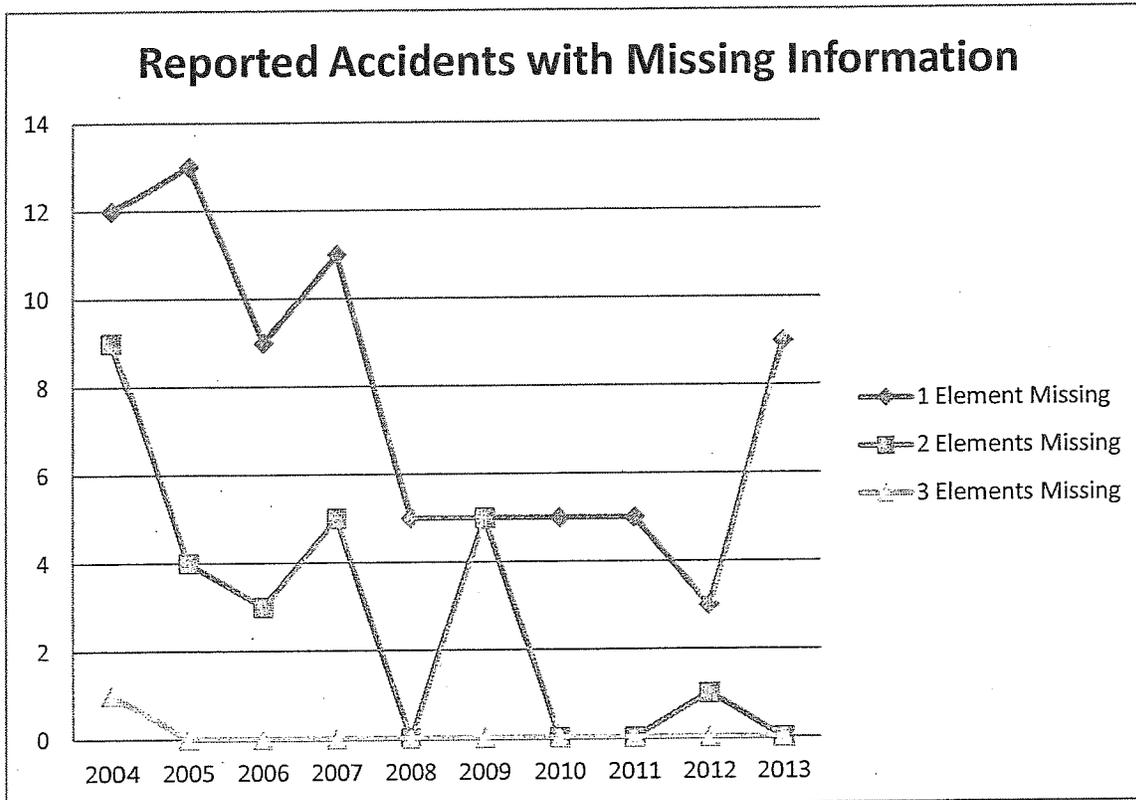


- Only vehicles that hold a current EMS certification number are currently required to report their investigated crashes.
- 65 vehicles were not required to report and did anyway

Destination at Time of Accident



- 'Responding to a scene' and 'other' were the most notably destination
- Combined they had total of 72.7% of the destinations



- 77 were missing at least 1 required element
- 27 were missing 2 required element
- 1 was missing 3 or more of the required fields
- In less than 5 minutes, using Google 4 articles popped up that were not reported by the EMS agency or individual and 1 was reported wrong.

Recommendations for Correcting Misreporting

- Clarifying who is to report
 - It's unknown how many accidents should have been reported
 - Accurate numbers would require all accidents to be reported
 - Changing Title 836

- Ramifications for non-reporting
 - Establish whether agency or individual is to report
 - Responsibility should be taken to report accidents and to report correctly
 - Allowable under IC Code 16-31

- Electronic submissions
 - Ease the burden of paper reporting
 - Allow for timely feedback and data analysis
 - Establish set mandatory data points

Indiana EMS Certified Vehicle Accident Report

Any Indiana EMS Commission certified provider who has any certified vehicle involved in any traffic accident investigated by a law enforcement agency must report that accident as required by the EMS Commission. This report must be submitted to the EMS Commission within **ten (10) working days** following the accident with an attached Indiana Officer Standard Crash Report.

Provider Name: _____

Provider Certification Number: _____

Vehicle Certification Number: _____

Type of Vehicle:

Ambulance Fire Apparatus: Rescue Non Transport

Accident Date: _____ Location: _____

Drivers Name: _____ Date of Birth: _____

Driver's EMS Certification Number: _____

Driver's Training/Experience: _____

Law Enforcement Agency Investigating Accident: _____

Property Damage: Personal Injury: Fatality:

Was Vehicle operating in emergency mode? Yes No

Red Lights? Yes No Siren? Yes No

Vehicle was: Responding to a scene

En route to medical facility

Other

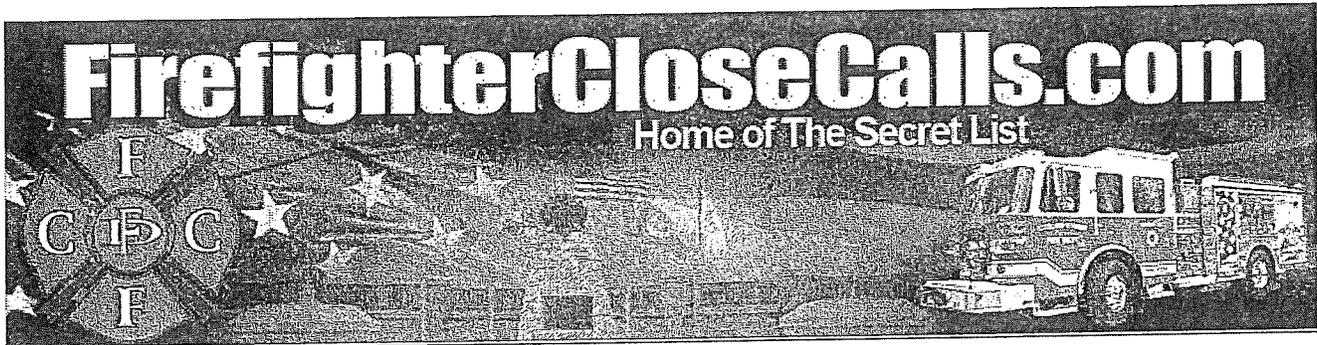
Patient(s) onboard? Yes No Number of Patients _____

Number of EMS Personnel onboard vehicle: _____

Brief explanation of how accident occurred: _____

Send to: **Indiana Department of Homeland Security**
EMS Operations
302 West Washington Street, Room E239
Indianapolis, IN 46204

DO NOT DELAY SUBMISSION OF REPORT DUE



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Yearly Totals

Year	Totals
2013	98
2012	83
2011	81
2010	87
2009	93

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Jury awards \$225,000 over southern Indiana ambulance crash that killed 75-year-old woman - Indiana



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Tuesday, July 30, 2013 JEFFERSONVILLE, Indiana — A jury has ruled that a southern Indiana fire department must pay \$225,000 to the estate of a 75-year-old woman killed when an ambulance hit her car in 2009.

The Clark County jury reached the verdict in last week's trial over the crash between the Sellersburg Volunteer Fire Department ambulance and a car driven by Opal Couch of Jeffersonville, the News and Tribune reported.

Rodney Scott, an attorney for the fire department, said he expects to appeal the decision. Scott said the ambulance had its lights and sirens activated and Couch was using a cellphone when the crash happened.

"I am deeply disappointed with the jurors' verdict," Scott said. "It is a wrongful-death case, and these are always tough verdicts."

The ambulance driver testified he saw Couch's car come to a stop partially in the intersection, but then continued making a left turn as the ambulance entered the intersection. The ambulance was going about 60 mph when it struck the side of Couch's car on the four-lane Lewis and Clark Parkway in Clarksville.

Carl Reynolds, an attorney for Couch's family, said the jury's award was justifiable compensation. The money will go to her estate, as her husband died about four months after the crash.

Reynolds said he hopes the verdict will lead to safer driving by emergency responders.

"I'm sure they hated this as much as anyone in the world and are very sorry what happened to the (Couch) family," Reynolds said.

Sellersburg Fire Chief Boyce Adams said he would have to wait until the court process is completed and talk with the insurance company before knowing the impact on the department in the town about 10 miles north of Louisville, Kentucky

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Ambulance Crashes Into Indiana Starbucks

Published November 16, 2007 / Associated Press

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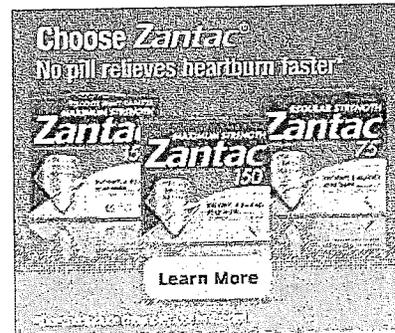
GREENWOOD, IND. – An ambulance crashed into a Starbucks early Thursday, causing some building damage and shattering a window at the coffee shop.

The ambulance, operated by Trans-Care Inc., was not on an emergency call at the time and no patients were inside the vehicle. One ambulance worker was inside the shop around 1 a.m., while another waited in the ambulance, Starbucks shift manager Spencer Lloyd said.

The worker in the ambulance dropped several items on the driver's side floor of the vehicle and leaned under the steering wheel to retrieve them. He accidentally knocked the vehicle into gear, causing it to lurch forward into the shop, Lloyd said.

The store in the southern Indianapolis suburb was briefly closed to walk-in customers, but the drive-in window remained open, Lloyd said. Once maintenance crews cleaned up debris and boarded up the shattered window, the store opened to walk-in customers.

"Wear your coats to Starbucks today," Lloyd joked. "It's a little chilly."



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TRENDING IN WORLD

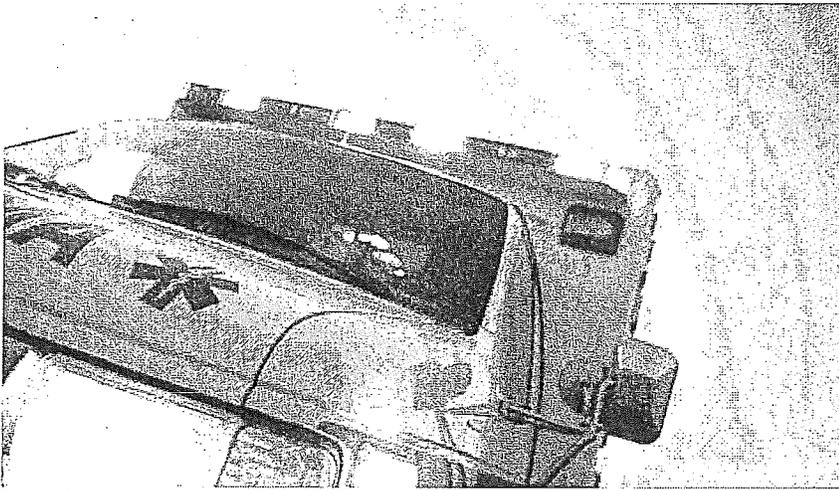
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1 hurt after car, ambulance crashes

Updated: Thursday, October 24, 2013, 10:37 AM EDT
Published: Thursday, October 24, 2013, 10:37 AM EDT

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(File photo/iStock)

INDIANAPOLIS (WISH) - One person was taken to a local hospital Thursday morning after a car and ambulance crashed downtown.

The accident happened at 10:10 a.m. at 10th Street and Indiana Avenue.

Police on the scene say two EMT's inside the ambulance were OK and the driver of the Honda was taken to Wishard Memorial Hospital.

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Colts put LB Angerer on injured reserve, sign RB Updated: 31 minutes ago
Colts linebacker Pat Angerer was placed on season-ending injured reserve Tuesday.



Gov. Mike Pence takes tax reform on the road Updated: 53 minutes ago
Mike Pence is in campaign mode. The governor is using a series of speeches to sell his plan for tax reform.



Man accused of swiping items from luggage at airport Updated: 57 minutes ago
Indianapolis International Airport Police have arrested a man accused of swiping items from luggage.

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Indiana EMT Killed in Ambulance Crash

STORY BY WLKY.COM (HTTP://WWW.WLKY.COM)
CREATED: DECEMBER 8, 2010

EMT David J. Gundle was a passenger in the ambulance when it hit a tree.

HENRYVILLE, Ind. —

Clark County police said one person was killed in a crash involving an ambulance on State Road 160 in Henryville.

The wreck occurred on Wednesday afternoon in the 7600 block of State Road 160 near Munk Road.

Police said Clark County Sheriff's deputies were dispatched to a home on Fox Road in Henryville at about 2:45 p.m. Wednesday for a welfare check. An ambulance with Clark County EMS responded, as well.

Clark County Sheriff's Maj. Chuck Adams said the ambulance driver lost control taking a curve on State Road 160 and hit a tree head-on.

Maj. Chuck Adams said another emergency worker traveling ahead of the ambulance stopped to help after the crash. Adams said when police arrived, the ambulance driver and other emergency workers were tending to the injured ambulance passenger.

The passenger, an 50-year-old employee of Clark County EMS, died at Scott Memorial Hospital.

"He was out along with the driver of the ambulance and they were tending to the passenger," Adams said.

The 26-year-old female driver was not injured.

An accident reconstruction team spent several hours at the scene trying to determine what caused the ambulance to leave the roadway.

Investigators said they couldn't find any evidence of ice on the road.

The team recovered a "black box" from the ambulance and will use its data to complete the investigation.

Clark County EMS released a statement, saying "It was a tragic accident. Our thoughts and prayers go out to the families involved."

Clark County Ambulance Crash Kills EMS Worker

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Cindy Allard 923 days ago

I have been trying all manners of ways to get the address of David's family or co-workers. I rode almost 500 miles in the NEMSMBR in his honor, and would love to send his dogtags and my thoughts to those left behind. Can someone please help me?

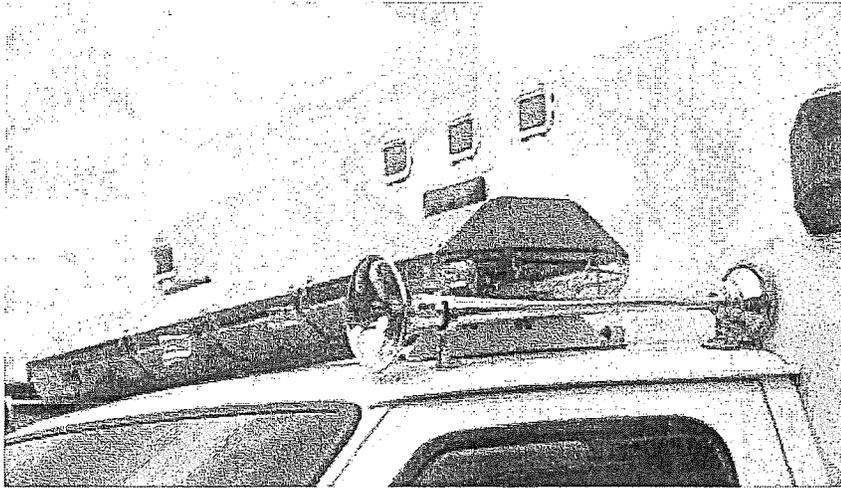
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Ambulance overturns in eastern Indiana crash

Updated: Monday, September 23, 2013, 9:30 AM EDT
Published: Monday, September 23, 2013, 8:23 AM EDT

Shirley St. News



(File Photo)

RICHMOND, Ind. (AP) — Ambulance overturned in a crash at a downtown intersection of an eastern Indiana city.

Richmond police Sgt. Sean O'Brien says the ambulance wasn't carrying any patients when the crash happened Sunday involving the ambulance and two cars.

O'Brien tells the Palladium-Item (<http://pinews.co/14yZ4Wt>) seven people were taken to a hospital with what appeared to be non-life-threatening injuries. The crash left the ambulance operated by the private Rural Metro Ambulance service on its roof along the sidewalk at a corner of the intersection.

Investigators were working to determine how the crash happened.

Information from: Palladium-Item, <http://www.pal-item.com>

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AAA predicts increase in holiday travel Updated: 3 hours ago

Most people will be hopping in their cars and fewer will be taking to the skies during the holiday period which is defined as Saturday, December 21 to Wednesday, January 1 according to AAA's annual forecast.



Culver's to raise money for storm relief Updated: 4 hours ago

Culver's will donate 10 percent of its sales on Tuesday, December 17 to help the Indiana communities affected by the November storms and tornadoes.

Related: Photos: November 17 storms



Google's top searches peer into society's mindset Updated: 3 hours ago

Three of the world's four fastest-rising search requests on Google were triggered by the deaths of famous men.



New snow worsens road conditions Updated: 4 hours ago

Road conditions throughout northeast Indiana remain slick as fresh snow fell across the area Monday evening.

Attachment #6

IDHS Mobile Simulation Lab

"Experience teaches slowly and at the cost of mistakes." - James A. Froude



Why simulation?

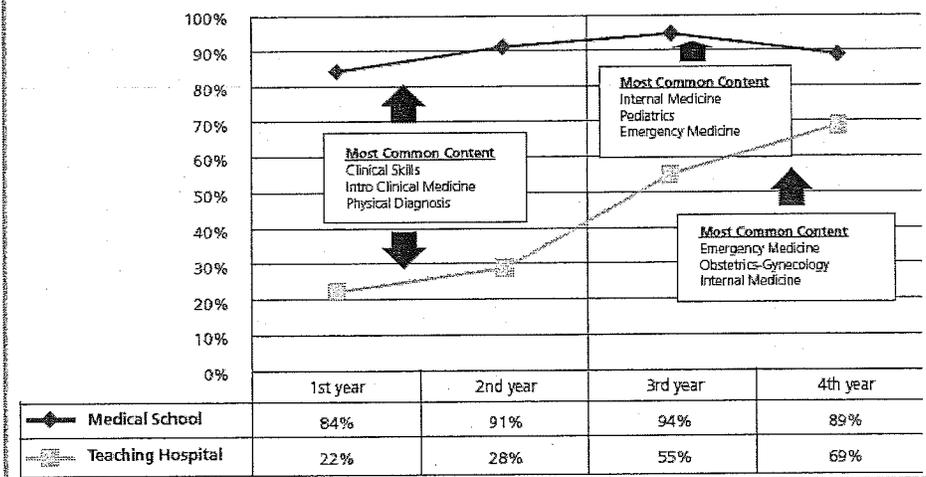
- 42% of people believed they had personally experienced a medical mistake (NPSF survey)
- 44,000 to 98,000 deaths annually from medical errors (Institute of Medicine)
- 225,000 deaths annually from medical errors including 106,000 deaths due to "nonerror adverse events of medications" (Starfield)
- 180,000 deaths annually from medication errors and adverse reactions (Holland)
- 20,000 annually to 88,000 deaths annually from nosocomial infections
- 2.9 to 3.7 percent of hospitalizations leading to adverse medication reactions
- 7,391 deaths resulted from medication errors (Institute of Medicine)
- 2.4 to 3.6 percent of hospital admissions were due to (prescription) medication events (Australian study)

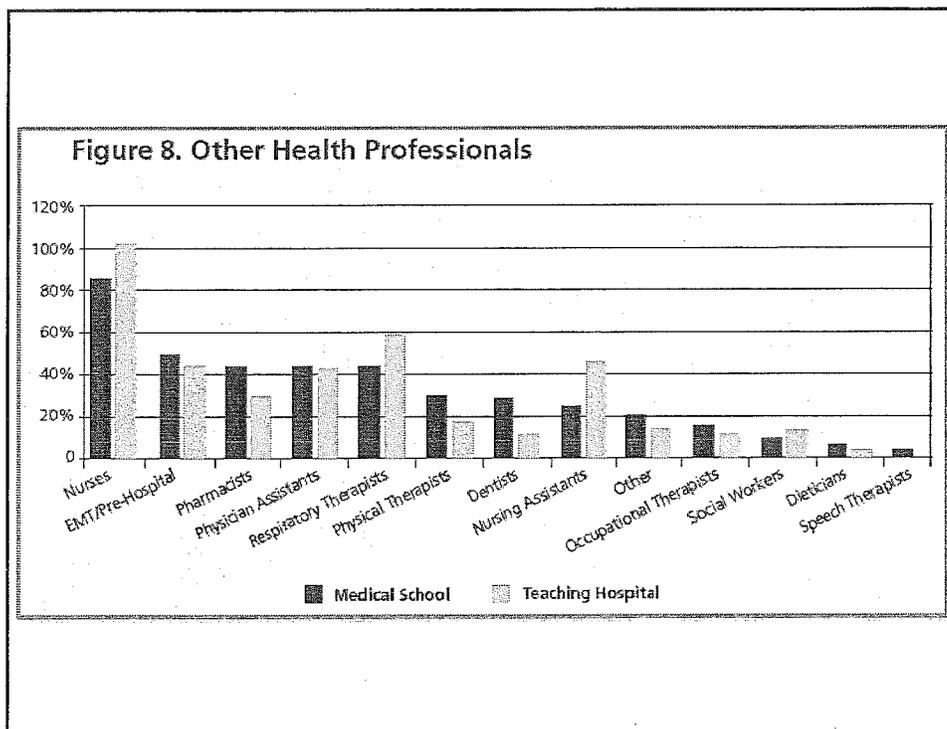




- “The utility of simulation in surgical training is now well-established, with proven validity and demonstrable transfer of skills to the clinical setting. Through a reduction in the technical learning curve, simulation can prepare surgeons for actual practice and in doing so it has the potential to improve both patient safety and service efficiency.”
- A significant amount of research evidence supports the benefits of simulation. Simulation is a well established tool for training personnel in aviation, the military, and industry and is rapidly being transferred to medicine.
 - Association of American Medical Colleges

Figure 1. Simulation Use with Medical Students





IDHS MSL Information

- Equipment purchased with grant money between 2008 and 2010
 - Roughly half a million dollar investment, including the vehicle
- Program manager hired October 2011
- Mobile Sim Lab on the road since January 2012
 - 165 Simulation events
 - 3,767 Participants
- Various public relations events (23 in 2013)
- The program continues to develop and evolve

IDHS Simulators

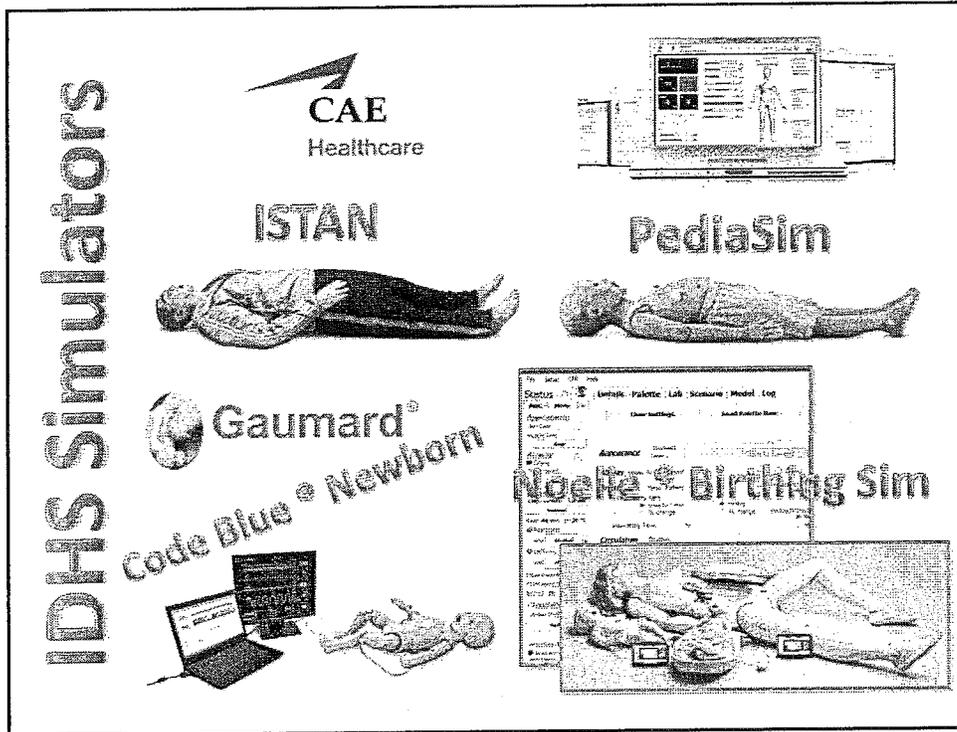
CAE Healthcare

ISTAN

PediaSim

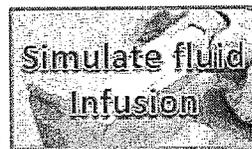
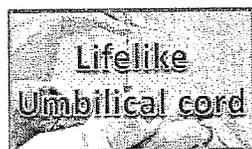
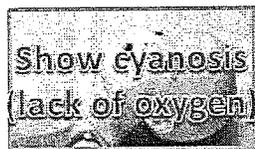
Gaumard®
Code Blue • Newborn

Noelle's Birthing Sim



The advertisement for IDHS Simulators features a vertical title on the left. It lists five simulation products: CAE Healthcare (with a logo), ISTAN (with an image of a mannequin), PediaSim (with an image of a child mannequin), Gaumard Code Blue Newborn (with a globe icon and an image of a newborn), and Noelle's Birthing Sim (with a screenshot of a software interface and an image of a birthing simulator).

What can a simulator do?



Value to the State

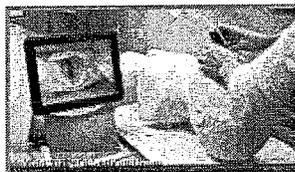
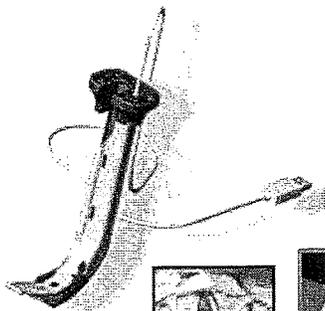
- In line with the recommendations of the Witt Report to provide more training rather than equipment
- Generates goodwill toward the agency
 - A very visible service – **MOBILE!!**
- Provides for a means of disseminating information
 - To medical personnel and the general public at PR events
- Fosters sharing of knowledge and expertise
- High return on investment - minimal ongoing expenses
 - Program manager salary & benefits
 - Vehicle fuel, maintenance, & repair
 - Insurance, warranties, & simulator repairs
 - Most supplies, such as oxygen masks, are re-used indefinitely

Value to Providers & Instructors

- Accessible, **FREE** hands-on training for pre-hospital and hospital personnel provided in their own communities
- Access to equipment that most providers and instructors would never be able to afford
- Can be used for standardized courses (ACLS, PALS, etc.) or customized scenarios
- Will eventually provide instructors with a video record of student performance for use in debriefing and future training
- Train with an emphasis on the actual tasks and the work to be performed in an authentic setting
- Assess performance and competency of both individual learners and teams

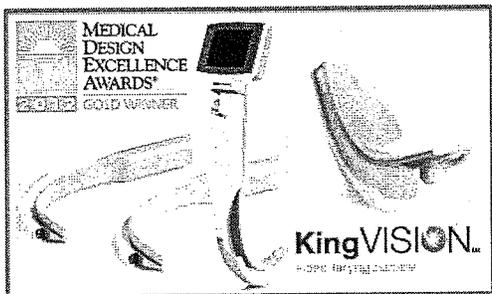
Introduce New Products

Vivid Medical Inc.
Vision to Help Save Lives



<http://vividmed.com/>

Introduce New Products



Value to Students

- Enhanced **TEAM** performance in critical care crisis management
 - HIGH risk, LOW frequency procedures
- Standardized curriculum to assure uniform educational opportunities
- Access to state-of-the-art equipment including life like human patient simulator mannequins
- A non-threatening learning environment where the mannequins simulate complex medical and trauma patients
- An opportunity for medical personnel to test and practice their critical thinking reactions and skills, leading to a high degree of familiarity and confidence;
- Focused feedback in a low-stress environment



3 Full-Time Employees

Usage Statistics for WCRSC
FY 2012-2013

Stationary Sim Lab

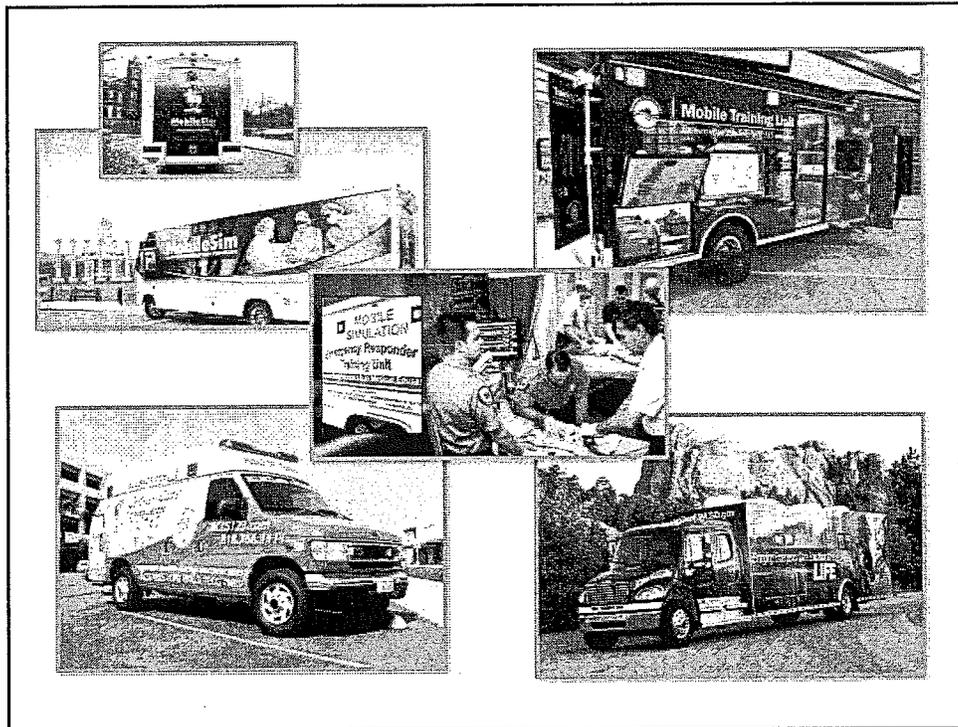
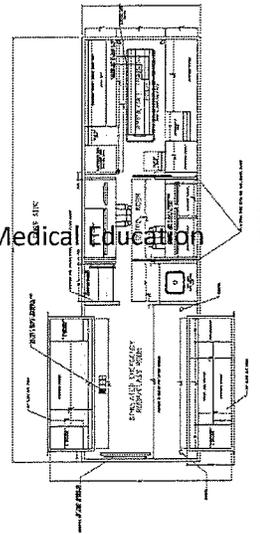
	Total Learning Sessions	ACLS/PALS Learners	# of Learning Hours	Non-Student Learners	# of Learning Hours	Student Learners	# of Learning Hours	Contributing Educators	Combined Total Hours	# of Tours	# of Visitors
12-13											
July	4	0	0	0	0	21	6	5	6	2	9
August	37	0	0	0	0	147	56	10	56	3	7
September	19								44	2	4
October	51								71	4	69
November	7								15.5	1	1
December	15								40	0	0
January	11								16	1	2
February	24								36	2	21
March	38								51	0	0
April	15	0	0	6	2	89	30	9	30	0	0
May	7	0	0	0		50	12	6	12	0	0
June	0	0	0	0	0	0	0	0	0	0	0
Total	228	17	18	56	10	925	351.5	127	377.5	15	113

Our Mobile Sim Lab is averaging 80 events per year with over 1,000 participants/visitors.

There are 32 days/events scheduled for 2014 already.

Other Mobile Programs

- South Dakota Department of Health
 - Partnered with five hospitals
- Sheldon Clinical Simulation Center
 - University of Missouri
- Washington County Mobile Training Unit
 - Oregon
- Michael S. Gordon Center for Research in Medical Education
 - Miami, FL
- Ridgewater College (fee-based)
 - Minnesota
- Critical Care Training Center (fee-based)
 - Hollywood, CA
- Mobile Simulation Group
 - Severn Region, United Kingdom



**Children's Hospitals
and Clinics of
Minnesota**

- \$3,400 per day
- Training for up to 16 participants
- \$2 per mile (first 500 miles)
- Two 3-hour training sessions for multidisciplinary teams
- Up to 8 per team
- Six full-time employees
 - Director
 - Simulation Specialist X2
 - Operations Coordinator
 - Outreach & Data Coordinator
 - Sim Tech

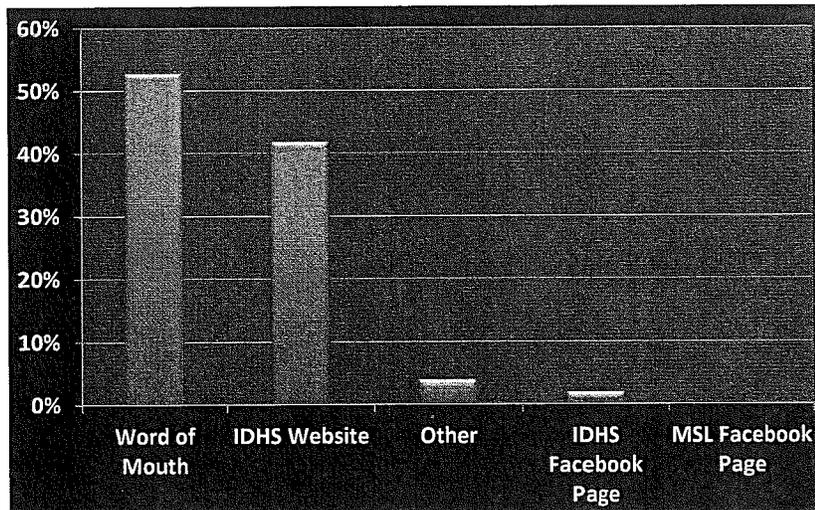


IDHS Mobile Sim Lab

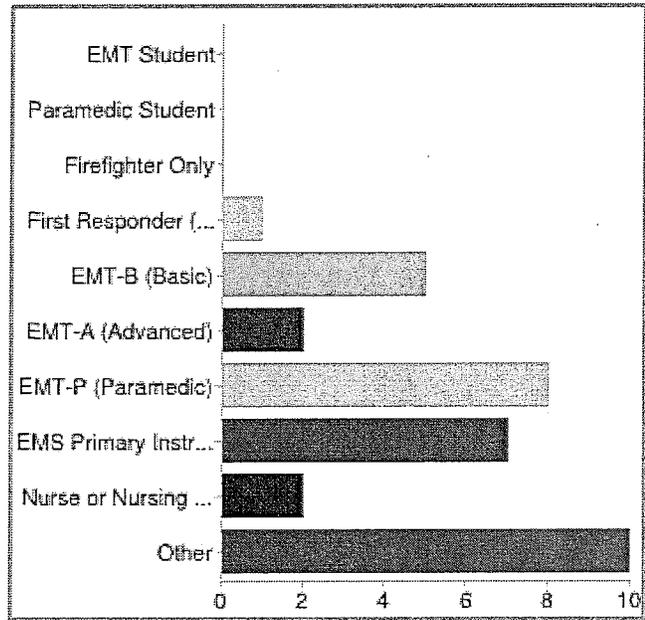
\$482,800



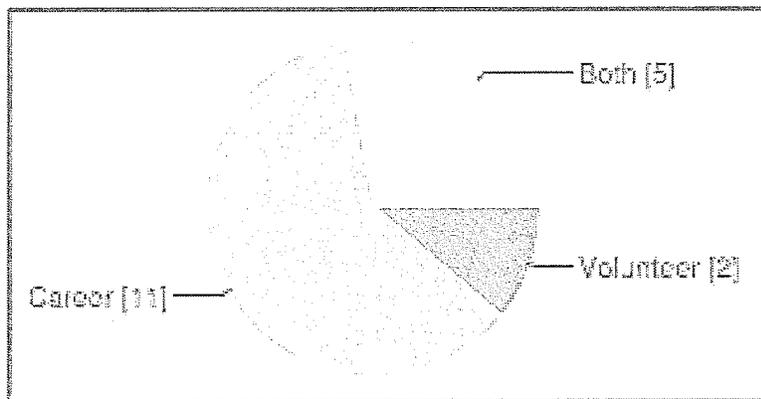
**How are people finding out about the
Sim Lab?**



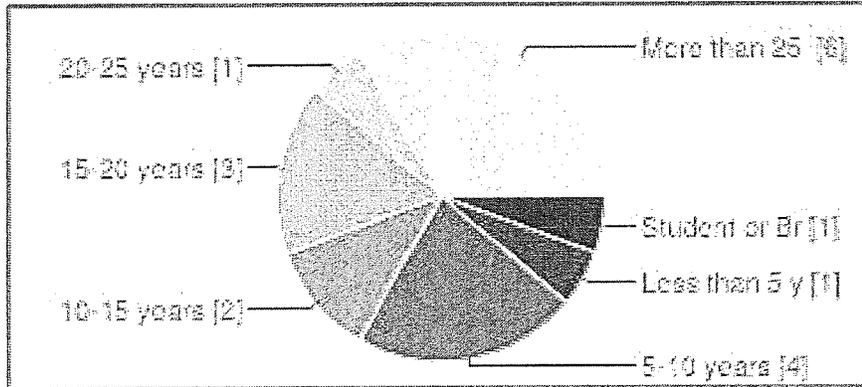
Role in EMS



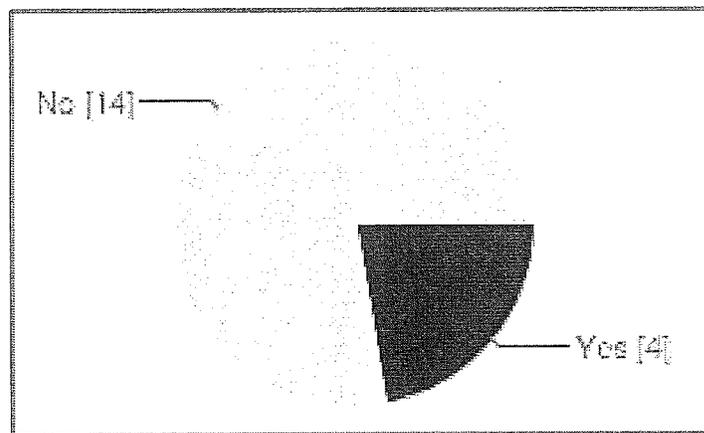
Volunteer or Career?



Time in EMS



Do you (as a student, provider, or instructor) have access to a stationary simulation lab in a school, hospital, or other facility?



100% YES Answers to:

- Should IDHS continue the **FREE** Mobile Sim Lab program?
- Does the Mobile Sim Lab provides the type of hands-on training that most pre-hospital care providers enjoy?
- Would you request the Mobile Sim Lab again and/or recommend it to another agency?
- Would you be interested in signing up for a structured day or evening class of nothing but scenarios?

Survey Comments:

- This is a great tool that every EMS provider should use for its employees.
- I find the mobile sim lab to be just what my people need for their training.
- The majority of the employees enjoy the sim lab and it helps make EMTs and Paramedics feel more confident in their skills.
- The local sim lab costs upwards of \$500 an hour for any entity, which makes it out of reality and reach for my students.

Survey Comments:

- Great Resource!!! For those smaller departments with limited funds and resources, this allows us to practice things we may have a hard time getting on our own.
- This is such a valuable resource and Pam does an outstanding job with this!!!!!!!
- The IDHS Mobile Sim Lab allows providers throughout the state access to technology and training that we could never do on our own.
- This is a truly innovative program that provides a terrific service to EMS providers.

Survey Comments:

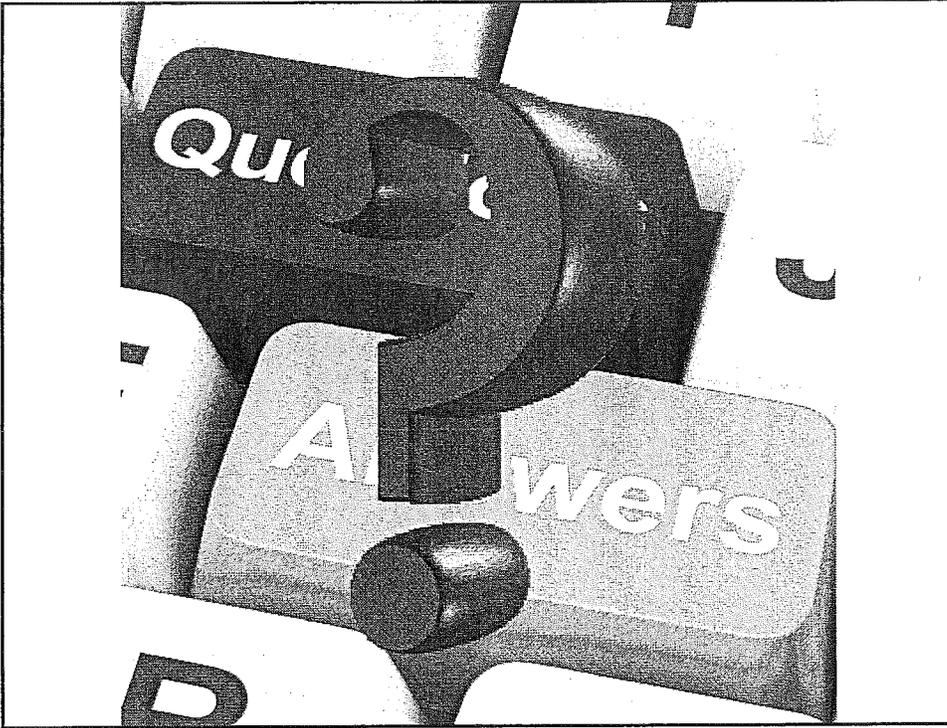
- I wish the Mobile Sim Lab had more availability.
- I think this is a great training tool that needs more exposure to let more instructors know it is here.
- Our staff found this very interesting and helpful in their skills evaluations.
- We actually used the Sim Lab to do our yearly competency skills.

Survey Comments:

- I think this type of training puts a more realistic approach to the skills session instead of just sitting around and talking.
- It makes the student really think about what they are doing and can actually see the change in their treatment of the patient whether it be good or bad.
- I hope IDHS continues this program and I plan on using it again soon.

Survey Comments:

- This program is extremely valuable for smaller agencies with limited training funds/resources.
- Creating "real" scenarios is an objective instructors are challenged to meet in the classroom.
- This program tests the student's ability to put their learning to use in the most realistic manner possible.
- The Sim Lab was extremely useful for training. In addition, Pam does a great job explaining and working with crews!



Attachment #7

This report from the Indiana State Department of Health (ISDH) EMS registry includes 55,136 runs from 37 pre-hospital providers during the time frame from January 1, 2013 through November 24, 2013. This report also focuses on several sub-populations in this timeframe:

1. 4,324 chest pain incidents where chest pain was the complaint reported by dispatch or the provider's primary or secondary impression was chest pain/ discomfort
2. 3,019 incidents where the 12 lead ECG procedure was performed.

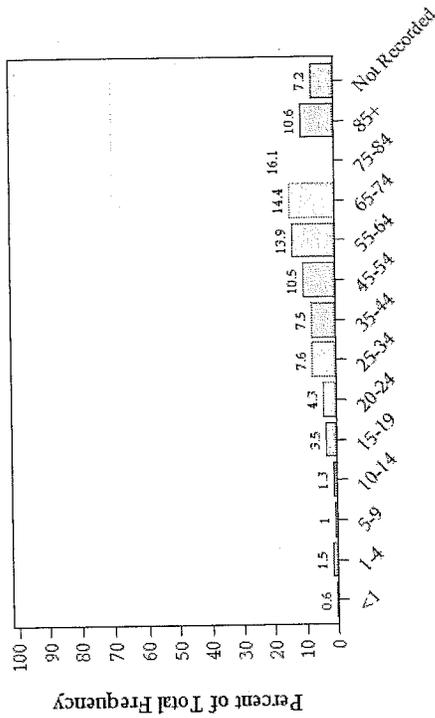
Lastly, 13,276 incidents were reported to the ISDH Indiana Trauma Registry from the same time period (January 1, 2013 to November 24, 2013) and were included to provide data on the injury severity score (ISS) by public health preparedness district.

At the last EMS Commission meeting, it was requested that prior aid data be provided, specifically to know if aspirin (ASA) was given before the EMS arrived on the scene in cases of chest pain. Of the 4,324 incidents where the complaint reported by dispatch was chest pain or the provider's primary or secondary impression was chest pain/ discomfort, only 9 documented incidents indicated ASA was administered prior to EMS arrival, which is approximately 0.2% of cases*. Additionally, it was requested that medical history of aspirin allergy be provided for incidents of chest pain. Approximately 1% of chest pain cases were reported to have allergies to aspirin (43 cases)**.

*Please note that the data submitted contained an abnormally high percentage of values for "Not Recorded", "Not Known", or "Not Applicable". Outreach and education regarding the use of these values is needed.

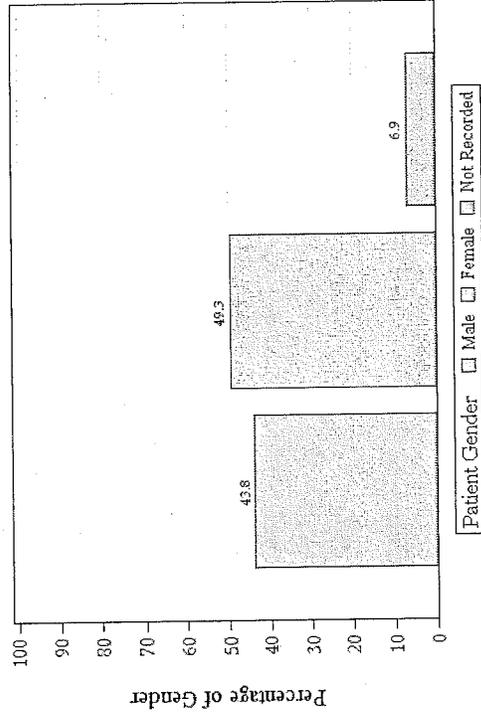
**Please note that the medication allergies data element is a National Emergency Medical Services Information System (NEMSIS) gold element which is not required by either the Indiana Department of Homeland Security (IDHS) or ISDH EMS registries.

Patient Age Groupings (Years)

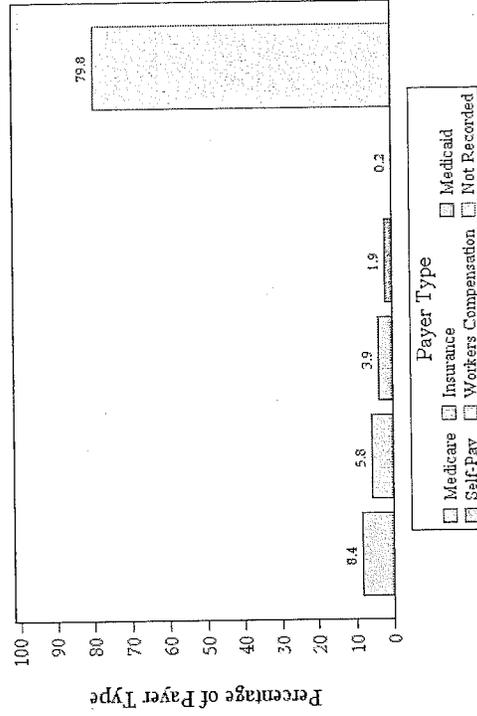


Patient Age Groupings (Years)

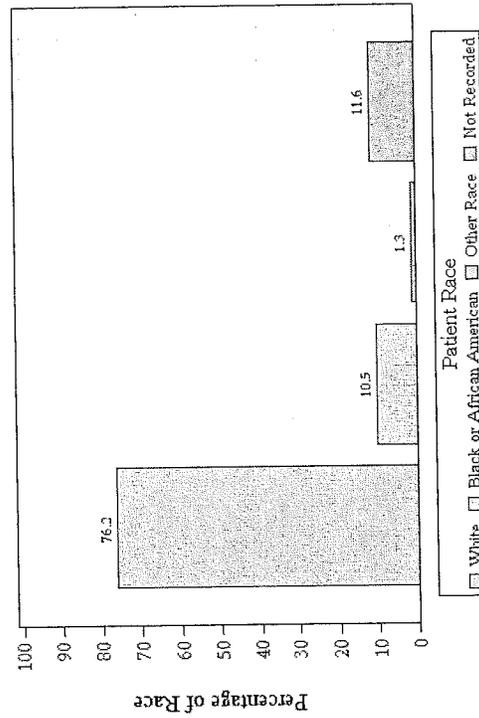
Patient Gender



Payer Type

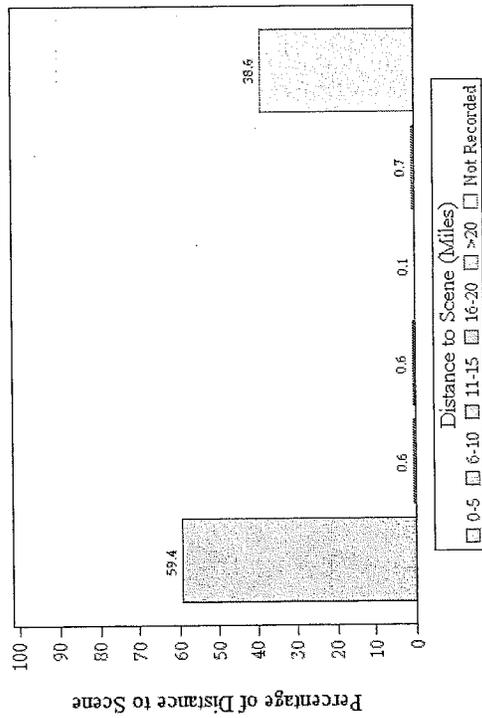


Patient Race

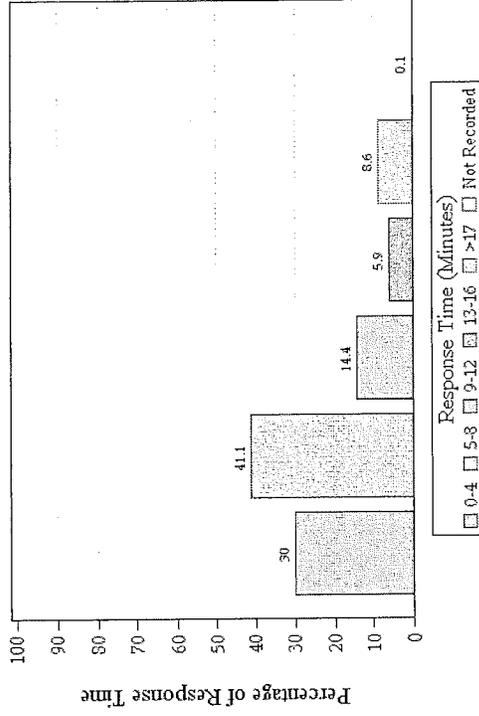


<1% Race: Asian, Native Hawaiian, American Indian/Alaskan Native

Distance to Scene (Miles)

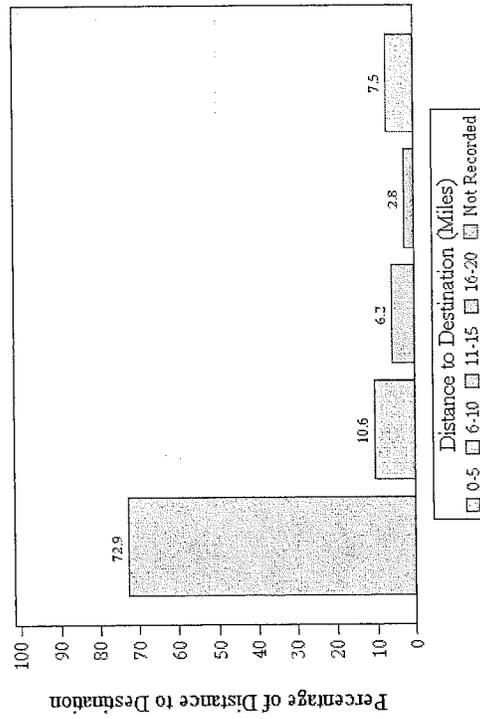


Response Time (Minutes)

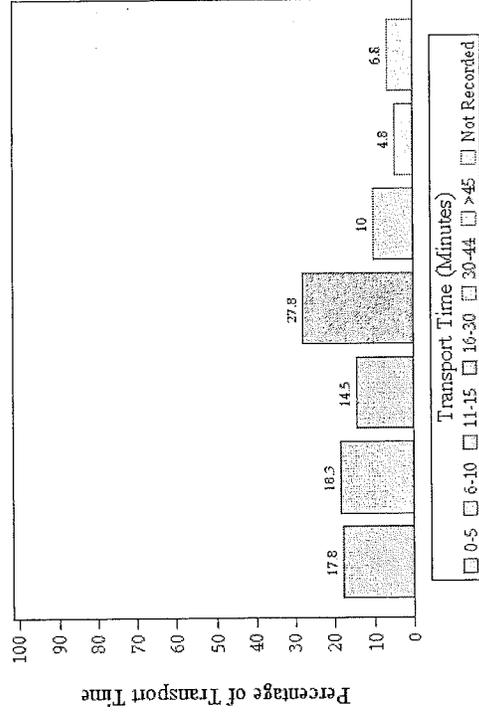


Response Time: Difference in Time from Dispatch to Arrival on Scene

Distance to Destination (Miles)

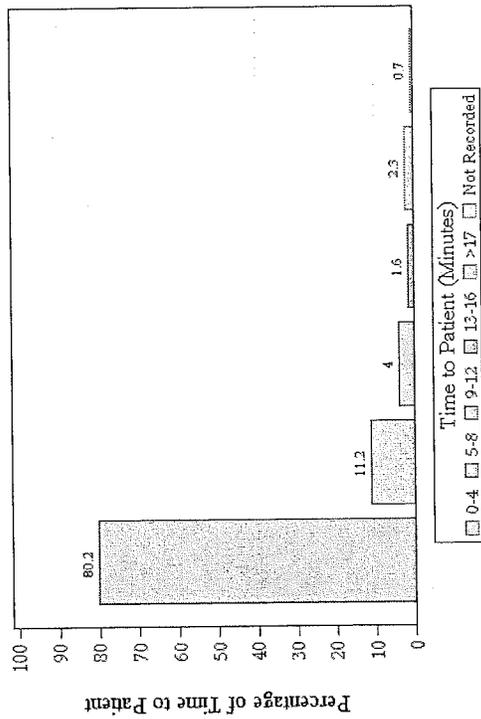


Transport Time (Minutes)



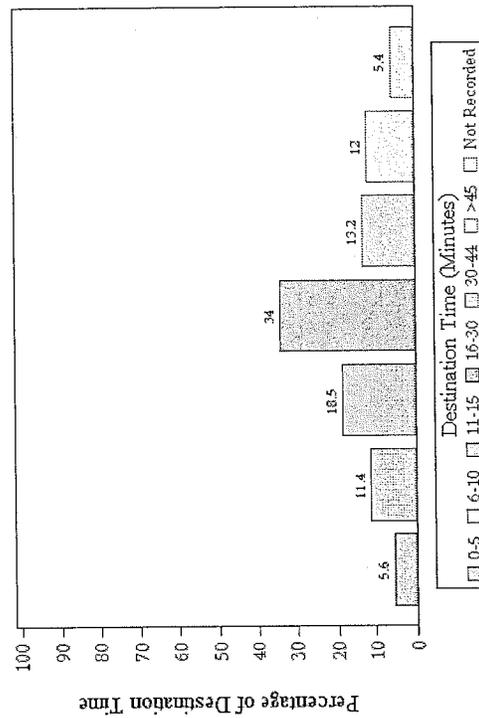
Transport Time: Difference in Time from Departure from Scene to Arrival At Destination

Time to Patient (Minutes)



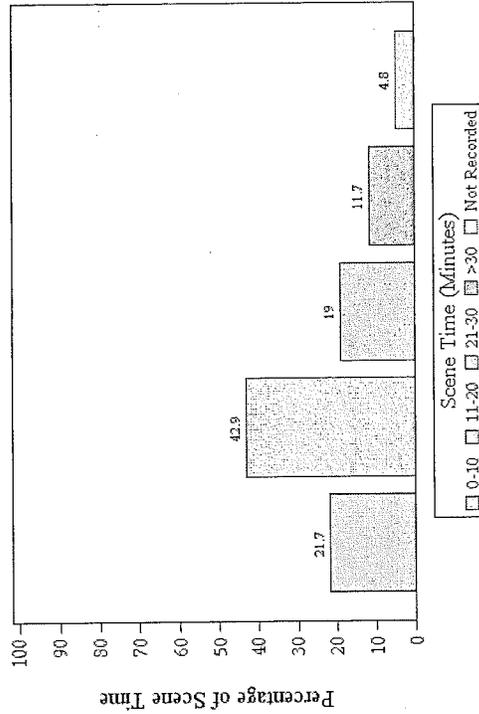
Time To Patient: Difference in Time from Arrival at Scene to Patient Arrival

Destination Time (Minutes)



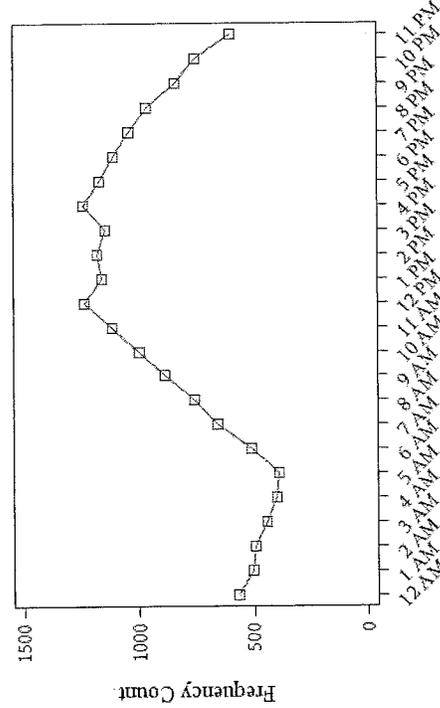
Scene Time: Difference in Time from Arrival at Destination to Unit Back in Service

Scene Time (Minutes)



Scene Time: Difference in Time from Arrival at Scene to Leaving Scene

Time of Call



Time of Call Not Recorded for 35,002 Incidents

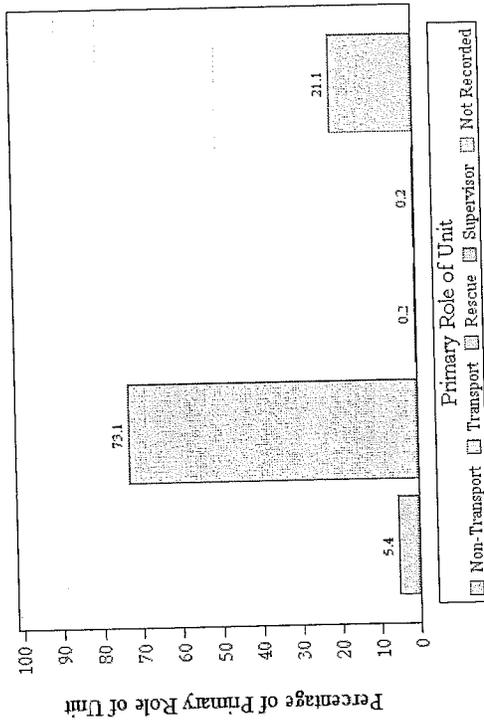
Average Run Mileage

Obs	Destination	Miles
1	Mileage to Scene	0.7
2	Mileage to Destination	3.1
3	Total Mileage	4.6

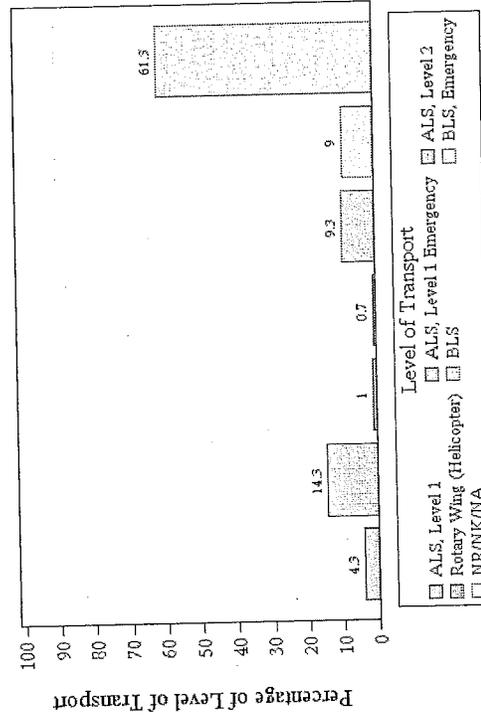
Average Run Time

Obs	Destination	Minutes
1	Time to Scene	8.98
2	Time to Patient	3.11
3	Time at Scene	18.54
4	Time to Destination	17.71
5	Back in Service	24.96
6	Total Run Time	65.70

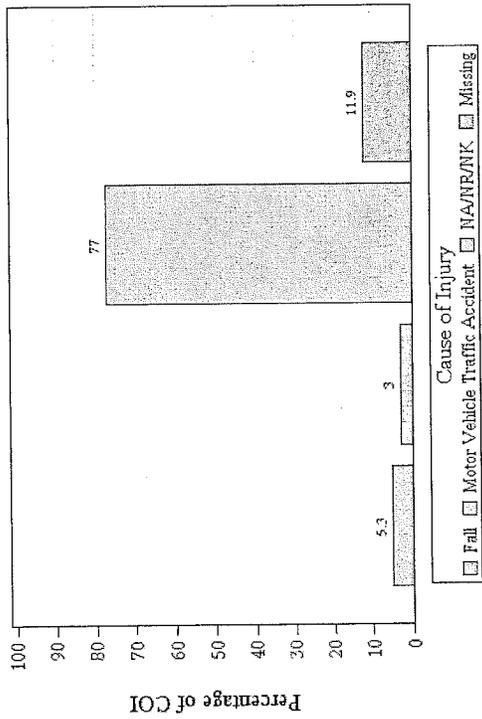
Primary Role of Unit



Level of Transport

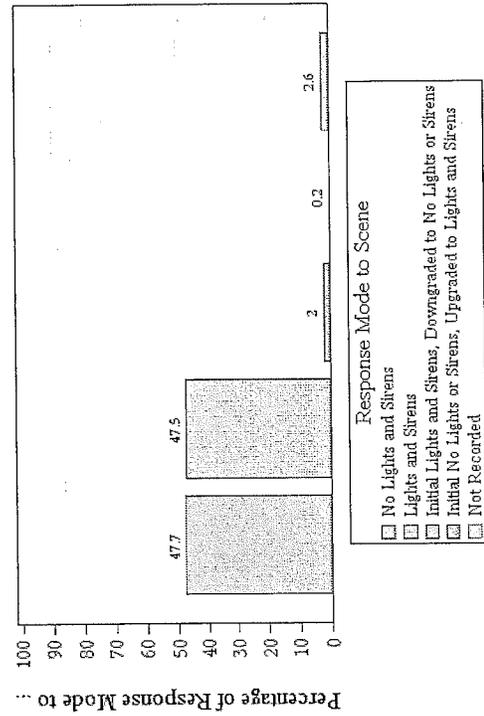


Cause of Injury (COI)

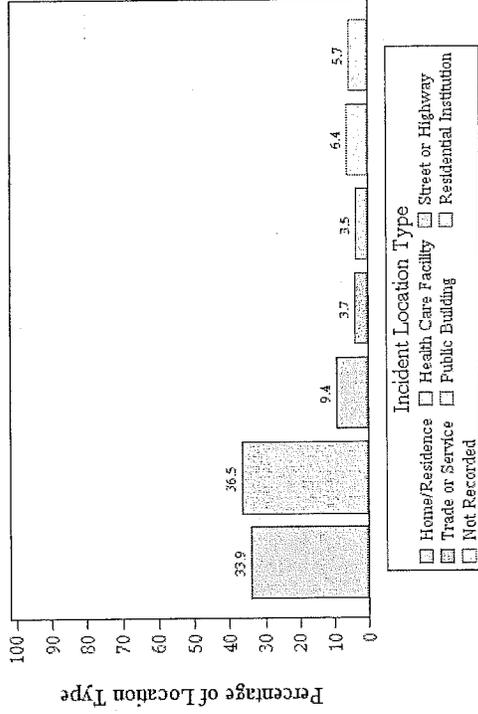


<1.5% COI: Motorcycle Accident, Stabbing/Cutting Assault, Bites, Machinery Accidents, Fire/Flames, Pedestrian Traffic Accident, Bicycle Accident, Firearm Injuries

Response Mode to Scene

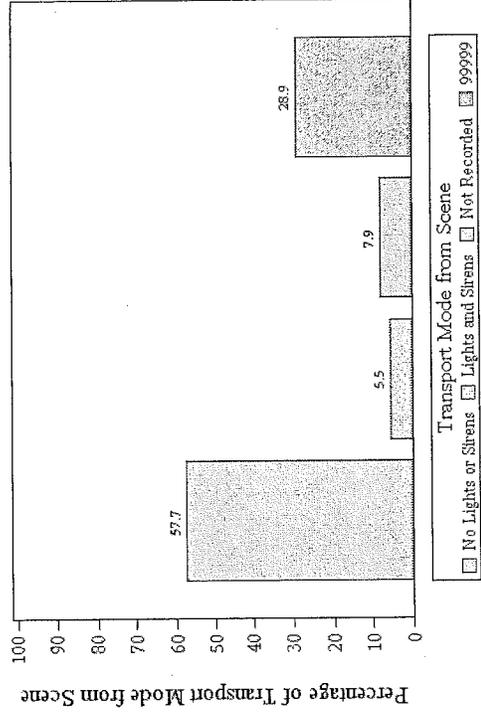


Incident Location Type

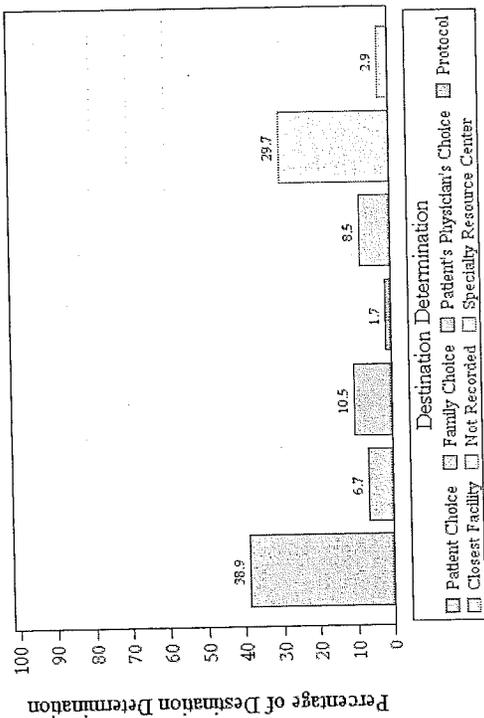


<1% Location Type: Mine or Quarry, Lake/River/Ocean, Place of Recreation of Sport, Not Recorded

Transport Mode from Scene

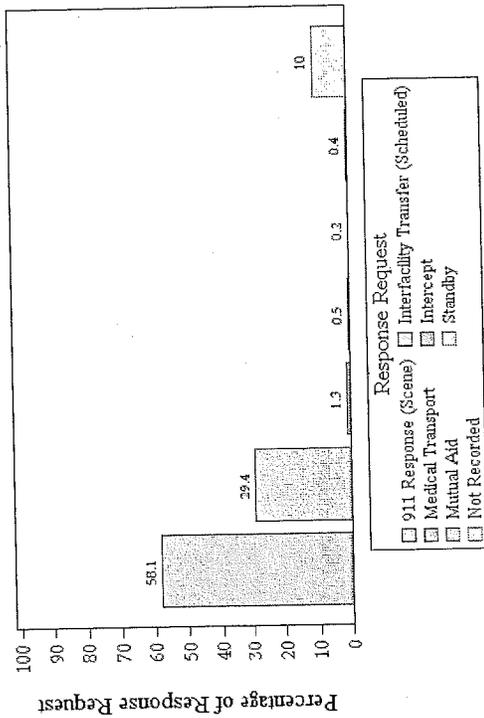


Destination Determination

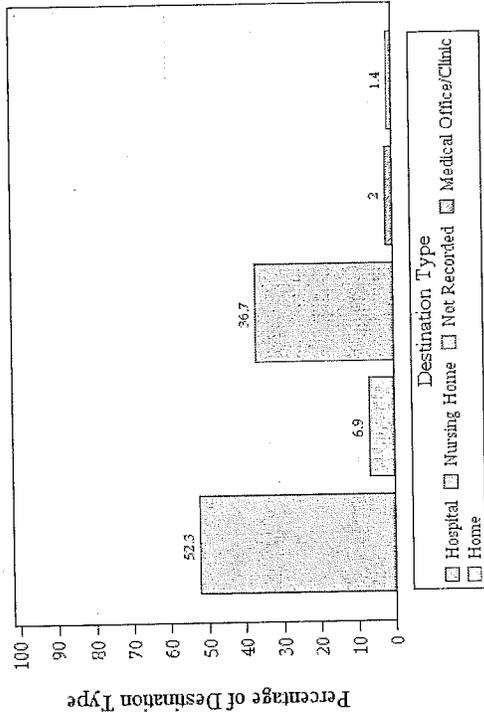


<1% Destination Determination: On-line Medical Direction, Insurance Status, Diversion

Response Request

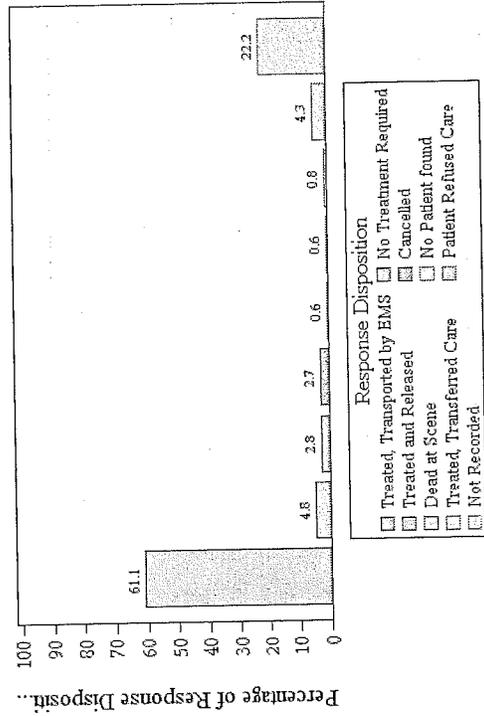


Destination Type

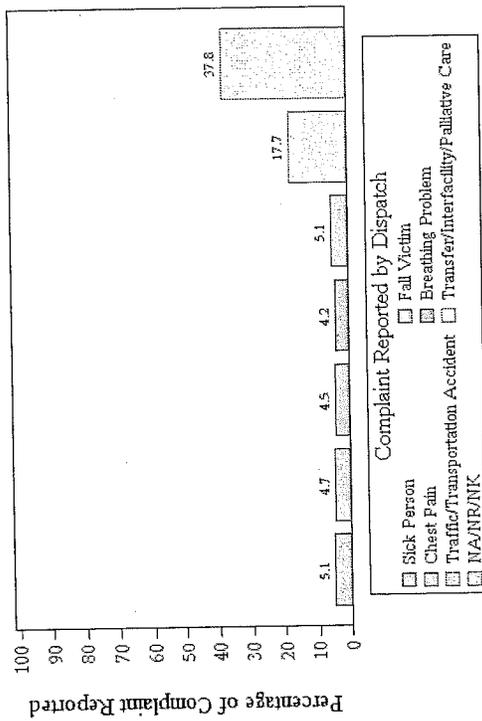


<1% Destination Type: EMS Responder (Ground), Other Morgue, Other EMS Responder (Air), Police/Jail

Response Disposition

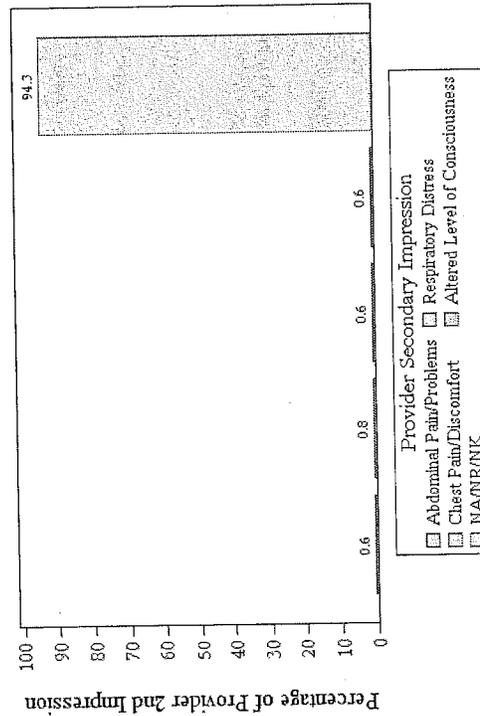


Complaint Reported by Dispatch



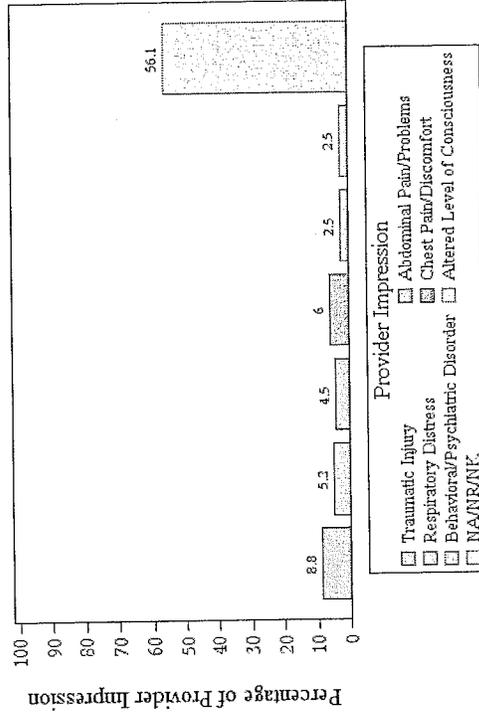
<2.5% P.I.: Assault, Unconscious/Fainting, Stroke/CVA, Seizure
Traumatic Injury, Abdominal Pain, Cardiac Arrest, Diabetic,
Unknown Problem/Man Down, Psychiatric Problems, Other

Provider Secondary Impression



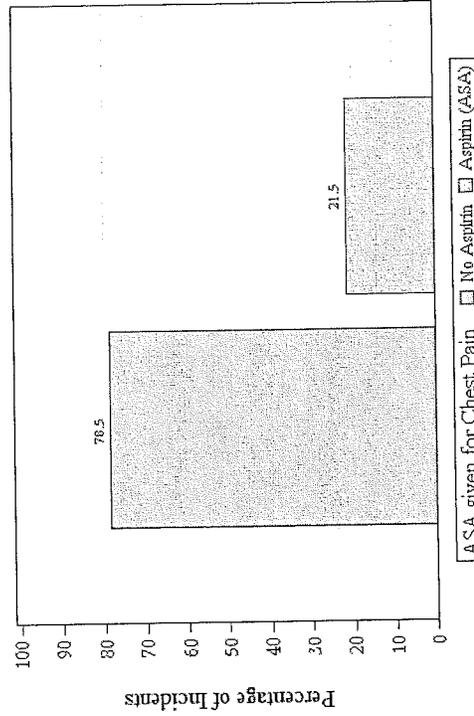
<.5% P.I.: Behavioral/Psychiatric Disorder, Traumatic Injury,
Diabetic Symptoms,Pain, Seizure, Stroke/CVA,Syncope/Fainting
Poisoning/Drug Ingestion, Cardiac Rhythm Disturbance, Other

Provider Primary Impression



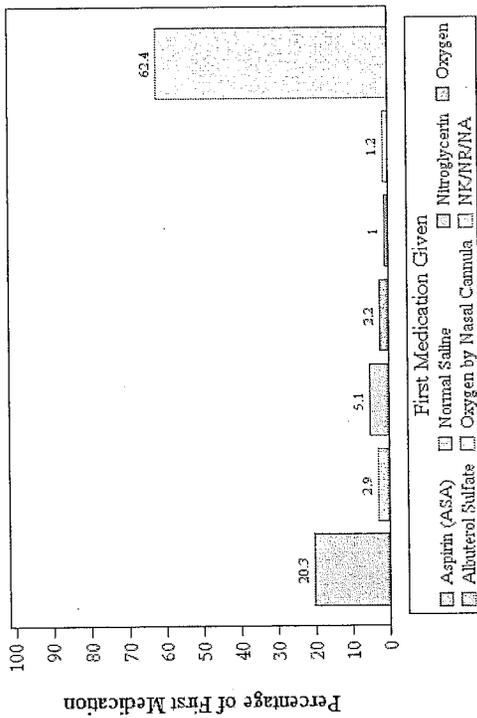
<2.5% P.I.: Stroke/CVA, Diabetic Symptoms,
Syncope/Fainting, Cardiac Arrest, Pregnancy/OB
Delivery, Obvious Death, Poisoning/Drug Ingestion, Cardiac
Rhythm Disturbance, Allergic Reaction, Hypovolemia/Shock

Chest Pain Incidents where ASA Given



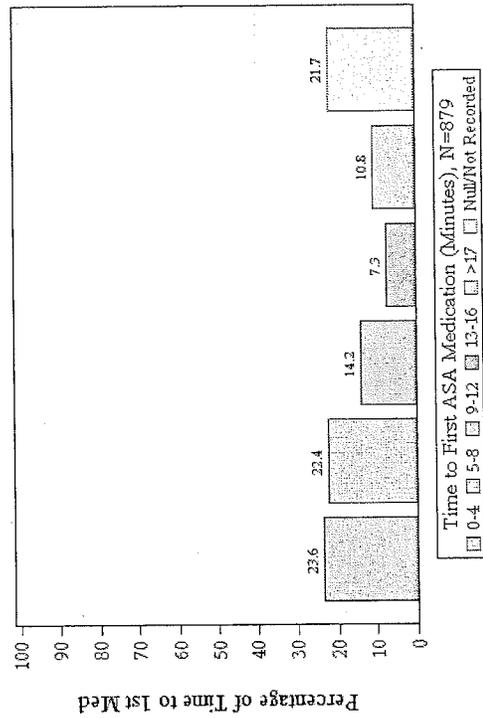
Chest Pain Incidents where ASA was Given (2013 YTD)
Chest Pain as complaint reported by dispatch or
the provider's primary or secondary impression; N= 4,324

First Medication Given for Chest Pain



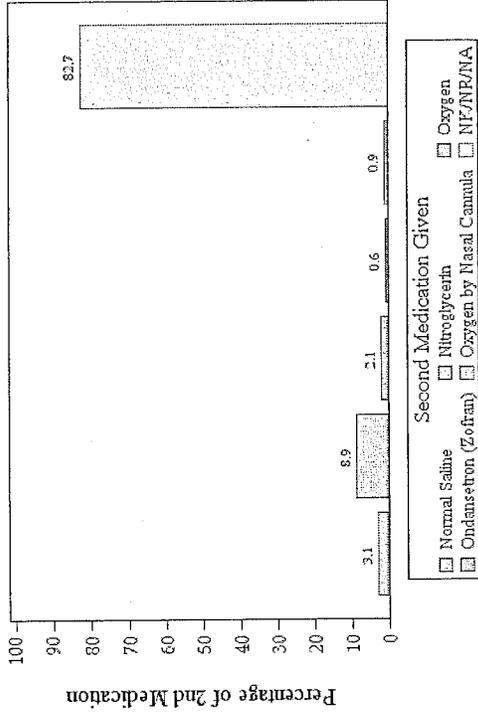
<.5% 1st Med: Fentanyl, Adenosine, Oxygen by Nasal Cannula, Dopamine, Amyl Nitrate, Ondansetron (Zofran), Ketorolac (Toradol), Metoclopramide (Reglan), Other

Time to First ASA Medication (Minutes)



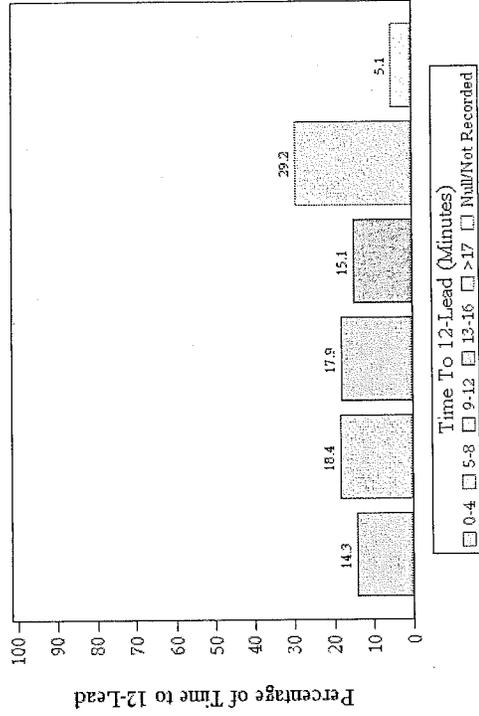
Time to 1st Med: Time from Arrived at Patient to First Medication (Aspirin[ASA]) Administered for Chest Pain

Second Medication Given for Chest Pain



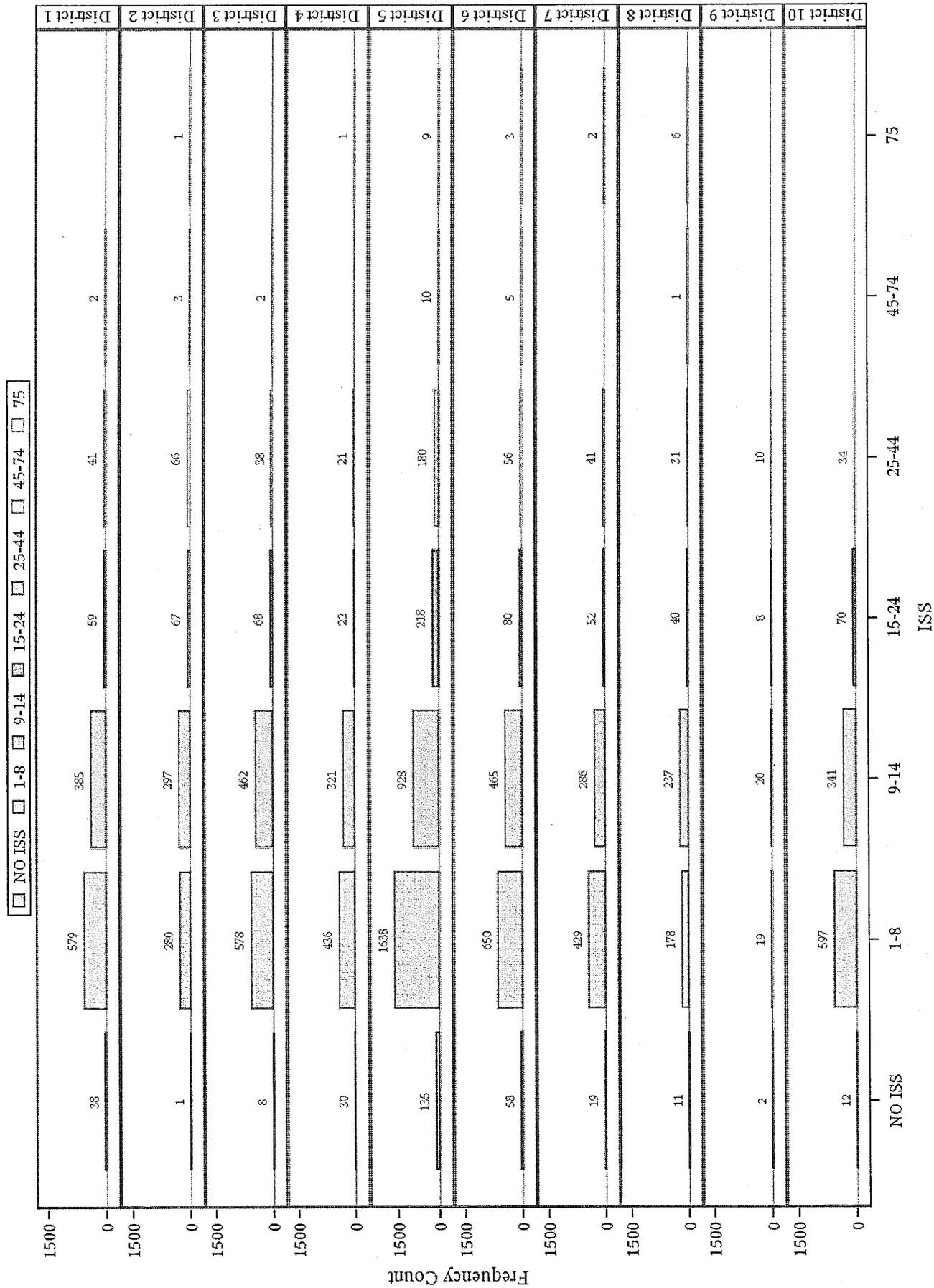
<1% 2nd Med: Fentanyl, Morphine Sulfate, Dopamine, Atropine Sulfate, Adenosine, Other

Time to 12-Lead (Minutes)



Time to 12-Lead: Time from Arrived at Patient to Time 12 lead ECG Procedure Performed; N=3,019

Indiana Trauma Registry- January 1, 2013 - November 24, 2013 - 13,276 Incidents
 Injury Severity Score By Public Health Preparedness Districts



ISS

TITLE 410 INDIANA STATE DEPARTMENT OF HEALTH

Final Rule
LSA Document #12-617(F)

DIGEST

Adds 410 IAC 34 to establish a state trauma registry for the collection of information regarding the delivery of traumatic injury care services in Indiana for purposes of improving the statewide trauma system. Effective 30 days after filing with the Publisher.

410 IAC 34

SECTION 1. 410 IAC 34 IS ADDED TO READ AS FOLLOWS:

ARTICLE 34. STATE TRAUMA REGISTRY

Rule 1. Definitions

410 IAC 34-1-1 Applicability

Authority: IC 16-19-3-28
Affected: IC 16-19-3-28

Sec. 1. The definitions in this rule apply throughout this article.

*(Indiana State Department of Health; 410 IAC 34-1-1; filed Oct 25, 2013, 2:39 p.m.:
20131120-IR-410120617FRA)*

410 IAC 34-1-2 "Commissioner" defined

Authority: IC 16-19-3-28
Affected: IC 16-19-3-28

Sec. 2. "Commissioner" means the state health commissioner or the state health commissioner's designee.

*(Indiana State Department of Health; 410 IAC 34-1-2; filed Oct 25, 2013, 2:39 p.m.:
20131120-IR-410120617FRA)*

410 IAC 34-1-3 "Department" defined

Authority: IC 16-19-3-28
Affected: IC 16-19-3-28

Sec. 3. "Department" means the Indiana state department of health.

*(Indiana State Department of Health; 410 IAC 34-1-3; filed Oct 25, 2013, 2:39 p.m.:
20131120-IR-410120617FRA)*

410 IAC 34-1-4 "Emergency medical services" or "EMS" defined

Authority: IC 16-19-3-28
Affected: IC 16-19-3-28

Sec. 4. "Emergency medical services" or "EMS" means the provision of emergency ambulance services or other services, including extrication and rescue services, utilized in serving an individual's need for immediate medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury.

(Indiana State Department of Health; 410 IAC 34-1-4; filed Oct 25, 2013, 2:39 p.m.:
20131120-IR-410120617FRA)

410 IAC 34-1-5 "Health care facility" defined

Authority: IC 16-19-3-28

Affected: IC 16-19-3-28

Sec. 5. "Health care facility" includes the following:

- (1) Hospitals.
- (2) Trauma centers.
- (3) Rehabilitation hospitals.

(Indiana State Department of Health; 410 IAC 34-1-5; filed Oct 25, 2013, 2:39 p.m.:
20131120-IR-410120617FRA)

410 IAC 34-1-6 "Hospital" defined

Authority: IC 16-19-3-28

Affected: IC 16-21-2

Sec. 6. (a) "Hospital", except as provided in subsection (b), means a hospital that is licensed under IC 16-21-2.

(b) "Hospital" means an institution, a place, a building, or an agency that holds out to the general public that it is operated for hospital purposes and that it provides care, accommodations, facilities, and equipment, in connection with the services of a physician, to individuals who may need medical or surgical services. The term does not include the following:

- (1) Freestanding health facilities.
- (2) Long-term acute care hospitals (LTACHs).
- (3) Hospitals that do not provide emergency services.
- (4) Hospitals or institutions specifically intended to diagnose, care, and treat the following:
 - (A) Individuals with a mental illness.
 - (B) Individuals with developmental disabilities.
- (5) Offices of physicians where patients are not regularly kept as bed patients.
- (6) Convalescent homes, boarding homes, or homes for the aged.
- (7) Rehabilitation facilities.

(Indiana State Department of Health; 410 IAC 34-1-6; filed Oct 25, 2013, 2:39 p.m.:
20131120-IR-410120617FRA)

410 IAC 34-1-7 "Indiana EMS Data Dictionary" defined

Authority: IC 16-19-3-28

Affected: IC 16-19-3-28

Sec. 7. "Indiana EMS Data Dictionary" means the collection of descriptions of the data objects in the database of fire and emergent run data maintained by the Indiana EMS program at the Indiana department of homeland security and referred to as the "Indiana Department of Homeland Security Emergency Medical Services (EMS) Data Dictionary and National EMS Information System (NEMSIS) Data Elements".

(Indiana State Department of Health; 410 IAC 34-1-7; filed Oct 25, 2013, 2:39 p.m.:
20131120-IR-410120617FRA)

410 IAC 34-1-8 "Indiana Rehabilitation Hospital Registry Data Dictionary" defined

Authority: IC 16-19-3-28

Affected: IC 16-19-3-28

Sec. 8. "Indiana Rehabilitation Hospital Registry Data Dictionary" means the collection of descriptions of the data objects in the database maintained by the Indiana state department of health and referred to as the "Indiana Rehabilitation Hospital Registry Data Dictionary".

*(Indiana State Department of Health; 410 IAC 34-1-8; filed Oct 25, 2013, 2:39 p.m.:
20131120-IR-410120617FRA)*

410 IAC 34-1-9 "Indiana Trauma Registry Data Dictionary" defined

Authority: IC 16-19-3-28
Affected: IC 16-19-3-28

Sec. 9. "Indiana Trauma Registry Data Dictionary" means the collection of descriptions of the data objects in the database maintained by the Indiana State Trauma Registry and referred to as the "Indiana Trauma Registry Data Dictionary".

*(Indiana State Department of Health; 410 IAC 34-1-9; filed Oct 25, 2013, 2:39 p.m.:
20131120-IR-410120617FRA)*

410 IAC 34-1-10 "National EMS Information System" or "NEMIS" defined

Authority: IC 16-19-3-28
Affected: IC 16-19-3-28

Sec. 10. "National EMS Information System" or "NEMIS" means the national repository for EMS data maintained by the University of Utah School of Medicine.

*(Indiana State Department of Health; 410 IAC 34-1-10; filed Oct 25, 2013, 2:39 p.m.:
20131120-IR-410120617FRA)*

410 IAC 34-1-11 "National Trauma Data Bank" or "NTDB" defined

Authority: IC 16-19-3-28
Affected: IC 16-19-3-28

Sec. 11. "National Trauma Data Bank" or "NTDB" refers to an aggregation of national trauma registry data maintained by the American College of Surgeons.

*(Indiana State Department of Health; 410 IAC 34-1-11; filed Oct 25, 2013, 2:39 p.m.:
20131120-IR-410120617FRA)*

410 IAC 34-1-12 "National Trauma Data Standard" or "NTDS" defined

Authority: IC 16-19-3-28
Affected: IC 16-19-3-28

Sec. 12. "National Trauma Data Standard" or "NTDS" means a data set defining standardized data elements collected by the American College of Surgeons within the National Trauma Data Bank.

*(Indiana State Department of Health; 410 IAC 34-1-12; filed Oct 25, 2013, 2:39 p.m.:
20131120-IR-410120617FRA)*

410 IAC 34-1-13 "Patient medical record" defined

Authority: IC 16-19-3-28
Affected: IC 16-19-3-28

Sec. 13. "Patient medical record" means written, electronic, or printed information possessed or maintained by a provider concerning any diagnosis, treatment, or prognosis of the patient, including such information possessed or maintained on microfiche, on microfilm, or in a digital format.

*(Indiana State Department of Health; 410 IAC 34-1-13; filed Oct 25, 2013, 2:39 p.m.:
20131120-IR-410120617FRA)*

410 IAC 34-1-14 "Rehabilitation hospital" defined

Authority: IC 16-19-3-28

Affected: IC 16-19-3-28

Sec. 14. "Rehabilitation hospital" means a hospital that is Prospective Payment System excluded under 42 CFR 412.

*(Indiana State Department of Health; 410 IAC 34-1-14; filed Oct 25, 2013, 2:39 p.m.:
20131120-IR-410120617FRA)*

410 IAC 34-1-15 "Risk adjustment" defined

Authority: IC 16-19-3-28

Affected: IC 16-19-3-28

Sec. 15. "Risk adjustment" means methodologies applied to a data set in order to identify and control patient variables that are present that may influence patient outcome.

*(Indiana State Department of Health; 410 IAC 34-1-15; filed Oct 25, 2013, 2:39 p.m.:
20131120-IR-410120617FRA)*

410 IAC 34-1-16 "Trauma center" defined

Authority: IC 16-19-3-28

Affected: IC 16-19-3-28

Sec. 16. "Trauma center" means a hospital that provides trauma care and has been verified as a trauma center by the American College of Surgeons (ACS), has been designated a trauma center under a state designation system that is substantially equivalent to the ACS verification process, or has been deemed to be in the process of ACS verification pursuant to 836 IAC 1-2.1.

*(Indiana State Department of Health; 410 IAC 34-1-16; filed Oct 25, 2013, 2:39 p.m.:
20131120-IR-410120617FRA)*

Rule 2. Purpose of the Registry

410 IAC 34-2-1 Purpose

Authority: IC 16-19-3-28

Affected: IC 16-19-3-28

Sec. 1. (a) The purpose of the registry is to collect and analyze data that is necessary to evaluate the delivery of trauma care within the state.

(b) The data collected by the registry shall be of such a nature as to allow the department to identify and evaluate the following:

- (1) Frequency, type, severity, and outcome of trauma injuries.
- (2) Criteria used to establish triage protocols.
- (3) Geographic patterns of injury, including, but not limited to, areas or regions of the state where improvements are needed in the delivery of trauma care.
- (4) Other factors to consider in recommending, designing, or implementing the statewide trauma care delivery system, including, but not limited to, public education on trauma and injury prevention, access to trauma care, prehospital availability, and cost of trauma care.

(c) Registry data will be linked between EMS providers, health care facilities, and other agencies so that the entire continuum of trauma care can be assessed for quality purposes.

*(Indiana State Department of Health; 410 IAC 34-2-1; filed Oct 25, 2013, 2:39 p.m.:
20131120-IR-410120617FRA)*

Rule 3. Management of the Registry

410 IAC 34-3-1 Management

Authority: IC 16-19-3-28

Affected: IC 16-19-3-28

Sec. 1. (a) The actions and management of the registry will be overseen by the director of the trauma and injury prevention program at the department.

(b) The department may contract with individuals or organizations with specific expertise in risk adjustment and statistical analysis of medical data in order to perform risk adjustment of registry data.

*(Indiana State Department of Health; 410 IAC 34-3-1; filed Oct 25, 2013, 2:39 p.m.:
20131120-IR-410120617FRA)*

Rule 4. Required Reporting

410 IAC 34-4-1 Required reporting

Authority: IC 16-19-3-28

Affected: IC 16-19-3-28

Sec. 1. The following entities shall submit data to the registry:

(1) Health care facilities, including any of the following:

(A) A hospital.

(B) A trauma center.

(C) Rehabilitation hospitals.

(2) EMS providers, both basic life support and advanced life support, that transport patients.

(3) At the request of the department, any state agency possessing data or information, or both, regarding trauma care.

*(Indiana State Department of Health; 410 IAC 34-4-1; filed Oct 25, 2013, 2:39 p.m.:
20131120-IR-410120617FRA)*

Rule 5. Submission of Data

410 IAC 34-5-1 Submission of data

Authority: IC 16-19-3-28

Affected: IC 16-19-3-28

Sec. 1. (a) The department shall establish and use the registry to collect and analyze data that is necessary to evaluate the delivery of trauma care within the state as follows:

(1) Data collected by the department for the registry shall include, but not be limited to, data of such a nature as to allow the department to identify and evaluate the following:

(A) Incidence, mechanism, type, severity, and outcome of traumatic injuries.

(B) Criteria used to establish or refine, or both, triage and transport guidelines.

(C) Geographic patterns of injury, including, but not limited to, areas or regions of the state where improvements are needed in the delivery of trauma care.

(2) Data submitted to and maintained by the registry shall be in such a format that:

- (A) protects the identity of specific patients to whom medical care has been rendered;
- (B) identifies specific health care facilities by a code or other designation; and
- (C) avoids or minimizes duplication of entries.

(b) Data required to be provided to the registry under this article shall be submitted by direct data entry or by electronic data transfer using an xml format and data scheme that is based on the Indiana Trauma Registry Data Dictionary.

(c) Hospitals must submit data to the registry using the criteria in the Indiana Trauma Registry Data Dictionary. Rehabilitation hospitals must submit data to the registry using the Indiana Rehabilitation Hospital Registry Data Dictionary.

(d) EMS providers must submit data to the registry using the most current version of the NEMSIS data elements and the criteria in the Indiana EMS Data Dictionary.

(Indiana State Department of Health; 410 IAC 34-5-1; filed Oct 25, 2013, 2:39 p.m.: 20131120-IR-410120617FRA)

Rule 6. Reporting Deadlines

410 IAC 34-6-1 Reporting deadlines

Authority: IC 16-19-3-28

Affected: IC 16-19-3-28

Sec. 1. (a) The data required to be provided to the registry by health care facilities shall be reported to the registry according to the following schedule:

Patients Admitted	Report Due Date
January 1-March 31	June 30
April 1-June 30	September 30
July 1-September 30	January 15
October 1-December 31	May 1

(b) The data required to be provided to the registry by EMS providers must be reported to the registry by the fifteenth day of the month following the month in which the incident occurred.

(Indiana State Department of Health; 410 IAC 34-6-1; filed Oct 25, 2013, 2:39 p.m.: 20131120-IR-410120617FRA)

Rule 7. Failure to Report

410 IAC 34-7-1 Failure to report

Authority: IC 16-19-3-28

Affected: IC 16-19-3-28

Sec. 1. Health care facilities that fail to submit data to the registry as specified in this article will be ineligible for designation by the department as a trauma center. Health care facilities and EMS providers that fail to submit data to the registry as specified in this article will be ineligible for other programs, including, but not limited to, grants and other ISDH-sponsored sources of funding.

(Indiana State Department of Health; 410 IAC 34-7-1; filed Oct 25, 2013, 2:39 p.m.: 20131120-IR-410120617FRA)

Rule 8. Risk Adjustment

410 IAC 34-8-1 Risk adjustment

Authority: IC 16-19-3-28

Affected: IC 16-19-3-28

Sec. 1. (a) The registry will work to improve trauma care in the state by calculating trauma-related incident response and health outcome indicator values for each health care facility and EMS provider, determining and disseminating information best practices that are associated with optimal indicator values, and establishing state benchmark standards to which each reporting entity is accountable.

(b) Individual and aggregated indicator values must be risk-adjusted before comparisons can be made across groups.

(c) Risk adjustment accounts for the impact of individual risk factors such as age and the severity of the initial injury that can put some patients at greater risk for medical complications and death.

(d) By risk-adjusting the indicator values, variation in patient types across groups can be controlled for and appropriate comparisons can be made.

(e) Risk adjustment of the indicator values will be conducted by registry staff primarily following the methodologies outlined by the American College of Surgeons.

(f) Other methodologies may be evaluated and used as registry staff deems appropriate.

*(Indiana State Department of Health; 410 IAC 34-8-1; filed Oct 25, 2013, 2:39 p.m.:
20131120-IR-410120617FRA)*

Rule 9. Protected Information

410 IAC 34-9-1 Protected information

Authority: IC 16-19-3-28

Affected: IC 4-1-6-8.6

Sec. 1. (a) All data created by a provider and submitted to the department for inclusion in the registry will be treated as confidential and the department will follow all appropriate state and federal laws regarding the confidentiality of the medical information.

(b) The department may grant any person involved in a legitimate research activity access to confidential information included in the registry under IC 4-1-6-8.6.

*(Indiana State Department of Health; 410 IAC 34-9-1; filed Oct 25, 2013, 2:39 p.m.:
20131120-IR-410120617FRA)*

LSA Document #12-617(F)

Notice of Intent: 20121128-IR-410120617NIA

Proposed Rule: 20130703-IR-410120617PRA

Hearing Held: July 29, 2013

Approved by Attorney General: October 18, 2013

Approved by Governor: October 25, 2013

Filed with Publisher: October 25, 2013, 2:39 p.m.

Documents Incorporated by Reference: None Received by Publisher

Small Business Regulatory Coordinator: Kelly MacKinnon, Indiana State Department of Health, 2 North Meridian Street, Section 3H-99, Indianapolis, IN 46204, (317) 233-7316, kmackinnon@isdh.in.gov

Posted: 11/20/2013 by Legislative Services Agency



Michael R. Pence
Governor

William C. VanNess II, MD
State Health Commissioner

December 16, 2013

G. Lee Turpen
Chairman, Indiana
EMS Commission

Dear Chairman Turpen:

The application for St. Vincent, Anderson to be considered a "trauma center" for purposes of the Indiana Triage and Transport Rule, 836 IAC 1-2.1, has been submitted to the Indiana Department of Homeland Security and subsequently came before the Indiana State Trauma Care Committee (ISTCC) for its recommendation.

The ISTCC, after careful consideration first by its designation subcommittee followed by a thorough public review of the application at the ISTCC meeting on November 8, 2013, has unanimously agreed that I recommend to the EMS Commission that St. Vincent, Anderson be considered a trauma center for purposes of 836 IAC 1-2.1.

After further review of the application, and on the agreement of the ISTCC and advice of ISDH staff, I hereby recommend the Indiana EMS Commission that it grant the application for St. Vincent, Anderson as a trauma center for purposes of 836 IAC 1-2.1.

Thank you for your consideration of this matter.

Sincerely,

WILLIAM C. VANNESS II, MD
STATE HEALTH COMMISSIONER





Michael R. Pence
Governor

William C. VanNess II, MD
State Health Commissioner

December 16, 2013

G. Lee Turpen
Chairman, Indiana
EMS Commission

Dear Chairman Turpen:

The application for Franciscan St. Elizabeth Health – Lafayette East to be considered a “trauma center” for purposes of the Indiana Triage and Transport Rule, 836 IAC 1-2.1, has been submitted to the Indiana Department of Homeland Security and subsequently came before the Indiana State Trauma Care Committee (ISTCC) for its recommendation.

The ISTCC, after careful consideration first by its designation subcommittee followed by a thorough public review of the application at the ISTCC meeting on November 8, 2013, has unanimously agreed that I recommend to the EMS Commission that Franciscan St. Elizabeth Health – Lafayette East be considered a trauma center for purposes of 836 IAC 1-2.1.

After further review of the application, and on the agreement of the ISTCC and advice of ISDH staff, I hereby recommend the Indiana EMS Commission that it grant the application for Franciscan St. Elizabeth Health – Lafayette East as a trauma center for purposes of 836 IAC 1-2.1.

Thank you for your consideration of this matter.

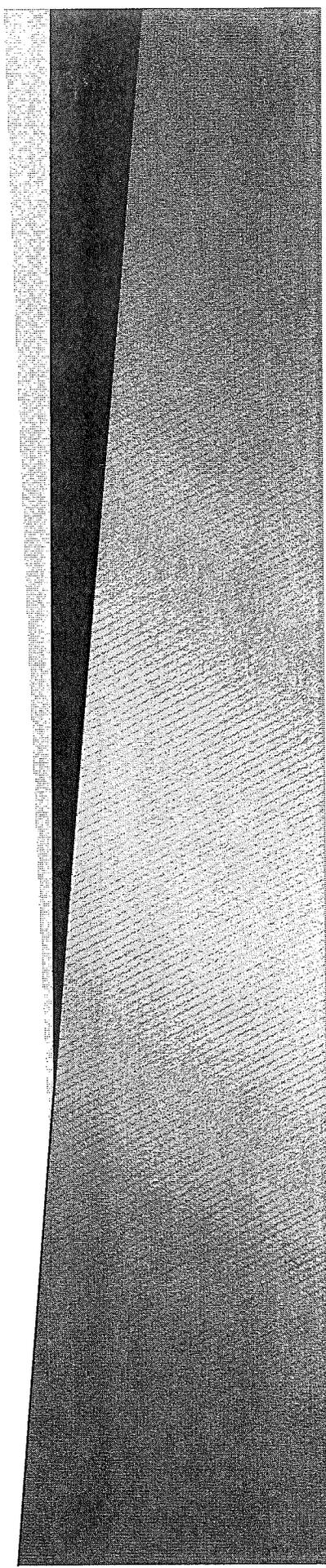
Sincerely,

WILLIAM C. VANNESS II, MD
STATE HEALTH COMMISSIONER

Attachment #8

Child Fatality Review

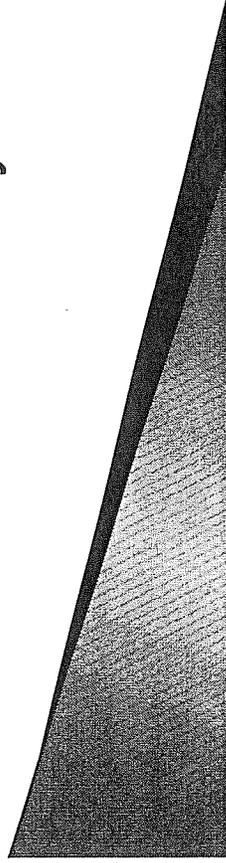
Gretchen Martin, MSW
Child Fatality Review
Program Coordinator
December 20, 2013



IC 16-49

Changed how child fatality review teams are to be administered

- Effective July 1, 2013
- Moved local child fatality review teams and the Statewide Child Fatality Review Committee from under the auspices of DCS to ISDH
- Required ISDH to create a “Statewide Child Fatality Review Coordinator” position to support the teams
- Requires each county, at the local level, establish either a county or regional review team

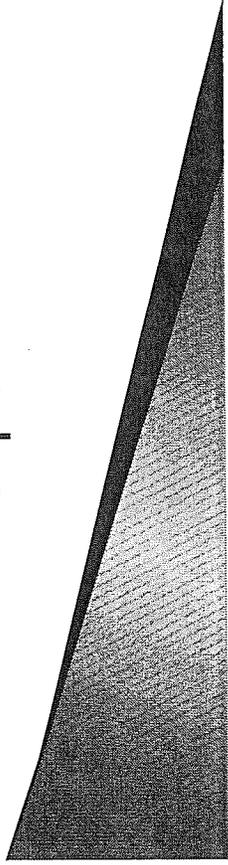


IC 16-49-2-4



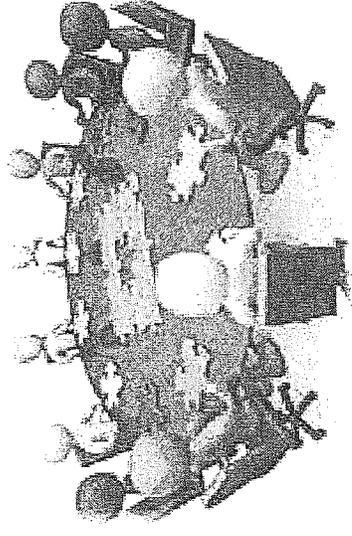
IC 16-49-3-3

- Deaths reviewed for children <18
 - Sudden, unexpected, or unexplained
 - Assessed by DCS
 - Determined to be the result of
 - Homicide
 - Suicide
 - Accident
 - Undetermined
- Essentially, any death that is not medically expected!



What is a child fatality review?

- ▶ Multidisciplinary team seeking to understand the risk factors surrounding the death of a child
- ▶ A professional process aimed at improving system responses to child deaths
- ▶ An opportunity to improve the health and safety of our children



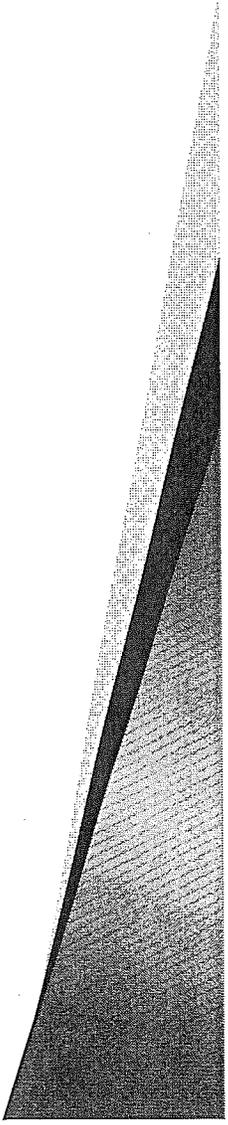
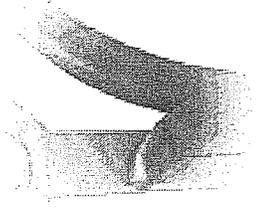
Child fatality review is not...

- ▶ A peer review
- ▶ Designed to examine individual performance
- ▶ An opportunity to second guess agency policy or practice



Expectations of team members

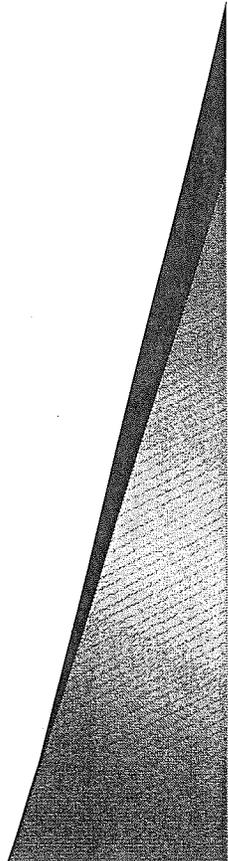
- ▶ Contribute information from agency records
- ▶ Serve as a liaison to respective professional counterparts
- ▶ Provide definitions of professional terminology
- ▶ Interpret agency procedures and policies
- ▶ Explain the legal responsibilities or limitations of his or her profession



EMS has a vital team role...

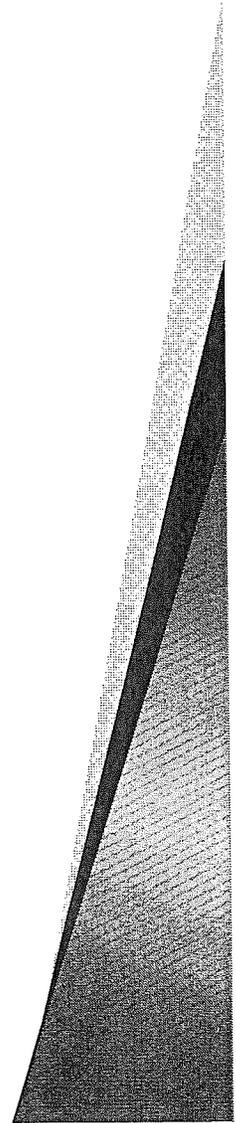
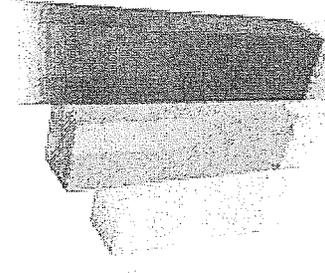
...but you are often left out!

- Can provide details on
 - EMS Run Reports
 - Details on the scene
 - Including persons at the scene
 - Scene preservation practices
 - Medical information related to emergency procedures performed
 - EMS procedures and protocols



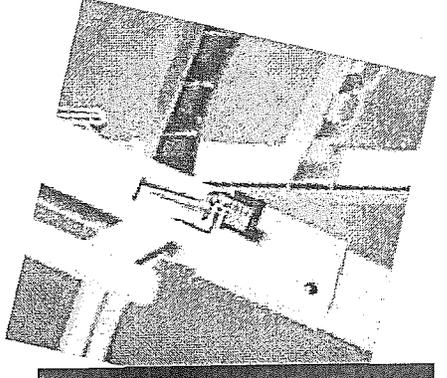
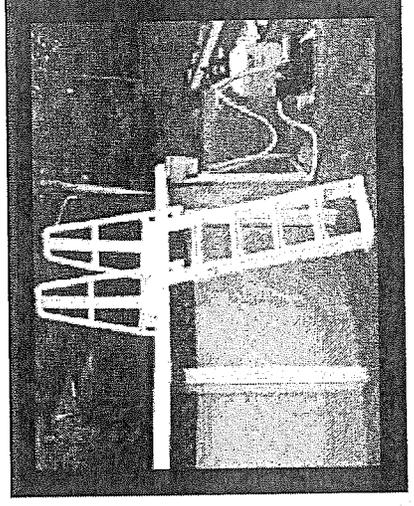
Why collect data?

- ▶ Provides ability to track trends at county, regional, state, and national level
- ▶ Captures the risk factors and circumstances contributing to the death of a child
- ▶ Allows prevention to be targeted to specific groups or risk factors

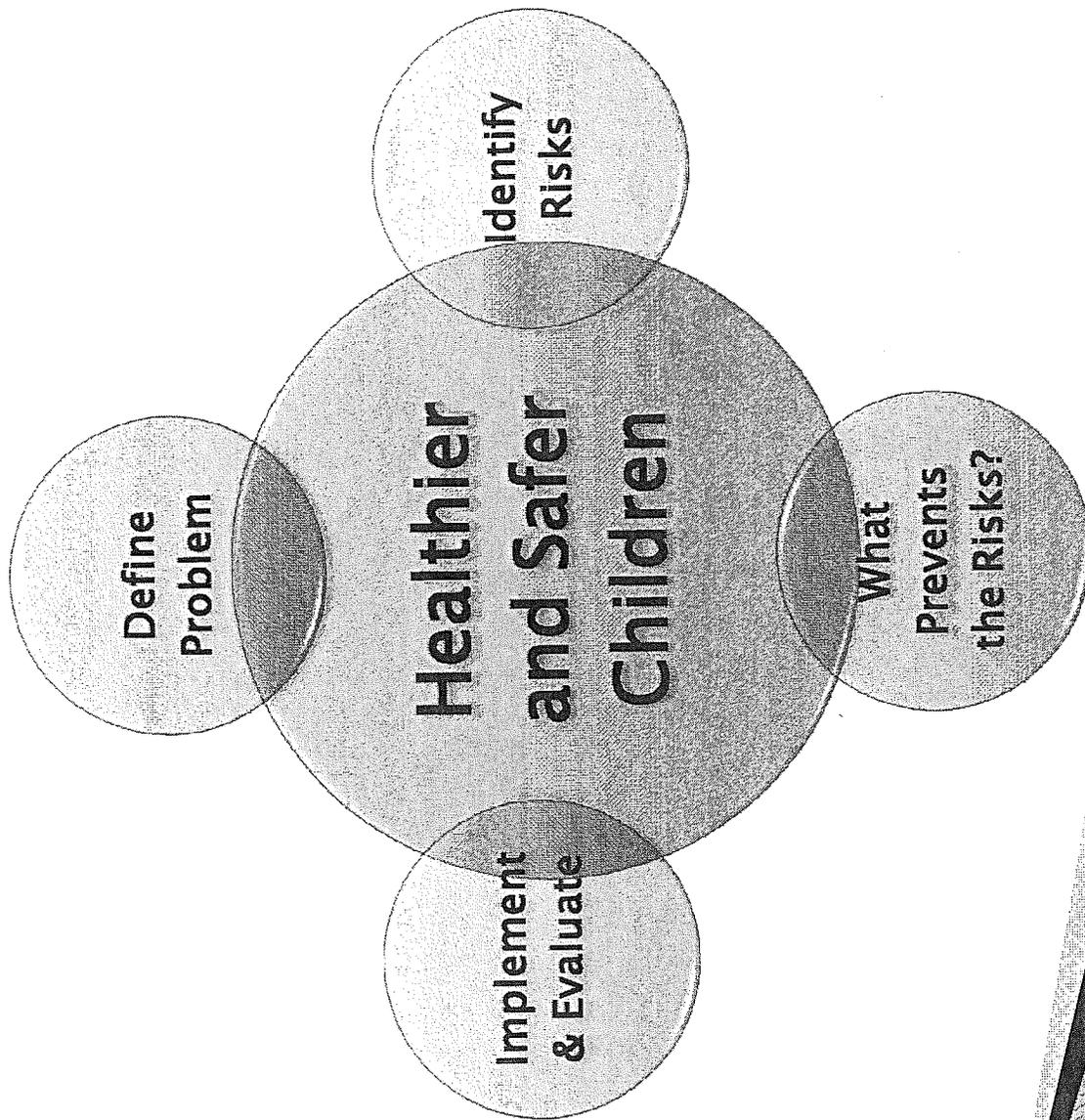


What do we do with the data?

- ▶ Drowning—not enough to know that [this many] children died from drowning
- ▶ Did they drown in...
 - A pool
 - A retention pond
 - A bathtub
 - A bucket
- ▶ Must have circumstances/factors for effective prevention

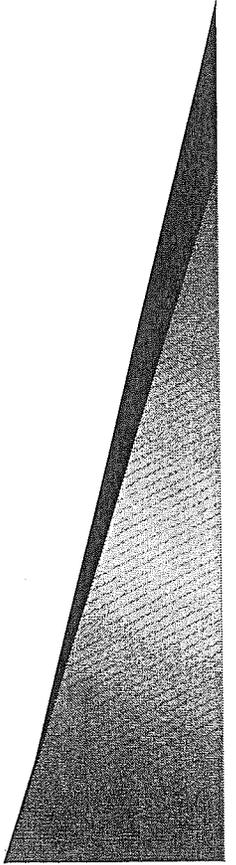
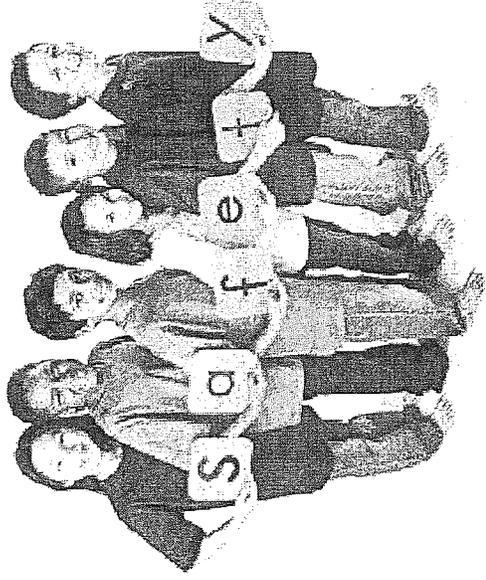


Prevention...Prevention...Prevention



Vision

Understanding the circumstances causing a child's death will help prevent other deaths, poor health outcomes, and injury or disability in other children.

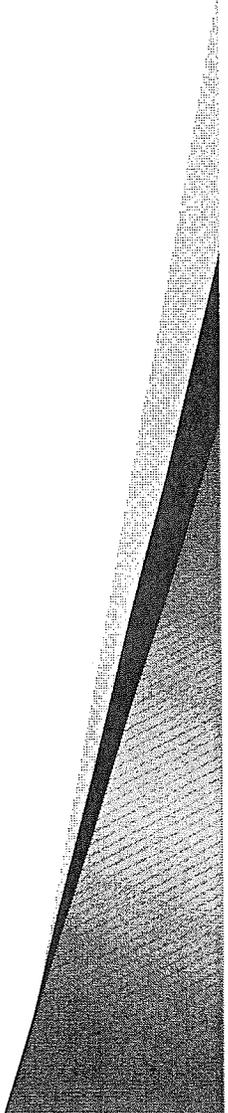


Contact Information

Gretchen Martin, MSW
Child Fatality Review Program Coordinator
(317)233-1240
GMartin1@isdh.IN.gov



Indiana State
Department of Health



Attachment #9



MICHAEL R. PENCE, Governor
STATE OF INDIANA

INDIANA DEPARTMENT OF HOMELAND SECURITY
302 West Washington Street
Indianapolis, IN 46204

**EMERGENCY MEDICAL SERVICES COMMISSION
TECHNICAL ADVISORY COMMITTEE MEETING MINUTES**

DATE: November 5, 2013 10:00 a.m.

LOCATION: Noblesville Fire Department, Station 77
15251 Olio Road
Noblesville, IN 46060

PRESENT: Leon Bell, Chairman, ALS Training Institute
Jessica Lawley, ALS Training Program Director
Sara Brown, EMS Medical Director
Jaren Kilian,
Faril Ward, EMS Chief of Operating Officer
Michael McNutt, BLS Training Program Director
Elizabeth Weinstein, EMS for Children
Tina Butt, First Responder Training Director
Charles Ford, EMS Chief Executive Officer
Michael Gamble, Emergency Department Director

NOT PRESENT: Edward Bartkus, EMS Medical Director
Sherry Fetters, Vice Chairman, EMS Chief Executive Officer

OTHERS PRESENT: Myron Mackey, EMS Commissioner
Elizabeth Fiato, Mike Garvey EMS State Director, IDHS Staff,
other IDHS Staff and members of the EMS Community



- A) Meeting called to order at 10:010 a.m. by Chairman Leon Bell.
- B) Quorum present
- C) Adoption of minutes:
A motion was made by Mr. Charles Ford to accept the minutes from the meeting held on September 3, 2013 as written. The motion was seconded by Mr. Faril Ward. The motion passed unanimously.
- D) Public Comment:
None
- E) Announcements:
 - a. Upcoming TAC meeting dates
 - i. January 7, 2014
 - ii. March 4, 2014
 - iii. May 6, 2014
- F) Commission Report:
- G) Assignments
 - a. AEMT test results

Chairman Bell briefed the TAC members that were present on the EMS Commission meeting that took place on October 18, 2013. Chairman Bell stated that the Commission is concerned about the low test scores for the AEMT students. Mrs. Elizabeth Fiato presented the same report on the test results that she presented at the last EMS Commission meeting to open discussion (see attachment #1). Commissioner Mackey asked how many people actually started the course. Ms. Candice Hilton was asked to pull up the information for the state computer system. Commissioner Mackey stated he is hearing that individuals did not want to take the class but feel like they are being forced into the course. Discussion followed regarding different reasons for the low test scores. Reasons ranged everything from Primary Instructors not understanding what needs to be taught, the minimum hours required for the AEMT bridge course are not enough to cover all the material, Primary Instructors need to better oversee the classes to make sure all the material is taught, individuals have been out working in the field for a long time and have been out of the classroom long enough that they find it difficult to go back to class. The discussion also took into consideration the reasons why people are bridging from EMT-Basic Advance to AEMT and also why individuals became EMT-Basic Advance in the first place. The popular opinion was financial incentive. Ms. Candice Hilton reported to the TAC that she couldn't pull the exact number of students but that there are currently 59 AEMT classes approved, 40 of those courses are EMT-Basic Advance to AEMT bridge courses and 19 are the full AEMT course. Mrs. Fiato stated that Primary Instructors need to better educated and informed regarding the information that needs to be covered in the AEMT course. Mrs. Fiato stated that her point in bringing up an extension of time for the transition course so there is time to go out and go over the curriculum with the Primary Instructors that are going to teaching the AEMT courses to make sure they know the curriculum. Discussion followed concerning the possibility of extending the dead line for transitioning. Chairman Bell asked if there was grant money available and if there is any technology available. Mrs. Fiato discussed a possible grant

money source. Chairman Bell stated that if the technology could be found that he would have the sub-committee that came up with the implementation plan to video tape the way to construct your AEMT or bridge course. Discussion also was made regarding if the part of the curriculum that required the students to provide a portfolio to their Primary Instructor showing competences. It is believed that this is not happening. The question was asked would it be a bad thing for the time to expire on the bridge courses and the students all be made to take the full AEMT course. Would this help make the students more successful?

Chairman Bell asked the TAC members if they would like their discussion and suggestions be sent to the Commission as a recommendation or a letter be sent to Director Mike Garvey. Discussion followed.

b. Post

Chairman Bell asked about the status of the Post project-there has not been a meeting.

c. TEMS

Chairman Bell asked about the status of the TEMS-there has been not responses yet for the survey.

d. Hybrid course application process

- i. Chairman Bell opened with summary of the Commission discussion regarding the TAC recommendation for the hybrid attendance policy. Chairman of the Commission Lee Turpen asked that the word on-line be added.

Mrs. Elizabeth Fiato went over the reasons for staff asking for the standard of attendance. Discussion followed regarding why there is a need to be able to verify that a student completed the minimum class hours.

A motion was made by Mr. Faril Ward to investigate the development of standards for face to face and hybrid classes. The motion was seconded by Mr. Jaren Killian. The motion passed.

e. Continuing Education

Chairman Bell stated that Chairman of the Commission Lee Turpen asked him not present the recommendation for the Continuing education because the Commission is not ready to discuss continuing education. Chairman Bell asked why do we do continuing education? Are there better ways to renew certifications? Discussion followed regarding why continuing education is important and different ways that continuing education can be obtained. Mrs. Fiato stated that now would be the time to add in the pediatric and OB continuing education hours for the BLS levels. Ms. Candice Hilton was asked to research what hours if any were approved by the EMS Commission to be added to the EMT level for pediatric and OB hours.

Break for lunch and a chance for some research for 10 min.

Ms. Hilton found that during the September 2012 EMS Commission meeting that the education requirement did not pass but the addition of pediatric equipment passed. Chairman Bell made the announcement to the TAC in regards to the findings.

Chairman Bell asked the education sub-committee to work on this issue. Chairman Bell stated he would get information regarding the National Registry continuing education requirements from Dr. Edward Bartkus and he would have it available for the education sub-committee at the January meeting.

f. AEMT curriculum

Mrs. Fiato was asked by Chairman Bell to discuss the curriculum that was passed at the last EMS Commission meeting and how staff is planning to distribute. Mrs. Fiato stated that it was approved at the last EMS Commission meeting and that it would be sent out to Primary Instructors.

g. Military reciprocity

Mrs. Fiato asked about the status of the work on the issue. Chairman Bell stated he had not received the information given to staff at the Commission meeting. Mrs. Fiato stated she would resend it to Chairman Bell. This will be discussed at the next TAC meeting.

h. Student Bill of Rights, Code of Conduct

Mrs. Jessica Lawley spoke briefly regarding the reason these are needed. Chairman Bell asked that the Mrs. Jessica Lawley to translate the Student Bill of Rights and Code of Conduct to reflect Indiana code for the next TAC meeting.

Chairman Bell assigned the following:

Education sub-committee: Continuing education, psychomotor requirements for EMR- AEMT levels

Operations sub-committee: EMR use of Epi pen.

A motion was made by Mr. Jaren Killian to send a letter to Director Mike Garvey to tell him TAC's thoughts regarding the AEMT level and the reasons for the low test scores. The motion was seconded by Mr. Michael McNutt. The motion passed 8 in favor 1 opposed.

Chairman Bell opened discussion regarding opened TAC positions. Mrs. Candice Hilton will send out the letters from the Governor's office stating members have been reappointed.

Chairman Bell asked if there was any other business that needed to be discussed.

Mrs. Fiato asked that the TAC help to push out the surveys concerning the EVOC, drug screening, and background checks.

A motion was made by Mr. Jaren Killian to wait until January 1st to send out the surveys. The motion was seconded by Ms. Tina Butt. The motion passed.

Chairman Bell stated that he would not be able to attend the January 7th meeting. Did the rest of the members wish to hold the meeting? The meeting will be held as long as there is a quorum. Chairman Bell asked everyone to check their calendars to be sure they can attend the January 7th meeting and let him know.

A motion was made by Dr. Elizabeth Weinstein to adjourn the meeting. The motion was seconded by Mr. Jaren Killian. The motion passed. The meeting was adjourned at 1:10pm.

Approved _____

Leon Bell, Chairman

Attachment #10

Brian F Gainey

626 Forest Dr.

Bloomfield, IN

47424

*Zortman - 1st
Hamilton - 2nd
Approved*

Indiana EMS Commission

Indiana Department of Homeland Security

EMS Certifications, E239, IGC-S

302 W. Washington St.

Indianapolis, IN 46204-2739

Re: Honorary Lifetime EMT Certification Request

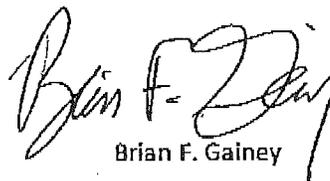
To whom it may Concern:

I am requesting that an honorary lifetime EMT Certification be granted to George D. Ockerman PSID #7677-6484.

Mr. Ockerman has been affiliated with Emergency Services since High School. His original Second Class FF cert is from July 1979, his original EMT cert was shortly afterwards. Mr. Ockerman has been my co-worker, employee and student, but most importantly my friend from the beginning. He has, as I would describe a stellar career doing what he loved. I speak of his career in the past tense as the same career he loved has also cut his livelihood short. Mr. Ockerman was forced to retire from results of the daily toll of this profession on his body.

His love of this calling was evidenced in that he was a major part of the local fire/EMS community. I could write volumes of his accomplishments over the last 35+ years, but I will leave it at he has saved lives, changed lives and will be missed and never replaced.

Sincerely,



Brian F. Gainey

3955-8135

Attachment #11

Hilton, Candice

From: Krista Morisen [kmorisen@earthlink.net]
Sent: Tuesday, December 03, 2013 2:49 PM
To: Lee.Turpen@amr.net; Lockard, Michael A; Craigin, Malanie J; cvalentine@decaturfire.org; hoggattd@greenwood.in.gov; myron.mackey@mackeystore.com; MOlinger@emsc.in.gov; Gordon, Edward H; suedunham@att.net; TeHamilton@emsc.in.gov; Champion, Stephen P; JZartman@ecomunity.com; Garvey, Mike
Subject: Problems with Paramedic Training Programs

Dear Committee Members:

I have been attempting to enroll in a paramedic program to advance my career in EMS for the past 5 years, however, I live in Union County, IN and the nearest Paramedic course until recently was in Indianapolis. Which has a one way distance of at least 75 miles from my home. Recently, Ivy Tech Richmond was provided a letter of review to offer a program, however, I have encountered two problems. First, I was basically told the reason the program was being instituted was for Richmond FD and as such, it would be difficult to enter the program if one is not associated with the Richmond FD and second, it appears there are no classes being offered in the near future in the Paramedic Science program. I recently found an intermediate to paramedic bridge in Batesville, and as they have no plans to offer a full class, they suggested either I attend Ivy Tech Columbus or Madison or look to the University of Cincinnati or Butler Tech in Ohio.

In speaking with a member of IDHS, I have learned that all medic programs except for Richmond are centered in the following counties only: Marion, Hendricks, Howard, Jefferson (Letter of Review), Vigo, Bartholomew, Tippecanoe, Harrison, Vanderburgh, Knox, Adams, Allen, Monroe, Lake, St. Joseph and Elkhart. This creates a problem, the entire east side of the state as well as a large part of the northern portions of the state are underserved by paramedic programs.

To combat this issue, I would like to suggest a subcommittee be convened to look into this problem. In addition, I would like to make the following recommendations for creating programs that may be instituted with a modicum of money and resources:

- 1) Recommend to currently accredited programs to consider offering satellite courses at local/rural high schools or community centers or even ambulance services already in place in the area.
- 2) Offer hybrid courses whereby students 'attend' class from remote locations through the use of computers. Attendance can be conducted via webcam or even using Blackboard technology in a simultaneous manner. The lectures can be recorded and made available for students unable to attend due to work and as testing would be a part of the program, insist the student take quizzes at the conclusion of watching the program they missed to ensure they have viewed the lecture. The clinical and field hours can be conducted with local ALS providers in the students areas and the practical hours can be conducted through a once a week, eight hour long practical skills days. Below see a break down of potential hours according the National Highway Traffic Safety Administration's National Standard Curriculum:
 - a. Classroom: 435 hours (NHTSA Standard): 4 hours a day twice a week or 2 hours a day four times a week= 8 hours per week=**448 hours**
 - b. Practical: 171 hours (NHTSA Standard): 8 hours a day twice a month= **224 Hours**
 - c. Clinical/Field: 516 (NHTSA Standard) 10 hours a week: **560 hours****This yields a total of 1,232 hours.**

Due to the accreditation process, I understand that it can take between 12months to 5 years to attain accreditation at new sites, the suggestion that this process be streamlined would not be feasible. However, the above suggestions could be instituted and I would be happy to work with you to bring these programs to the more rural areas. I know that we all want the best possible EMS care for our citizens and at present, if we cannot train our providers, we will lose that ability as more paramedics retire or move out of state.

I look forward to assisting you in increasing this state's ability to train new paramedics and to provide the best care possible to our citizens.

Sincerely,

Krista L. Morisen, MA, MS

Attachment #12



ABOUT HOSA • WHO WE ARE •

HOSA is a national student organization that provides a unique program of leadership development, motivation, and recognition exclusively for secondary, postsecondary, collegiate and adult students enrolled in health science. HOSA is 100% health care!

OUR MISSION • WHAT WE DO •

The mission of HOSA is to enhance the delivery of compassionate, quality health care by providing opportunities for knowledge, skills and leadership development of all health science students, therefore, helping students to meet the needs of the health care community

HOSA-FUTURE HEALTH PROFESSIONALS • NATIONAL PROFILE •

- ▲ NUMBER OF HOSA STATE ASSOCIATIONS . . . 48
- ▲ NUMBER OF HOSA CHAPTERS 3,500
- ▲ NUMBER OF HOSA MEMBERS 150,000
- ▲ NUMBER OF COMPETITIVE EVENTS 56
- ▲ ATTENDANCE AT NATIONAL LEADERSHIP CONFERENCE (JUNE) LOCATIONS 7,500
 - Orlando (25-28, 2014)
 - Anaheim (24-27, 2015)
 - Nashville (22-25, 2016)
- ▲ ATTENDANCE AT WASHINGTON LEADERSHIP ACADEMY (SEPTEMBER) 150
- ▲ NATIONAL AFFILIATION FEE \$10
- ▲ STATE AFFILIATION FEE
(*contact the local or state advisor*)
- ▲ HOSA ALUMNI AFFILIATION FEE Free
- ▲ HOSA STATE ASSOCIATION EVENTS
 - Fall Leadership Training
 - Spring State Leadership Conferences
- ▲ HOSA Member Leadership Opportunities
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 - State Association Officer
 - National Officer
 - HOSA, Inc. Board of Directors
- ▲ HOSA PUBLICATIONS Free

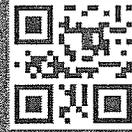
HOSA National Headquarters
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Southlake, TX 76092

Washington, D.C. Office
The Willard Building
1455 Pennsylvania Ave., NW - Suite 400
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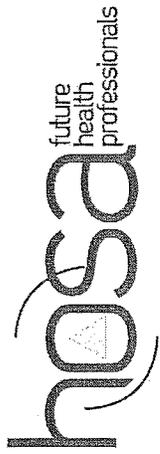


hosa future health professionals



HOSA is for
future health professionals

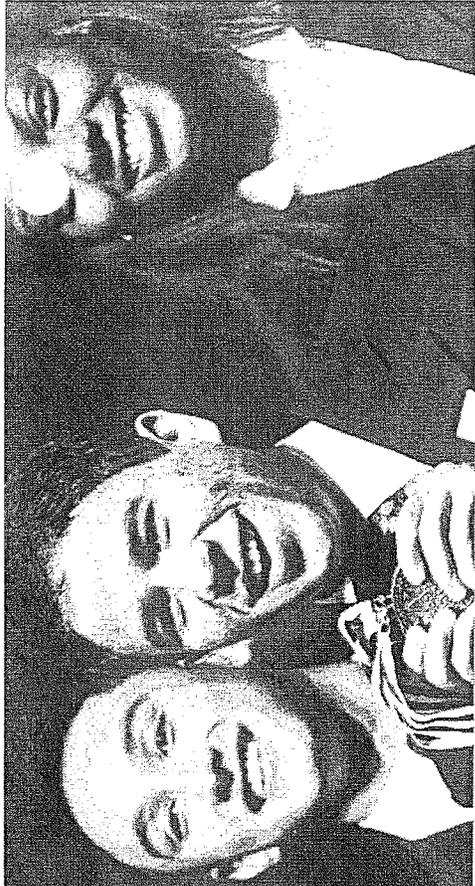
for more information visit: **hosa.org**



HOSA recognizes the importance of providing students with training beyond health specific **technical skills** required for entry into health care, and plays a **unique** role in **preparing** students for higher education and entry level certification (EMT, *pharmacy tech, CNA, etc.*). The rapidly changing health care system needs **dedicated workers** who are **people-oriented** and capable of playing a leader or follower role as a member of a health care team. HOSA, a student-led organization of future health professionals, provides **opportunities** for students to develop, practice, and refine their **technical, leadership, and teamwork** skills to achieve a seamless transition from education to a career.



► **move forward**
with us



future health professionals

BE THE BEST • COMPETITIVE EVENTS •

HOSA's competitive events program aligned with the National Healthcare Foundation Standards helps students graduate and be **career and college** ready. We offer six event categories including:

- ▲ Health Science
- ▲ Health Professions
- ▲ Emergency Preparedness
- ▲ Leadership
- ▲ Teamwork
- ▲ Recognition

The **56 competency based events** provide a variety of teaching strategies that health science instructors can use to enhance student engagement and learning.

THE NUMBERS • DEMOGRAPHICS •

Registered nurses, home health aides, and personal care aides are among the occupations nationally projected to have the largest job growth between 2010 and 2020, adding more than **2 million jobs** and with another **700,000** job openings due to vacancies from attrition.

SELECTED HEALTH CAREERS

SELECTED HEALTH CAREERS	2010	2020
REGISTERED NURSES	493.5	711.9
HOME HEALTH AIDES	131.7	706.3
PERSONAL HOME CARE AIDES	60.7	706.3
NURSE AIDES OR ORDERLIES - ATTENDANTS	194.1	302
LICENSED PRACTICAL NURSES	200.7	168.3
PHYSICIANS - GENERAL	156.8	168.3
MEDICAL TECHNICIANS	68.2	210.2
PHARMACEUTICALS	56	108.3
DENTAL ASSISTANTS	62.4	91.6



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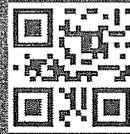
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Attachment #13



Hardware

Rental Property

Grocery

321 North Main Street
Bicknell, In 47512
812 735-2779 * 812-735-4414 Fax: 812-735-2470
Toll free: 1-800-MACKEYS (622-5397)
Myron Mackey, Owner (cell) 812-910-0171
E-Mail: myron.mackey@mackeystore.com

December 20, 20013

Dear Fellow EMS Commission Members,

Since my appointment to the commission is from the ranks of the EMT and no other appointment is for certification levels other than Paramedic, the EMT-BA could be argued a part of my representation.

I have had numerous contacts from concerned individual EMT-BA's since we first learned of the changes proposed by the DOT a few years ago.

Initially, I and others including some from staff, encouraged the EMT-BA's to exhibit patience concerning their future because at that time even the DOT curriculum was not complete for the new AEMT. As time passed much discussion evolved but as deadlines appeared on the horizon urgency gave way to inadequate and poorly thought out TRANSITION planning. Obviously education of the new AEMT now shows flaws believed to be in part related to hasty implementation, changing objectives, and unclear or inadequate information.

I attended the November 5th TAC meeting and from what I heard I am not the only one that was surprised that the legislation ending the EMT-BA and Intermediate levels were law with only the emergency rule left to keep them alive for two years. At that TAC meeting I was reminded that at the very least the earlier discussions had included keeping the EMT-BA and Intermediate levels until the year 2015 or 2018. Some even suggested they be grandfathered to serve out their certifications as EMT-BA's with no new personnel to be certified at those two levels.

Apparently somehow it was presented to the legislature that the Commission supported the law as it is now written. I for one have failed to find any motion that passed our body specifically doing away with the EMT-BA or Intermediate. We did pass the new AEMT level but I believe several of us thought the discussion on what to do with current EMT-BA's and Intermediates was to be dealt with after proper, well thought out, transition planning – and that would have taken more time than the “surprise” legislation allowed.

Please indulge me further with a few thoughts that have been passed to me:

- Many current EMT-BA's have served their communities for several years and for a multitude of reasons do not wish to further their EMS education. Some feel there is something to be said for the dedication and commitment to their fellow man through the EMS service they have shown over the years.
- No harm would come to the EMT-BA patient by allowing them to continue practicing the three skills that previous commissions have blessed as good patient care above the Basic EMT level.
- We stand to lose even more EMS personnel if the opinion of a few of the EMT-BA's follows the thinking of some I have talked to. (Example: the 2013 EMT-BA of the year advised me she plans to drop back to EMT-Basic on July 1, 2014 and then not renew preferring to find another profession)
- Paramedics have suggested they may give less than best timely care in their area because of the loss of a partner that can start an IV on critical patients while the paramedic performs other ALS skills.
- Several EMT-BA personnel whose pay is based on their skill level stand to lose income if they are unable, for various reasons, to advance to the new level of certification.
- Several reports I have heard indicate very low percentages of those taking the new AEMT classes are even completing the class, and then we learn that those that did complete the classes stand only a 45% chance of passage on their National Registry exam.

I would ask you all to consider supporting a legal avenue to allow the current EMT-BA to continue practicing their three skills until we can offer a better solution to the issues above than we have to this point.

Sincerely,

Myron

P.S. One personal note or comment I would make is that we as a commission are appointed to serve the citizens and guest of the State of Indiana. Our fellow certified personnel and providers cannot be taken for granted. We need to show our upmost appreciation for them by treating them as we would want to be treated as if walking in their shoes.

Jeffrey Nikirk

Director, PhD, DAAETS, BCETS, CMC, EMT-BA

Spiritual Care and Chaplaincy Services

Critical Incident Stress Management

Indiana University Health Bedford Hospital

2900 W. 16th Street, Bedford, IN 47421

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