



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: June 19, 2015
TIME: 10:00am
LOCATION: Fishers City Hall
One Municipal Drive
Fishers, IN 46038

MEMBERS PRESENT:

John Zartman	(Training Institution)
Myron Mackey	(EMTs)
Mike Garvey	(Indiana State EMS Director)
Michael Olinger	(EMS State Medical Director)
Melanie Jane Craigin	(Hospital EMS)
Terri Hamilton	(Volunteer EMS)
Matthew McCullough	(Volunteer Fire and EMS)
Stephen Champion	(Medical Doctor)
Charles Valentine	(Municipal Fire)

MEMBERBS NOT PRESENT:

Michael Lockard	(General Public)
G. Lee Turpen II	(Private Ambulance)
Darin Hoggatt	(Paramedics)
Stephen Champion	(Medical Doctor)
Charles Valentine	(Municipal Fire)
Sue Dunham	(Emergency Nurses)

OTHERS PRESENT: Field Staff (Robin Stump, Don Watson, Steve Gressmire, Jason Smith and Elizabeth Westfall), Candice Hilton, and members of the EMS Community.



CALL TO ORDER AND ROLL CALL

Meeting called to order at 10:02 am by Vice-Chairman Charles Valentine. Ms. Candice Hilton called roll and announced quorum. Commissioner Olinger arrived at 10:16 am.

ADOPTION OF MINUTES

- a. April 17, 2015 Executive Session meeting minutes

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

- b. April 17, 2015 Regular Session meeting minutes

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

INDIANA DEPARTMENT OF HEALTH

- a. Trauma Registry (see attachment #1)

Mrs. Katie Hokanson reported that the Health Department purchased some new linking software that will help link more cases between the hospitals and EMS reports. Mrs. Hokanson also told the Commission that everyone is required to report the administration of Narcan. An email will go out to all providers later the day of this meeting from the State Health Department letting them know about the new law requiring the reporting of the administration of Narcan. A short discussion followed as to what the reporting of NARCAN administration data will be used for.

Mrs. Hokanson asked what the expectation of EMS providers giving the receiving facility the run report. Director Garvey address the question, the expectation is for the report to be left with the patient but the rule states that the run report has to be given to the receiving facility within 24 hours. A short discussion followed regarding verbal reports given during patient care transfer and run reports being given to the receiving facility.

Mrs. Hokanson announced the start of this summer's Trauma tour starting June 30th – August 13th the events will be from 2-5pm and the first one will take place in Evansville. The details are on the Indiana State Department of Health's web site.

Mrs. Hokanson also announced the 2nd Medical Director conference on August 19th it will take place in conjunction with the Indiana Emergency Responder Conference (IERC). If attendees of the Medical Director conference are also registered with the IERC then they will get a discount on the price of the Medical Director conference.

- b. American College of Surgeons (ACS) "in process" process (see attachment #2)

Mrs. Katie Hokanson reported out in regards to the revisions to the "in process" application for the Level II Trauma Centers and the one year progress report for the level II trauma centers. Commissioner Mackey asked if anyone from staff or the Commission was involved in the revision process. State EMS Director Michael Garvey stated that he was and that he sits on the Trauma Care Committee as well as the Indiana Homeland Security Executive Director David Kane. Mrs. Hokanson explained the process that the Trauma Committee goes through for the revisions. Mrs. Hokanson also told the Commission that the Trauma Committee will start working on the level II pediatric trauma center application. Mrs.

Hokanson also stated that the Trauma Care Committee will start working on their own designation rule which will take the place of the need to bring this information to the EMS Commission.

A motion was made by Commission Mackey to approve the revised "in process" application for level II trauma centers and the new one year progress report form for level II trauma centers. The motion was seconded by Commissioner Champion. The motion passed.

EMS FOR CHILDREN

No report submitted or given at this meeting.

TECHNICAL ADVISORY COMMITTEE (TAC)

a. Report (see attachment #3)

Chairman of the TAC Leon Bell reported regarding the last TAC meeting. Chairman Bell presented the TAC recommendations regarding Epi-pen use at the EMR level (the recommendations is included in attachment 3).

A motion was made by Commissioner Mackey to approve the TAC recommendations regarding the Epi-pen use at the EMR level. The motion was seconded by Commissioner McCullough. The motion passed.

Chairman Bell reported to the Commission that the TAC discussed the Primary Instructor exam but are waiting on more information before continuing their work on the exam. Chairman Bell also reported the TAC's work on a training module for the glucometer for the EMT level. The other project the TAC is working on the waiver tool that they were assigned at the last Commission meeting. Chairman Bell also announced that the July meeting date will be moved due to another engagement.

b. Assignments

i. Old (2010-Present)

1. In Progress

- a. Reassigned the Indiana Fire Chiefs Association letter-Epi-pen EMR level- Assigned to the operations group
- b. Primary Instructor written exam
- c. Waiver tool

ii. New Assignments

INDIANA EMERGENCY MEDICAL SERVICES ASSOCIATION (IEMSA)

Mr. Garrett Hedeem reported for the IEMSA. Mr. Hedeem reported that the association had a meeting on June 9th. At the June 9th meeting they changed their bylaws to stagger their officer terms so that they would not all expire at the same time. The association also elected some new officers. The association also elected new officers. Mr. Hedeem reported that IEMSA attended EMS day on the Hill in Washington D.C. Mr. Hedeem stated that attendance has been very good over the last three years that he has attended. Mr. Hedeem announced that the EMS death benefit legislation was passed. Mr. Hedeem also announced that the EMS memorial bike ride would be taking place tonight (the evening of the meeting June 19th) at 5:00. Commission Mackey asked Mr. Hedeem who are the new officers for the IEMSA. Mr. Hedeem stated that the new secretary is Garrett Hedeem, the new vice president is Nathaniel Metz, the new education division director is George Schulp, and the new field provider director is Kim Godden.

EMS EDUCATION WORKING GROUP

Mr. Kraig Kenney reported for the education group. The terms will start in January. Mr. Kenney stated that the work group held elections and staggered their officers terms so that the chairman and vice chairman positions didn't expire in the same year. Mr. Kenney was elected for to be the chairman and Jana Szostek was elected to be the secretary both are for two year terms. Mr. Jeff Quinn from IFD was elected to a one year term as the new vice chairman. The group is working on numerous projects. Some of the projects include committee formation and the Tactical medical course. Mr. Kenney invited any of the Commission members to attend the work groups meetings. The group's next meeting is on August 19th at 10am during the Indiana Responders Conference. The group also has a PI round table on August 20th during the responder conference. Any PI is invited to join the group.

PERSONNEL WAIVER REQUESTS

The following requested a waiver of SECTION 57. (a) This SECTION supersedes 836 IAC 4-9-5. which reads (b) To renew a licensure, a licensed paramedic shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirements in subsection (c). (c) An applicant shall report a minimum of seventy-two (72) hours of continuing education consisting of the following: (1) Section IA, forty-eight (48) hours of continuing education through a formal paramedic refresher course as approved by the commission or forty-eight (48) hours of supervising hospital-approved continuing education that includes the following: (A) Sixteen (16) hours in airway, breathing, and cardiology. (B) Eight (8) hours in medical emergencies. (C) Six (6) hours in trauma. (D) Sixteen (16) hours in obstetrics and pediatrics. (E) Two (2) hours in operations. (2) Section IB, attach a current copy of cardiopulmonary resuscitation certification for the professional rescuer. The certification expiration date shall be concurrent with the paramedic licensure expiration date. (3) Section IC, attach a current copy of advanced cardiac life support certification. The certification expiration date shall be concurrent with the paramedic licensure expiration date. (4) Section II, twenty-four (24) additional hours of emergency medical services related continuing education; twelve (12) of these hours shall be obtained from audit and review. The participation in any course as approved by the commission may be included in this section. (5) Section III, skill maintenance (with no specified hour requirement). All skills shall be directly observed by the emergency medical service medical director or emergency medical service educational staff of the supervising hospital either at an in-service or in an actual clinical setting. The observed skills include, but are not limited to, the following: (A) Patient medical assessment and management. (B) Trauma assessment and management. (C) Ventilatory management. (D) Cardiac arrest management. (E) Bandaging and splinting. (F) Medication administration, intravenous therapy, intravenous bolus, and intraosseous therapy. (G) Spinal immobilization. (H) Obstetrics and gynecological scenarios. (I) Communication and documentation. Mr. Alvarado is request an extension to have time to rehabilitate his injured arm and complete the skills portion of his continuing education. Staff Recommends: Approval for a 90 day extension

Shawn Alvarado - Paramedic

A motion was made by Commissioner Mackey to approve the waiver for a 90 day extension. The motion was seconded by Commissioner Zartman. The motion passed.

The following requested a waiver of SECTION 32. (a) This SECTION supersedes 836 IAC 4-4-2 which reads (b) Application for emergency medical technician certification shall be made on forms provided by the agency. Applicants shall complete the required forms and submit the forms to the agency. The application shall include the following: (1) The name and address of the applicant. (2) Criminal history declarations of the applicant. (3) The name of the training institution where training was completed. (4) Other information required by the agency. (c) All applicants for

original certification shall provide evidence of compliance with the requirements for certification. (d) Certification as an emergency medical technician shall be valid for a period of two (2) years. (e) To renew a certification, a certified emergency medical technician shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirement to take and report forty (40) hours of continuing education according to the following: (1) Participate in a minimum of thirty-four (34) hours of any combination of: (A) lectures; (B) critiques; (C) skills proficiency examinations; (D) continuing education courses; or (E) teaching sessions; that review subject matter presented in the Indiana basic emergency medical technician curriculum. (2) Participate in a minimum of six (6) hours of audit and review. (3) Participate in any update course as required by the commission. (4) Successfully complete a proficiency evaluation that tests the skills presented in the Indiana basic emergency medical technician curriculum. Ms. Butcher is asking for an extension to give her time to complete her continuing education hours for her EMT certification. Staff Recommends: Approval for a six month extension.

Teresa Butcher – EMT

A motion was made by Commissioner Craig to approve the waiver for a six month extension. The motion was seconded by Commissioner Zartman. The motion passed.

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Robert Severeid - Paramedic

A motion was made by Commissioner Olinger to approve the waiver for a 90 day extension. The motion was seconded by Commissioner Champion. The motion passed.

The following requested a waiver of 836 IAC 4-4-1 General certification provisions Authority: IC 16-31-2-7 Affected: IC 16-31-3 which reads (e) Emergency medical technicians shall comply with the following: (1) An emergency medical technician shall not perform procedures for which the emergency medical technician has not been specifically trained: (A) in the Indiana basic emergency medical technician curriculum; and (B) that have not been approved by the commission as being within the scope and responsibility of the emergency medical technician. The following individuals are requesting a waiver to use the Morgan lens while working at the United States Steel facility. Staff Recommends: Approval – based on previous Commission action

Shelby Sharpless- EMT

A motion was made by Commissioner Zartman to approve the waiver. The motion was seconded by Commissioner Olinger. The motion passed.

PROVIDER WAIVER REQUESTS

The following requested a waiver of (h) A paramedic ambulance service provider organization must be able to provide a paramedic level response. For the purpose of this subsection, "paramedic response" consists of the following: (1) A paramedic. (2) An emergency medical technician or higher. (3) An ambulance in compliance with the requirements of section 3(e) of this rule. (4) During transport of the patient, the following are the minimum staffing requirements: (A) If paramedic level advanced life support treatment techniques have been initiated or are needed: (i) the ambulance must be staffed by at least a paramedic and an emergency medical technician; and (ii) a paramedic shall be in the patient compartment. Lutheran Hospital is requesting a waiver of the staffing requirement for a paramedic level transport. They would like to be able to staff their ground unit on occasion with an EMT or higher and an RN. With the RN in the patient compartment. Staff recommends: approval - e-mail to area district manager each time this occurs

Lutheran Critical Care Transport

A motion was made by Commissioner Olinger to approve the waiver. The motion was seconded by Commissioner Zartman. The motion passed.

The following requested a waiver of Emergency Rule LSA Document #12-393(E) SECTION 14. (a) This SECTION supersedes 836 IAC 2-7.2-1 which reads (g) The emergency medical technician-intermediate provider organization shall do the following: (1) Maintain a communications system that shall be available twenty-four (24) hours a day between the emergency medical technician-intermediate provider organization and the emergency department, or equivalent, of the supervising hospital using UHF (ultrahigh frequency) and cellular voice communications. The communications system shall be licensed by the Federal Communications Commission. (2) Maintain an adequate number of trained personnel and emergency response vehicles to provide continuous, twenty-four (24) hour advanced life support services. (3) Notify the commission in writing within thirty (30) days of assigning any individual to perform the duties and responsibilities required of an advanced emergency medical technician-intermediate. This notification shall be signed by the provider organization and medical director of the provider organization. Franklin County EMS is requesting a renewal of the 6 month Staffing Waiver to maintain 24 hour coverage. They have had 2 additional personnel since last waiver and will have one additional at time of Commission meeting and are trying to hire more personnel at this time. They are currently functioning at the ADV EMT level from 8a-10p. Staff recommends: approval - with the stipulation of reporting to the agency the following: 6 month update and e-mail to area district manager each time this occurs.

Franklin County EMS

A motion was made by Commissioner Zartman to approve the waiver. The motion was seconded by Commissioner McCullough. The motion passed.

OLD BUSINESS

1. POST Report (see attachment # 4)

Director Michael Garvey opened discussion regarding the POST certification. Director Garvey reviewed the numbers within the report. Director Garvey stated that staff is asking for the discussion and decision regarding the people that have not taken the POST. Director Garvey stated that emails have been sent out by staff to inform people that POST has to be completed. Discussion followed.

A motion was made by Commissioner Zartman to allow staff and legal to develop a progressive disciplinary action plan for all levels of certification and license to bring back to the next Commission meeting for approval. The motion was seconded by Commissioner Mackey. The motion passed.

2. Tables Business and/or waivers
No currently tabled business or waivers
3. Current ongoing studies- Nothing new to report at this meeting.

Vice Chairman Valentine called for a break at 11:03am

Vice Chairman Valentine reconvened the meeting at 11:15am

NEW BUSINESS

1. Indiana Fire and Public Safety Training Academy- House Enrolled Act No. 1182 (see attachment #5)
Mr. John Buckman presented information to the Commission in regards to the Indiana Fire and Public Safety Training Academy. Mr. Buckman informed the Commission that the Training Academy will not affect the EMS Commission's role in regulating EMS in Indiana nor will it affect the Fire Board's role in regulating Fire. The purpose of the Training Academy is not to take the place of the current training for Fire, EMS, EMA, or Law Enforcement but to enhance it. There have been two positions added to the Fire Board and EMT and a Paramedic position.
2. Glucometer monitoring as Basic Life Support-Senate Enrolled Act No. 461
Director Michael Garvey opened discussion regarding the glucometer monitoring at the Basic Life Support level. Will the change in definition include EMR level as well as EMT level? Staff would like to see this implemented through virtue of the Medical Directors. The Medical Director would provide the training and protocols for the services. Commissioner Zartman asked if the definition of Basic Life Support include the EMR level. Discussion followed. Commissioner Zartman asked if the TAC has had any discussion regarding glucometer monitoring as basic life support level. Discussion was opened to include the audience. Mr. Tom Fentress commented on the topic. Ms. Jenifer Knapp stated that she found it very disturbing that we would limit our responders especially on something that the general public can do.

A motion was made by Commissioner Zartman to send this issue to the TAC for their review and opinion of the glucometer monitoring at the EMR and EMT level as well as developing a curriculum for both levels. Commissioner Zartman withdrew his motion.

A motion was made by Commissioner Olinger to allow an EMR to perform glucometer monitoring providing that they work for a provider organization with medical direction and training. The motion was seconded by Commissioner Zartman. The motion passed.

A motion was made by Commissioner Zartman to have the TAC develop a training module for glucose monitoring to include the EMR and EMT level and to include Clia certification. The motion was seconded by Commissioner Olinger. The motion passed.

ASSIGNMENTS

- a. Past Assignments
 - i. Telephone conference/video calls for TAC and EMS Commission (staff to draft a policy information from June 20, 2014 meeting) – Staff presented a policy to the Commission (see attachment # 6)

A motion was made by Commissioner Zartman to approve the policy for electronic communications meetings as drafted by legal counsel. The motion was seconded by Commissioner Hamilton. The motion passed.

- ii. Posting data reports for Training Institutions testing percentages (Tony Pagano) - Mr. Pagano is working on this project.
- b. Today's Assignments
 - i. TAC was assigned to develop a training module for the EMR and EMT level to include consideration of the Clia certification regarding glucometer monitoring.

SUB-COMMITTEES

- a. Accreditation Sub-committee (Commissioner Zartman Chairman)- Nothing to report
- b. Narcotics working group (Commissioner Zartman Chairman)- Nothing to report
- c. Training Manual review work group (Tony Pagano)- Nothing to report
- d. Communications work group (Jason Smith Chairman)- Nothing to report
- e. National Registry work group (testing at all levels except EMR Lee Turpen Chairman)- Nothing to report
- f. Data Collections sub-committee (Commissioner Valentine Chairman)- Nothing to report

ADMINISTRATIVE PROCEEDINGS

- 1. Administrative Orders Issued
 - a. Personnel Orders
 - i. 1 Year Probation

Order No. 0043-2015 Everett M. Campbell

No action required, none taken

Order No. 0036-2015 Brandt A Johnson

No action required, none taken

- ii. 2 Year Probation

Order No. 0052-2015 Michael L. Aichner

No action required, none taken

Order No. 0028-2015 Justin Andras

No action required, none taken

Order No. 0055-2015 Zachary W. Carnes

No action required, none taken

Order No. 0063-2015 Matthew Ellis

No action required, none taken

Order No. 0056-2015 Brandon T. Farmer

No action required, none taken

Order No. 0048-2015 Shane T. James

No action required, none taken

Order No. 0032-2015 Sean L Vosmeier

No action required, none taken

Order No. 0059-2015 Tabatha Winstead

No action required, none taken

iii. Suspended

Order No. 0058-2015 Tabatha L. Alvarado

No action required, none taken

iv. Denied

Order No. 0040-2015 Robert M. Sklar

No action required, none taken

v. Emergency Orders

Order No. 0044-2015 John High Jr.

No action required, none taken

b. Non-Final Orders

i. John J. Reiff

A motion was made by Commissioner Olinger to approve the non-final order. The motion was seconded by Commissioner Champion. The motion passed.

STAFF REPORTS

- A. Legislative Report – Nothing new to report
- B. Data Report - Ms. Angie Biggs reported out. Ms. Biggs announced to the Commission that she is now receiving all files in the xml format. Ms. Biggs also reported to the Commission that she has been able to start providing quality assurance on the data she is receiving. She has been sending messages back to providers that have data that is not passing validation to let them know what the issues are so they can be corrected and resubmitted. Ms. Biggs will take over the EMS reporting from the Health Department starting July 1. Ms. Biggs also reported that she has entered over 16,000 runs have been submitted since that last meeting.
- C. Operations Report -Ms. Robin Stump reported out. Ms. Stump reported that there was a DPMU exercise in June. Mr. Steve Gressmire has been out to monitor flooding in the northern part of Indiana. Ms. Stump also announced that Mr. Chris Jones has been hired to run the Sim Lab for IDHS.
- D. Certifications report (see attachment # 7)- A short discussion was held regarding the EMS personal shortage in Indiana and how pay maybe affecting the shortage. Discussion also included getting EMS more opened to diversity in our EMS ranks.

- E. Training Report (see attachment #8)- Mr. Tony Pagano reported that the agency has hired Steve Garrison to hold EVOC instructor refresher courses and courses for new EVOC instructors and that the information has been emailed out. Mr. Pagano also reported out and discussed the National Registry numbers. Commissioner Zartman discussed the Richmond Ivy Tech paramedic students since Richmond Ivy Tech is no longer running a paramedic program. Mr. Pagano stated that the instructor is now in Kokomo and is available to help students if they need it. Brief discussion was held regarding upcoming changes in the accreditation process. Paramedic students are going to be required to do a portfolio. Mr. Pagano also stated that the National Registry is changing their continuing education requirements as well.

STATE EMS MEDICAL DIRECTOR'S REPORT

Dr. Olinger announced that there will be more district forums this summer.

STATE EMS DIRECTOR'S REPORT

Director Michael Garvey reported that there are some big projects coming up shortly. Director Garvey stated that the agency is working on developing the EMS strategic plan. Director Garvey stated that the National Highway Traffic and Safety Association (NHTSA) will be coming in and doing an assessment of EMS in Indiana. Director Garvey turned the floor over to Mrs. Elizabeth Westfall to talk about the NHTSA assessment. The process will start on July 7th – July 9th. The first two days will be testimony from key stakeholders and short open testimony. The final day will be the final report read out. Mrs. Westfall invited all of the Commission members to attend the assessment. Mrs. Westfall also announced the social that will take place on the evening of July 8th. Director Garvey stated that the nice thing about the assessment is that the near final report will be left with staff on the last day so that it can be incorporated into the strategic plan.

CHAIRMAN'S REPORT AND DIRECTION

No report giving at this meeting.

NEXT MEETING

Indiana Emergency Response Conference
Sheraton Hotel
8787 Keystone Crossing
Indianapolis, IN 46240
August 19, 2015
3pm

ADJOURNMENT

A motion was made by Commissioner Hamilton to adjourn the meeting. The motion was seconded by Commissioner Zartman. The motion passed. The meeting was adjourned at 12:41pm.

Approved Charles Valentine

Charles Valentine, Vice-Chairman

Attachment #1

Indiana Trauma Registry Pre-hospital Data Report

Report for May 2015

This report from the Indiana State Department of Health (ISDH) EMS registry includes 393,436 runs from 195 pre-hospital providers during the time frame from June 1, 2014 through May 31, 2015. This report also focuses on several sub-populations in this time frame:

1. 44,239 incidents where the 12 lead ECG procedure was performed.

Lastly, 25,293 incidents were reported to the ISDH Indiana Trauma Registry from the same time period (June 1, 2014 through May 31, 2015) and were included to provide data on the injury severity score (ISS) by public health preparedness district.

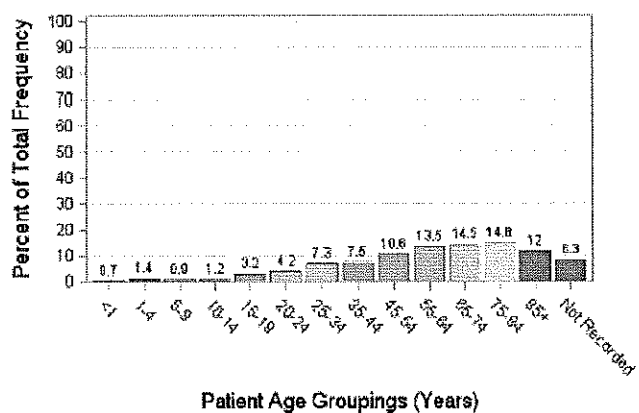
Please note that the medication allergies data element is a National Emergency Medical Services Information System (NEMSIS) gold element which is not required by either the Indiana Department of Homeland Security (IDHS) or ISDH Pre-hospital registries.



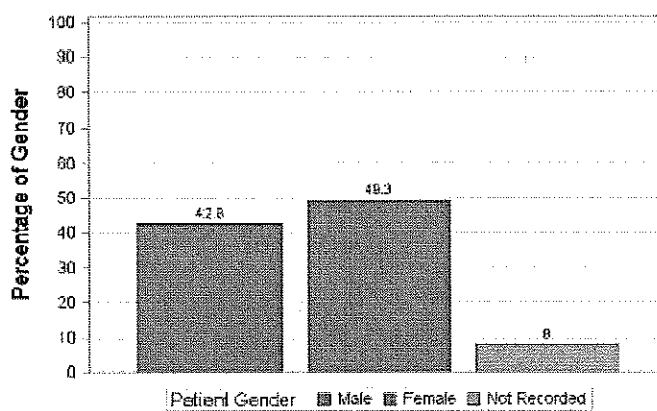
Indiana State
Department of Health

Indiana Trauma Registry Pre-Hospital Data Report
June 1, 2014—May 31, 2015
195 Total Providers Reporting 393,436 Incidents

Patient Age

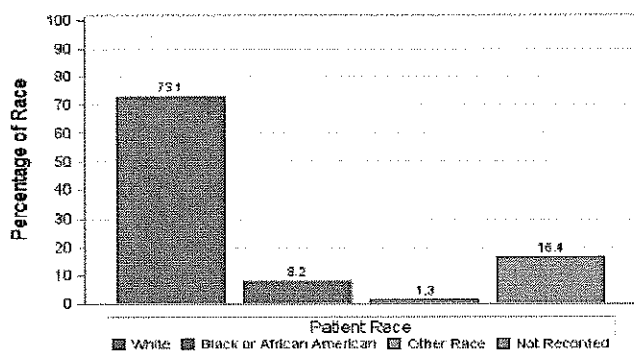


Patient Gender

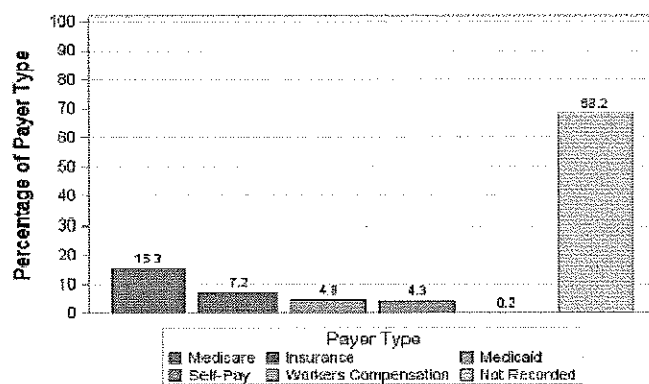


Patient Age Groupings (Years)

Patient Race



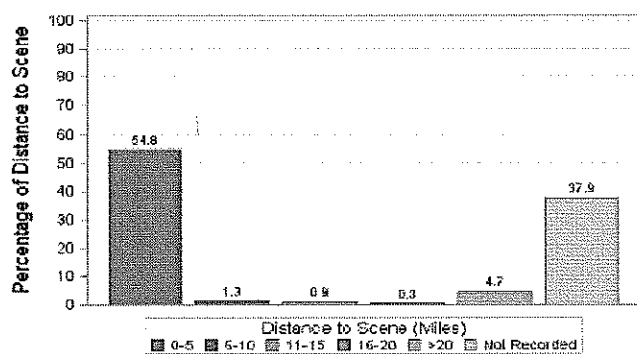
Payer Type



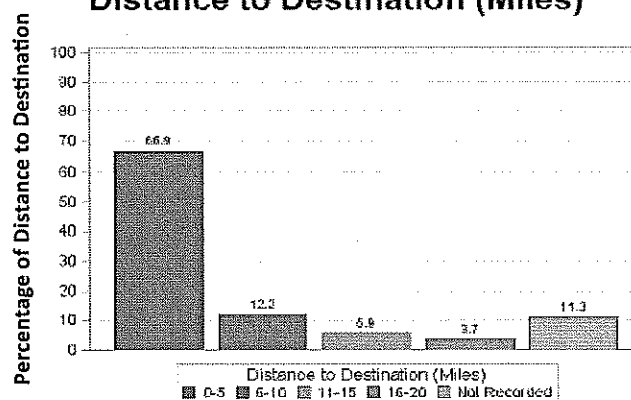
<1% Race: Asian, Native Hawaiian, American Indian/Alaskan Native

Indiana Trauma Registry Pre-Hospital Data Report
June 1, 2014—May 31, 2015
195 Total Providers Reporting 393,436 Incidents

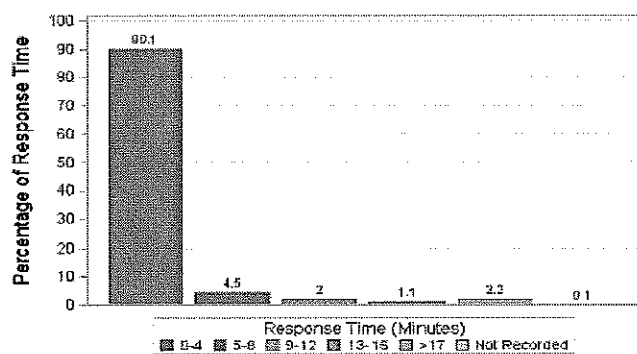
Distance to Scene (Miles)



Distance to Destination (Miles)

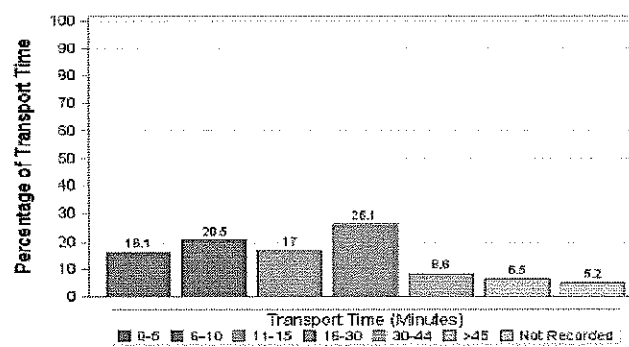


Response Time (Minutes)



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

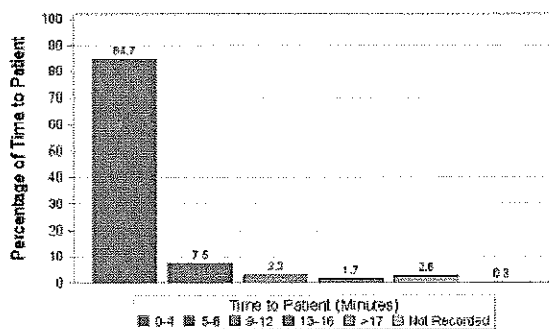
Transport Time (Minutes)



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

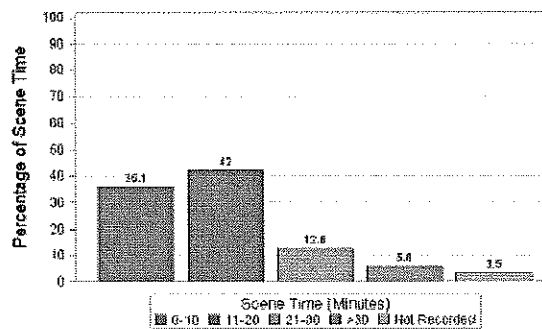
Indiana Trauma Registry Pre-Hospital Data Report
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Time to Patient (Minutes)



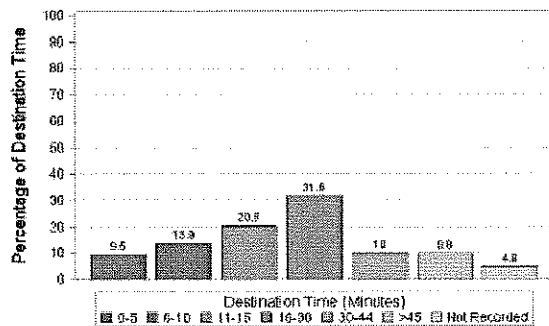
Time To Patient: Difference in Time from Arrival at Scene to Patient Arrival

Scene Time (Minutes)



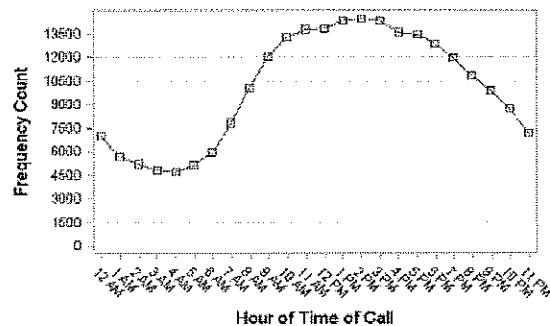
Scene Time: Difference in Time from Arrival at Scene to Leaving Scene

Destination Time (Minutes)



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

Time of Call



Time of Call Not Recorded for 152,563 Incidents

Indiana Trauma Registry Pre-Hospital Data Report
June 1, 2014—May 31, 2015
195 Total Providers Reporting 393,436 Incidents

Average Run Mileage

Obs	Destination	Miles
1	Mileage to Scene	4.3
2	Mileage to Destination	3.9
3	Mileage to Ending	2.2

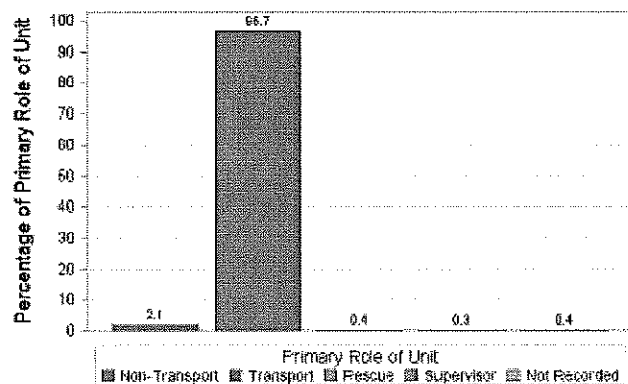
Total Mileage 10.4

Average Run Time

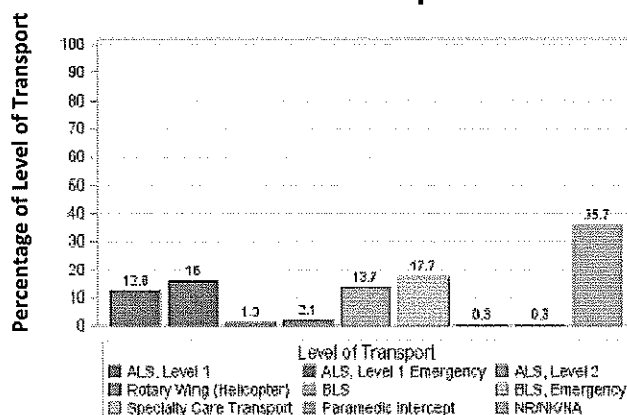
Obs	Destination	Minutes	Begin	Missing	End	End Missing
1	Time to Departure	2.49	E05_04	0.30%	E05_05	2.60%
2	Time to Scene	8.73	E05_05	2.60%	E05_06	4.00%
3	Time to Patient	2.83	E05_06	4.00%	E05_07	21.4%
4	Time with Patient	15.06	E05_07	21.4%	E05_09	14.1%
5	Time to Destination	18.59	E05_09	14.1%	E05_10	19.7%
6	Back in Service	23.08	E05_10	19.7%	E05_11	0.20%
7	Total Run Time	64.49	E05_04	0.30%	E05_11	0.20%

Variables may be found in the NEMSIS V2 Data Dictionary

Primary Role of Unit

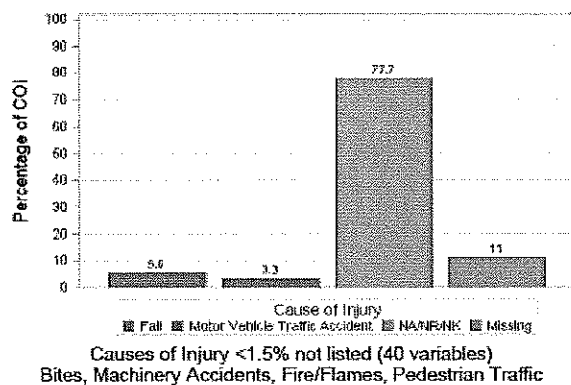


Level of Transport

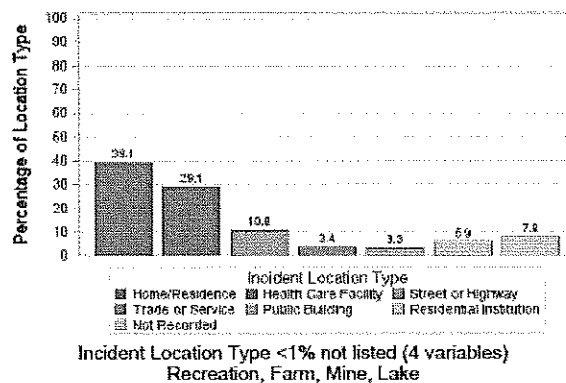


Indiana Trauma Registry Pre-Hospital Data Report
June 1, 2014—May 31, 2015
195 Total Providers Reporting 393,436 Incidents

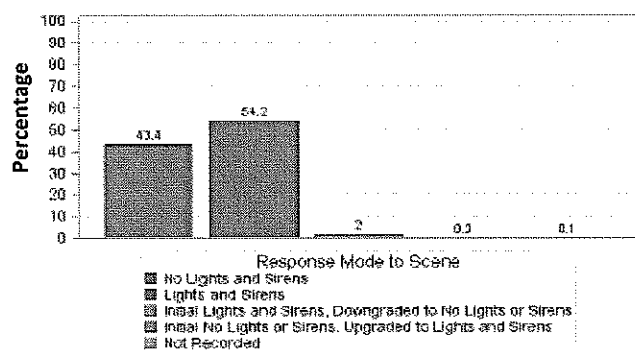
Cause of Injury (COI)



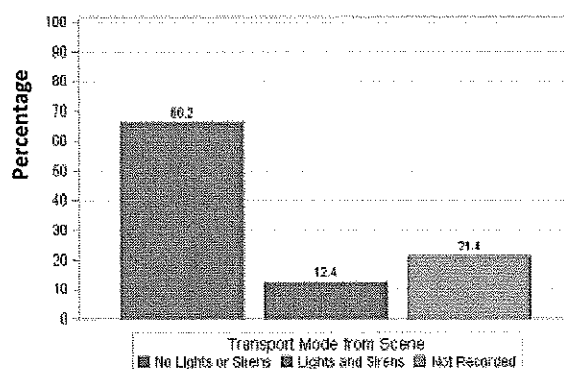
Incident Location Type



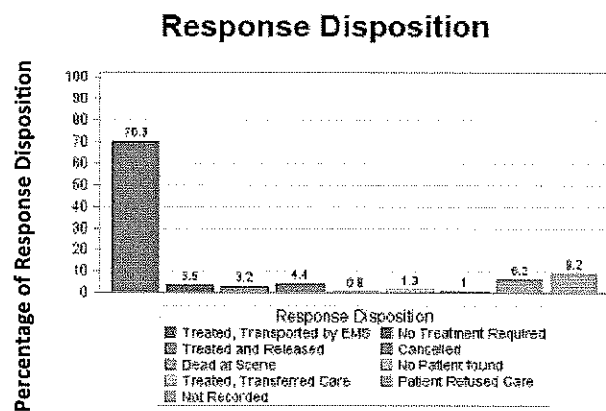
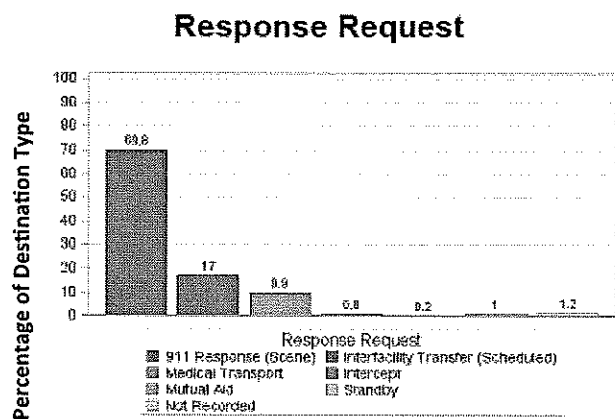
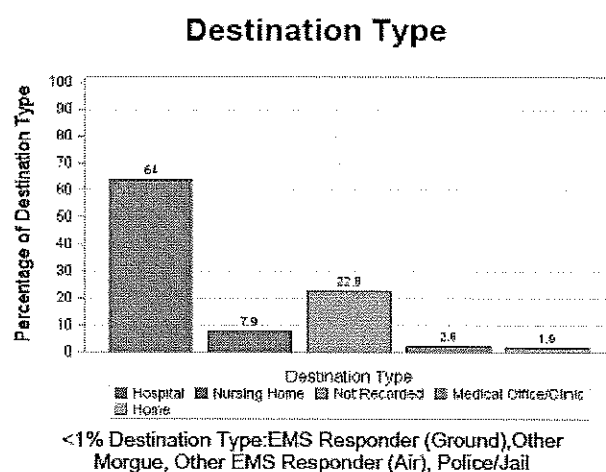
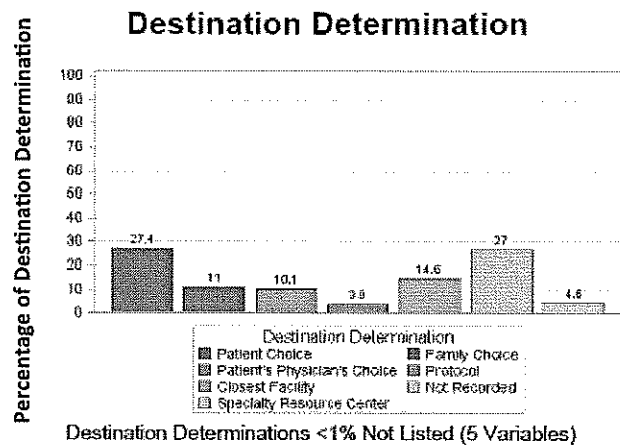
Response Mode to Scene



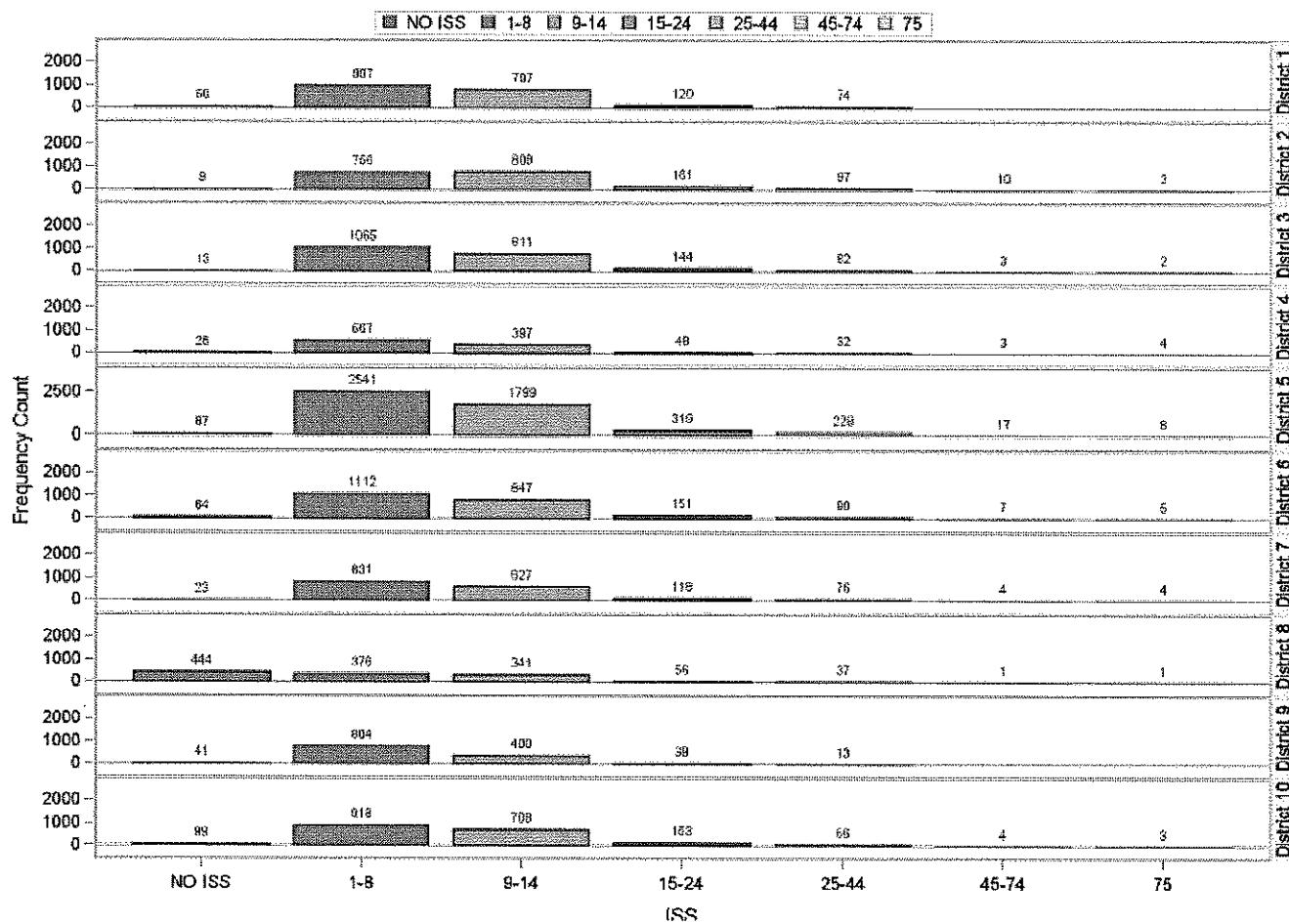
Transport Mode from Scene



Indiana Trauma Registry Pre-Hospital Data Report
June 1, 2014—May 31, 2015
195 Total Providers Reporting 393,436 Incidents



Indiana Trauma Registry June 1, 2014—May 31, 2015 25,293 Incidents
Injury Severity Score By Public Health Preparedness Districts



ATTACHMENT

#2

Indiana Department of Homeland Security

One Year Progress Report for "in the process" Level II Trauma Center

Hospitals that were granted status as an "in the process" Level II Trauma Center are asked to provide sufficient documentation for the Indiana State Department of Health and the Indiana Department of Homeland Security to demonstrate that your hospital continues to comply with the following requirements:

1. **Trauma Medical Director.** The Trauma Medical Director must maintain an appropriate level of trauma-related extramural continuing medical education (16 hours annually or 48 hours over 3 years)

Has the Trauma Medical Director maintained 16 hours of trauma-related extramural continuing medical education since granted "in process" Level II Trauma Center status? <i>Provide the Trauma Medical Director's certificates for continuing medical education events since granted "in process" Level II Trauma Center status.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the Trauma Medical Director maintained membership and active participation in regional or national trauma organization(s) since granted "in process" Level II Trauma Center status? <i>Provide documentation of membership.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the Trauma Medical Director actively participated in the Indiana State Trauma Care Committee since granted "in process" Level II Trauma Center status? Active participation includes attendance at least two Indiana State Trauma Care Committee since granted "in process" Level II.	<input type="checkbox"/> YES <input type="checkbox"/> NO

2. **Submission of trauma data to the State Registry.** The hospital must be submitting data to the Indiana Trauma Registry following the Registry's data dictionary data standard within 30 days prior to application submission to ISDH and at least quarterly thereafter.

Has your hospital submitted trauma data to the State Registry quarterly since granted "in process" Level II Trauma Center status?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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3. **Trauma Registrar.** Evidence must be submitted that the trauma registrar has attended two courses within 12 months of being hired.

1. American Trauma Society's Trauma Registrar Course or equivalent provided by state trauma program. AND 2. Association of the Advancement of Automotive Medicine's Injury Scaling Course.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
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4. **Trauma Surgeon response times.** Evidence must be submitted that response times for the Trauma Surgeon are as defined by the Optimal Resources document of the American College of Surgeons.

<p>Have your Trauma Surgeon's maintained a response time as defined by the Optimal Resources document of the American College of Surgeons since granted "in process" Level II Trauma Center status? <i>Provide your hospital's Trauma Surgeon response times including number of responses, response times and percentage within the required timeframe per Trauma Surgeon (documentation tool attached).</i></p> <p><i>Provide your hospital's monthly Trauma Surgeon physician call schedules since granted "in process" Level II Trauma Center status.</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Have the Trauma Surgeons maintained 16 hours of trauma-related CME or by demonstrated participation in an internal education process (IEP) conducted by the trauma program based upon the principles of practice-based learning and PIPS program? <i>Provide the Trauma Surgeons' summary of continuing medical education events since granted "in process" Level II Trauma Center status (documentation tool attached).</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

5. **Diversion policy.** The hospital must not be on diversion status more than 5% of the time. The hospital's documentation must include a record for the previous year showing dates and length of time for each time the hospital was on diversion.

<p>Has your hospital maintained a diversion status of less than 5% of the time since granted "in process" Level II Trauma Center status? <i>Provide your hospital's diversion documentation showing reason for diversion and dates and length of time for each time the hospital was on diversion (documentation tool attached).</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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6. **In-house Emergency Department physician coverage.** The Emergency Department must have a designated emergency physician director, supported by an appropriate number of additional physicians to ensure immediate care for injured patients.

Neurosurgery. There must be a neurosurgeon on call and promptly available 24 hours per day.

Orthopedic Surgery. There must be an orthopedic surgeon on call and promptly available 24 hours per day.

Critical Care Physician coverage. Physician coverage of the ICU must be available in-house within 15 minutes to provide care for ICU patients 24 hours a day with interventions from credentialed providers.

<p>In-house Emergency Department physician coverage: Has your Emergency Department had the appropriate number of physicians to ensure immediate care for injured patients? <i>Provide your hospital's Emergency Department physician call schedules since granted "in process" Level II Trauma Center status.</i></p> <p>Have your Emergency Department physicians maintained 16 hours of trauma-related extramural continuing medical education since granted "in process" Level II Trauma Center status? <i>Provide the Emergency Department physicians' summary of continuing medical education events since granted "in process" Level II Trauma Center status (documentation tool attached).</i></p> <p>Neurosurgery:</p>	<p>Emergency Medicine: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Neurosurgeons:</p>
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Have your Neurosurgeons maintained coverage 24 hours per day since granted "in process" Level II Trauma Center status?
Provide your hospital's Neurosurgery physician call schedules since granted "in process" Level II Trauma Center status.

☐ YES ☐ NO ☐

Have your Neurosurgeons maintained 16 hours of trauma-related extramural continuing medical education since granted "in process" Level II Trauma Center status?
Provide the Neurosurgeons' summary of continuing medical education events since granted "in process" Level II Trauma Center status (documentation tool attached).

☐ YES ☐ NO

Orthopedic Surgeons:

Have your Orthopedic Surgeons maintained coverage 24 hours per day since granted "in process" Level II Trauma Center status?
Provide your hospital's monthly Orthopedic call schedules since granted "in process" Level II Trauma Center status.

Orthopedic Surgeons:

☐ YES ☐ NO

Have your Orthopedic Surgeons maintained 16 hours of trauma-related extramural continuing medical education since granted "in process" Level II Trauma Center status?
Provide the Orthopedic Surgeons' summary of continuing medical education events since granted "in process" Level II Trauma Center status (documentation tool attached).

☐ YES ☐ NO

Critical Care:

Have your Critical Care Physicians maintained coverage 24 hours per day since granted "in process" Level II Trauma Center status?
Provide your hospital's monthly Critical Care physician call schedules since granted "in process" Level II Trauma Center status.

Critical Care Physicians:

☐ YES ☐ NO

Have your Critical Care Physicians maintained 16 hours of trauma-related extramural continuing medical education since granted "in process" Level II Trauma Center status?
Provide the Critical Care Physicians' summary of continuing medical education events since granted "in process" Level II Trauma Center status (documentation tool attached).

☐ YES ☐ NO

7. **CT scan and conventional radiography.** There must be 24-hour availability of CT scan and conventional radiography. Radiologists must be available within 30 minutes for complex imaging or interventional procedures.

Have your Radiologists been available within 30 minutes for complex imaging or interventional procedures since granted "in process" Level II Trauma Center status?
Provide your hospital's documentation of Radiology response times (documentation tool attached).

☐ YES ☐ NO

8. **Operational process performance improvement committee.** There must be a trauma program operational process performance improvement committee that meets at least quarterly.

Has your Trauma Program Operational Process Performance Committee met at least quarterly since granted "in process" Level II Trauma Center status? <i>Provide your hospital's committee meeting dates and times along with a roster of the committee members and their attendance (documentation tool attached).</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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9. **Trauma Peer Review Committee.** There must be a multidisciplinary peer review committee with participation by the trauma medical director and representatives from General Surgery, Orthopedic Surgery, Neurosurgery, Emergency Medicine, Anesthesia, Critical Care and Radiology to improve trauma care by reviewing selected deaths, complications, and sentinel events with the objectives of identification of issues and appropriate responses. This meeting should be held monthly, but the frequency should be determined by the trauma medical director based on the needs of the program.

Has your Trauma Peer Review Committee met monthly since granted "in process" Level II Trauma Center status? Have the trauma medical director and representatives from General Surgery, Orthopedic Surgery, Neurosurgery, Emergency Medicine, Anesthesia, Critical Care and Radiology attended your multidisciplinary peer review committee at least 50% of meetings since granted "in process" Level II Trauma Center status? <i>Provide your hospital's committee meeting dates and times along with a roster of the committee members and their attendance (documentation tool attached).</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO Trauma Medical Director: <input type="checkbox"/> YES <input type="checkbox"/> NO General Surgeon: <input type="checkbox"/> YES <input type="checkbox"/> NO Orthopedic Surgeon: <input type="checkbox"/> YES <input type="checkbox"/> NO Neurosurgeon: <input type="checkbox"/> YES <input type="checkbox"/> NO Emergency Medicine: <input type="checkbox"/> YES <input type="checkbox"/> NO Anesthesia: <input type="checkbox"/> YES <input type="checkbox"/> NO Critical Care: <input type="checkbox"/> YES <input type="checkbox"/> NO Radiology: <input type="checkbox"/> YES <input type="checkbox"/> NO
---	---

10. **Trauma Volumes.** Complete the following tables with trauma volumes over the most recent 12 months. Do not include DOA's and direct admits.

Injury Severity and Mortality

ISS	Total Number of Admissions	Number admitted to Trauma Service	Number of Deaths from Total Trauma Admissions	Percent Mortality from Trauma Admissions	Number of Trauma Patients Transferred out
0-9					
10-15					
16-24					
> or= 25					
Total					

Total # of Trauma Patients Transferred Out	Average Time to Transfer (Arrival to Transfer)	Total # of Trauma Patients transferred after 120 minutes	Total # of Trauma Patients admitted to your facility with an ISS >25
	(min)		

Additional Information Necessary

Hospital Name and Mailing Address (no PO Box):

Previously known as (if applicable):

Date the "In the Process" status was granted:

Level Two Adult _____

Hospital's status in applying for ACS verification as a trauma center (including Levels being pursued and date of scheduled ACS verification visit)

Trauma Medical Director:

NAME: _____

Email: _____

Office Phone: _____ Cell/Pgr #: _____

Trauma Program Manager/Coordinator:

NAME: _____

Email: _____

Office Phone: _____ Cell/Pgr #: _____

ATTESTATION: In signing this application, we are attesting that all information contained herein is accurate and that we and our attesting hospital agrees to be bound by the rules, policies and decisions of the Indiana Emergency Medical Services Commission and the Indiana State Department of Health regarding our status under this program.

Chief Executive Officer Signature	Printed	Date
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Trauma Medical Director Signature	Printed	Date
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Trauma Program Manager Signature	Printed	Date
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Indiana Department of Homeland Security

Application for "in the process" Level II Trauma Center status

Hospitals that wish to apply for status as an "in the process" Level II Trauma Center must provide sufficient documentation for the Indiana State Department of Health and the Indiana Department of Homeland Security to conclude that your hospital complies with each of the following requirements:

1. **A Trauma Medical Director** who is Board-Certified, or eligible for board certification, or an American College of Surgeons Fellow. This is a general surgeon who participates in trauma call and is current in Advanced Trauma Life Support (ATLS). The Medical Director must be dedicated to one hospital. The Medical Director must be appointed 6 months before the "in the process" application can be submitted.
 - a. **Documentation required:**
 - i. Current ATLS certificate. Physician must have successfully completed course prior to application.
 - ii. Trauma Medical Director's full CV.
 - iii. Guideline/policy/contract that states Medical Director is dedicated to only one facility.
 - iv. Copy of past 3 months call rosters documenting Trauma Medical Director's activity on call panel.
 - v. Copy of board certification, ACS Fellow status, or eligible for board certification documentation for Trauma Medical Director.
 - vi. Documentation of attendance to at least three trauma operation meetings. Meetings must be at least one month apart.
 - vii. Documentation of attendance to at least three peer review meetings. Meetings must be at least one month apart.
 - viii. 16 hours of external, trauma-related CME's obtained in the 12 months prior to submission of the application.
2. **A Trauma Program Manager**. This person is usually a registered nurse, full-time and dedicated to the trauma program. He/she must show evidence of educational preparation, with a minimum of 16 hours (internal or external) of trauma-related continuing education per year and clinical experience in the care of injured patients.
 - a. **Documentation required:**
 - i. Trauma Program Manager CV.
 - ii. Trauma-related continuing education information from the past 12 months in a spreadsheet format.
 - iii. Provide job description that defines authority and responsibilities of the Trauma Program Manager.
 - iv. Documentation of attendance to at least three trauma operation meetings. Meetings must be at least one month apart.
 - v. Documentation of attendance to at least three peer review meetings. Meetings must be at least one month apart.
3. **Submission of trauma data to the State Registry**. The hospital must be submitting data to the Indiana Trauma Registry following the Registry's data dictionary data standard for the last two quarters prior to submitting the application and at least quarterly thereafter.
 - a. **Documentation required:**

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- i. The State Trauma Registrar will validate your participation in the Indiana Trauma Registry as required.
4. **A Trauma Registrar.** This is someone who abstracts high-quality data into the hospital's trauma registry and works directly with the hospital's trauma team. This position is managed by the Trauma Program Manager.
 - a. **Documentation required:**
 - i. Trauma Registrar CV.
 - ii. Trauma Registrar job description.
 - iii. Proof of trauma registry training (i.e. may include ISDH training or vendor training).
5. **Tiered Activation System.** There must be a clearly defined Tiered Activation System that is continuously evaluated by the hospital's Performance Improvement and Patient Safety (PIPS) program. Should be inclusive of ACS criteria.
 - a. **Documentation required:**
 - i. Activation guideline/policy.
6. **Trauma Surgeon response times.** Evidence must be submitted that response times for the Trauma Surgeon are as defined by the Optimal Resources document of the American College of Surgeons. Also, there must be a written letter of commitment, signed by the Trauma Medical Director, that is included as part of the hospital's application. There must be evidence that a trauma surgeon is a member of the hospital's disaster committee. All trauma surgeons on the call panel must have successfully completed ATLS at least once.
 - a. **Documentation required:**
 - i. Individual written statements of support of the trauma program from all participating trauma surgeons, orthopedic surgeons, and neurosurgeons on the call panel, including signature by Trauma Medical Director.
 - ii. Complete Surgeon Response Time spreadsheet provided by ISDH Designation Subcommittee.
 - iii. Letter from Disaster Committee Chairperson validating a trauma surgeon's participation and include record of attendance from past year.
 - iv. Copies of past three months general surgery call coverage to show proof of continuous coverage and back up.
 - v. Contingency plan policy regarding back up schedules.
 - vi. Copies of ATLS cards for each general surgeon on the call schedule.
 - vii. Copies board certification status for each general surgeon on the call schedule.
 - viii. Provide documentation of acquisition of 16 hours of trauma-related CME per year on average or by demonstrating participation in an internal education process (IEP) conducted by the trauma program based upon the principles of practice-based learning and PIPS program for the trauma surgeons participating on the call panel.
7. **In-house Emergency Department physician coverage.** The Emergency Department must have a designated emergency physician director, supported by an appropriate number of additional physicians to ensure immediate care for injured patients. All ED physicians must have successfully completed ATLS at least once. Physicians who are not board-certified in emergency medicine who work in the ED must be current in ATLS.
 - a. **Documentation required:**

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- i. Copies of past three months emergency medicine physician call roster, include names of providers if initials are used on call calendar.
 - ii. Complete ED physician spreadsheet provided by the ISDH Designation Subcommittee.
 - iii. ED liaison CV.
 - iv. Copies of ATLS cards for each ED physician
 - v. Provide documentation of acquisition of 16 hours of trauma-related CME per year on average or by demonstrating participation in an internal education process (IEP) conducted by the trauma program based upon the principles of practice-based learning and PIPS program for the Emergency Department physicians participating on the call panel.
- 8. **Orthopedic Surgery.** There must be an orthopedic surgeon on call and promptly available 24 hours per day. There must also be a written letter of commitment, signed by orthopedic surgeons, Orthopedic Trauma Liaison and the Trauma Medical Director, for this requirement.
 - a. **Documentation required:**
 - i. Copies of past three months orthopedic physician call roster, include names of providers if initials are used on call calendar.
 - ii. Provide written letter of commitment from orthopedic physicians including signature from all participating orthopedic physicians, Orthopedic Trauma Liaison and Trauma Medical Director.
 - iii. Provide documentation of acquisition of 16 hours of trauma-related CME per year on average or by demonstrating participation in an internal education process (IEP) conducted by the trauma program based upon the principles of practice-based learning and PIPS program for the orthopedic surgeons participating on the call panel.
- 9. **Neurosurgery.** There must be a neurosurgeon on call and promptly available 24 hours per day. There must also be a written letter of commitment, signed by neurosurgeons, Neurosurgery Trauma Liaison and the Trauma Medical Director, for this requirement.
 - a. **Documentation required:**
 - i. Copies of past three months neurosurgeon physician call rosters (back up included if applicable), include physician names if initials are used on call calendar.
 - ii. Provide written letter of commitment from neurosurgeons, Neuro Trauma Liaison and Trauma Medical Director
 - iii. Provide documentation of acquisition of 16 hours of trauma-related CME per year on average or by demonstrating participation in an internal education process (IEP) conducted by the trauma program based upon the principles of practice-based learning and PIPS program for the neurosurgeons participating on the call panel.
 - iv. Policy/guideline that establishes your scope of care and criteria for transfers as required in Resources for Optimal Care of the Injured Patient 2014 (pg.54).
- 10. **Transfer agreements and criteria.** The hospital must include as part of its application a copy of its transfer criteria and copies of its transfer agreements with other hospitals.
 - a. **Documentation required:**
 - i. Copy of transfer out policy/criteria.
 - ii. Copies of transfer agreements with Level I trauma centers.

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11. **Trauma Operating room, staff and equipment.** There must be prompt availability of a Trauma Operating Room (OR), an appropriately staffed OR team, essential equipment (including equipment needed for a craniotomy) and anesthesiologist services 24 hours per day. The application must also include a list of essential equipment available to the OR and its staff. Anesthesiologists must be promptly available for emergency operations. The center must have an identified anesthesia liaison for the trauma program.

a. **Documentation required:**

- i. List of essential equipment as outlined in Resources for Optimal Care of the Injured Patient resource.
- ii. Policy/guideline outlining staffing procedures for emergent trauma procedures (including OR staff and anesthesia).
- iii. Anesthesiology liaison CV.

12. **Critical Care physician coverage.** Physician coverage of the ICU must be available in-house within 15 minutes to provide care for ICU patients 24 hours a day with interventions from credentialed providers. Supporting documentation must include a signed letter of commitment from critical care physicians, ICU Liaison, and Trauma Medical Director and proof of physician coverage 24 hours a day.

a. **Documentation required:**

- i. **Provide board certification documentation for ICU director or co-director.**
- ii. Past three months call schedules for critical care coverage and include physician names if initials are used on the call calendar.
- iii. Signed letter of commitment from critical care physician group, ICU Liaison and Trauma Medical Director.
- iv. Policy/guideline for management of emergencies in the ICU.
- v. Provide documentation of acquisition of 16 hours of trauma-related CME per year on average or by demonstrating participation in an internal education process (IEP) conducted by the trauma program based upon the principles of practice-based learning and PIPS program for the critical care physicians participating on the call panel.

13. **CT scan and conventional radiography.** There must be 24-hour availability of CT scan and conventional radiography. Radiologists must be available within 30 minutes for complex imaging or interventional procedures. There must also be a written letter of commitment from the hospital's Chief of Radiology, Radiology Liaison, and Trauma Medical Director.

a. **Documentation required:**

- i. Signed letter of commitment from Chief of Radiology, Radiology Liaison and Trauma Medical Director.
- ii. Policy/guideline outlining services available 24 hours a day and response time requirements for Radiologists.

14. **Intensive care unit.** There must be an intensive care unit with patient/nurse ratio not exceeding 2:1 and appropriate resources to resuscitate and monitor injured patients

a. **Documentation required:**

- i. Scope of care/nursing standards/staffing guidelines for ICU that outlines nurse to patient ratios.
- ii. Equipment list for the ICU.

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15. **Blood bank.** A blood bank must be available 24 hours per day with the ability to type and crossmatch blood products, with adequate amounts of packed red blood cells (PRBC) and fresh frozen plasma (FFP), platelets, cryoprecipitate, and appropriate coagulation factors to meet the needs of an injured patient. All centers must have massive transfusion protocol developed collaboratively between trauma services and the blood bank.
 - a. **Documentation required:**
 - i. Policy/guideline that includes detail of products available and number of each product on site.
 - ii. Copy of massive blood transfusion protocol.
16. **Laboratory services.** There must be laboratory services available 24 hours per day. This should include at a minimum coagulation studies, blood gas analysis and microbiology studies.
 - a. **Documentation required:**
 - i. Guideline/policy that outlines what services are available 24/7.
17. **Post-anesthesia care unit.** The post-anesthesia care unit (PACU) must have qualified nurses and necessary equipment 24 hours per day.
 - a. Documentation required:
 - i. Include a list of available equipment in the PACU.
18. **Relationship with an organ procurement organization (OPO).** There must be written evidence that the hospital has an established relationship with a recognized OPO. There must also be written policies for triggering of notification of the OPO.
 - a. **Documentation required:**
 - i. Written policy regarding OPO participation in the trauma program and triggers for notifying OPO.
19. **Diversion policy.** The hospital must provide a copy of its diversion policy and affirm that it will not be on diversion status more than 5% of the time in a rolling 12 month period. The hospital's documentation must include a record of the most recent 12 months showing dates and length of time for each time the hospital was on diversion.
 - a. **Documentation required:**
 - i. Completed detailed diversion information/why facility activated diversion on required spreadsheet provided by ISDH Designation Subcommittee.
20. **Operational process performance improvement committee.** There must be a trauma program operational process performance improvement committee and documentation must include a roster of the committee and meeting times for the previous year. This meeting must occur at least quarterly.
 - a. **Documentation required:**
 - i. Signed letter from Trauma Medical Director and Trauma Program Manager outlining committee membership and meeting frequency.
 - ii. Complete Operational Attendance spreadsheet provided by ISDH Designation Subcommittee. Include data from most recent 12 months.
 - iii. All Trauma Surgeons and all the Liaisons must have attended at least 2 Operational meetings prior to submission of the application, held no more frequently than monthly.
21. **Trauma Peer Morbidity and Mortality Committee.** The trauma program should have established committee membership and set meeting dates prior to application. This meeting

6/10/2015

should be held monthly, but the frequency should be determined by the trauma medical director based on the needs of the program.

a. **Documentation required:**

- i. Signed letter from Trauma Medical Director and Trauma Program Manager outlining committee membership and meeting frequency.
- ii. Complete Peer Attendance spreadsheet provided by ISDH Designation Subcommittee. Include data from most recent 12 months.
- iii. All Trauma Surgeons and all the Liaisons (Orthopedics, Neurosurgery, Critical Care, Radiology, Emergency Medicine, Anesthesia) must have attended at least 2 Trauma Peer Review meetings prior to submission of the application, held no more frequently than monthly.

22. **Nurse credentialing requirements.** Briefly describe credentialing requirements for nurses who care for trauma patients in your Emergency Department and ICU.

a. **Documentation required:**

- i. Policy/guideline that outlines credentialing requirements for nurses in the ED and ICU.
- ii. Percentage of nurses that have completed credentialing requirements for both ED and ICU.

23. **Commitment by the governing body and medical staff.** There must be separate written commitments by the hospital's governing body and medical staff to establish a Level II Trauma Center and to pursue verification by the American College of Surgeons within 1 year of this application and to achieve ACS verification within 2 years of the granting of "in the process" status. Further, the documentation provided must include recognition by the hospital that if it does not pursue verification within one year of this application and/or does not achieve ACS verification within 2 years of the granting of "in the process" status that the hospital's "in the process" status will immediately be revoked, become null and void and have no effect whatsoever.

a. **Documentation required:**

- i. Written statement as outlined under requirements that is signed by governing body and medical staff representative.

Additional Information Necessary

Hospital Name and Mailing Address (no PO Box):

Previously known as (if applicable):

Level of "In the Process" status applied for:

Level One Pediatric _____

6/10/2015

Level Two Adult _____

Level Two Pediatric _____

Hospital's status in applying for ACS verification as a trauma center (including Levels being pursued)

Trauma Medical Director:

NAME: _____

Email: _____

Office Phone: _____ Cell/Pgr #: _____

Trauma Program Manager/Coordinator:

NAME: _____

Email: _____

Office Phone: _____ Cell/Pgr #: _____

ATTESTATION: In signing this application, we are attesting that all information contained herein is accurate and that we and our attesting hospital agrees to be bound by the rules, policies and decisions of the Indiana Emergency Medical Services Commission and the Indiana State Department of Health regarding our status under this program.

Chief Executive Officer Signature	Printed	Date
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Trauma Medical Director Signature	Printed	Date
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Trauma Program Manager Signature	Printed	Date
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ATTACHMENT

#3



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 SUMMARY**

DATE: May 12, 2015 10:00 a.m.

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

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

NOT PRESENT: Charles Ford, EMS Chief Executive Officer

OTHERS PRESENT: John Zartman, EMS Commissioner, Terri Hamilton EMS
Commissioner, Myron Mackey, EMS Commissioner, EMS State
Director Michael Garvey, other IDHS Staff, Kraig Kinney, Garrett
Hedeem, and Michael Cole .



- A) Meeting called to order at 10:08 a.m. by Chairman Leon Bell.
- B) Quorum present
- C) Adoption of minutes:
 - a. November 18, 2014 minutes

A motion was made by Mr. Faril Ward to approve the minutes from the November 18, 2014 meeting as written. The motion was seconded by Mr. Jaren Kilian. The motion passed, minutes were approved.

D) Orientation and paperwork:

New TAC member Michael Cole and other guest in the audience were introduced to the group. Mr. Michael Cole is present but not a full member of the TAC due to not being affirmed by the governor's office.

Ms. Candice Hilton spoke to the Technical Advisory Committee members regarding reimbursements for travel and honorarium payments. Ms. Hilton stated that if the member of the committee drives a company vehicle and pays for the gas out of his or her own pocket the member can claim for reimbursement for travel but if the company pays for the gas then the TAC member cannot claim for travel reimbursement. Ms. Hilton also explained that all the new forms that she has sent out to the TAC members need to be filled out and turned in even if the members have previously filled out paperwork for travel reimbursement due to changes in policy from the State Auditor's office. Chairman Leon Bell asked a few questions that staff will need to check with legal on to be able to provide answers to Chairman Bell. The majority of the paperwork that needed to be completed was finished prior to the state of the meeting.

E) Public Comment: None

F) Announcements:

- a. Commission Staff report: None at this time
- b. Upcoming TAC meetings:
 - 1. July 7, 2015
 - 2. September 1, 2015
 - 3. November 10, 2015

G) Old Business

- a. Usage of the Epi-pen for the EMR level. (see attachment #1 for recommendation)

A motion was made by Mr. Michael McNutt to accept the sub-committee recommendation. The motion was seconded by Mrs. Jessica Lawley. The motion passed unanimously.

A motion was made by Mr. Michael McNutt to send the sub-committee recommendation to the EMS Commission for approval. The motion was seconded by Ms. Elizabeth Weinstein. The motion passed unanimously.

H) New Business

- a. Primary Exam review-

Discussion regarding the current status of the PI exam took place among the TAC members.

The TAC requested the statistics for the new Primary Instructor exam for the next meeting.

Discussion regarding scenarios and practical exams for EMT took place. Discussion regarding the need for a closed door meeting for writing and review of the scenarios took place as well. The TAC will be scheduling an executive session meeting to take place prior to the July 7th regular scheduled meeting.

I) EMS Education Workgroup

a. Tactical Medical Care – tourniquet applications

Mr. Kraig Kinney stated that the workgroup plans on working on training for the application of tourniquets and if there is a need for more training. The workgroup plans on bringing recommendations to the TAC for review, approval and to take the recommendations to the EMS Commission for approval.

Chairman Bell requested a data report regarding tourniquet applications. The TAC would like to see the number of applications, injury severity scale, and initial trauma and disposition. They would also like to be able to benchmark against other states if possible.

Discussion went back to the PI exam. Mr. John Zartman asked if there was a way to find out which training institutions are teaching the PI course and what their pass rates are to make sure they are teaching what they need to be teaching. Ms. Hilton gave quick number to the TAC for the PI test. There have been 32 people take the “new” PI exam. Since July of 2014- 10 people passed the first time they took the exam, 17 failed the first time, 3 passed their first retake, 2 failed their first retake and no one had taken their second retake as of the date of the TAC meeting. It was asked how long since the end of their course before the student tested. That is information that would take a little time to pull from the system because the dates the students took the exam is recorded. More discussion followed regarding the PI exam. The PI exam review was assigned to the education sub-group.

Chairman Bell went back to new business and opened discussion regarding tracheal suctioning and stoma suctioning at the EMT level. Some discussion followed. Most members think it is a matter of communication to make sure that the information is getting to our Primary Instructors. Mrs. Lawley asked if there is a way to bring all of the standards into one document and send it out to all PIs. It was suggested that the information be pushed out during the Indiana Emergency Responder Conference (IERC). The TAC members asked if there is a possibility of a PI update newsletter that would be sent out quarterly to all PIs.

Mr. Tony Pagano also noted that Emergency Medical Responder courses need to be improved. Discussion followed regarding ways to improve the Emergency Medical Responder courses. Mr. Pagano stated that he has asked a couple of EMS education workgroup to help review the Emergency Medical Responder and EVOC exams.

Chairman Bell called for a short break at 11:40am

Chairman Bell called the meeting back to order at 11:53am

Chairman Bell opened the floor to discuss the developing of the waiver tool. The operation sub-group worked on a waiver tracking/reporting tool previously so there were questions as to what the Commission was asking to be developed. Staff and Commission members that were present explained what was needed to the TAC members. The Commission has been putting a stipulation on waivers for provider organizations to report when they use the waiver they have requested.

Ms. Elizabeth Weinstein left at 12:05pm a quorum was still present after her departure.

More discussion regarding the waiver tracking/reporting tool took place. Chairman Bell requested that Ms. Hilton send the letter that is sent to the provider organizations when their waiver was granted as well as the waiver tracking sheet that is being currently used by staff to the TAC members for review prior to the July meeting. Chairman Bell assigned the operations sub-group to develop the waiver reporting tool and the education sub-group to refine the waiver reporting tool that was developed by the TAC previously. Ms. Hilton was asked to send the TAC a list of who is currently on each of the sub-groups.

Mrs. Lawley asked about why the Medical Director signature is not required on the course application. Some discussion followed. Staff will send the course application form to have the Medical Director's signature added to the form. A short discussion regarding current forms and rules followed.

Chairman Bell assigned the education sub-group to work on writing a training program for the use of Epi-pens for the EMR level and a training program for blood glucose checks for the EMT level.

With no further business needing to be discussed a motion was made by Mr. Jaren Kilian to adjourn the meeting. The motion was seconded by Mr. Michael Gamble. The motion passed. The meeting was adjourned at 12:44pm.

Approved _____

Leon Bell, Chairman

TECHNICAL ADVISORY COMMITTEE – TASK SUMMARY

INDIANA STATE E.M.S. COMMISSION

TASK INFORMATION

Date Assigned:	11/18/2014	Assigned to:	Dr. Sara Brown, MD & Faril A Ward
Job Task:	Recommendation on the use of EPI-Pens by EMR Certification Level and by EMR Providers		
Commission Staff:			
Review Period:	60 Days		

ASSIGNMENT REVIEW - GUIDELINES - GOALS

A proposal has been made to the Commission that Emergency Medical Responders (EMR) provider organizations be allowed to carry the EPI-Pen and that EMR certified individuals be trained to utilize the EPI-Pen for treatment of anaphylaxis. This procedure is currently taught to Emergency Medical Technicians (EMTs) as part of their curriculum but not taught to EMR certified individuals nor is it part of the equipment EMR provider units are allowed to carry.

It is the goal of this assignment to determine a recommendation for addition of the EPI-Pen to the EMR certification level for both technicians and Providers.

After careful consideration of the studying sub-committee of the TAC, it is the recommendation of that sub-committee that for current EMR provider Organizations:

1. The TAC recommend the addition of the EPI-Pen to the EMR Provider certification level as an option to carry and use with the permission of the Provider's Medical Director; and
2. That if a Provider Organization elects to carry and train its EMR certified personnel on the safe application and operation of the EPI-Pen with the agreement of its Medical Director, then the Provider Organization be responsible for training and documenting competency of its EMR certified technicians.

It is further recommended that:

1. A standardized online training be developed by IDHS to document this training; and
2. That it be mandatory for technicians volunteering or working with services carrying EPI-Pens; and
3. That it be optional for technicians with services choosing not to carry the EPI-Pen.

It is also the recommendation of the sub-committee that for New EMR Certification Classes:

1. EPI-Pen training be added to the curriculum using the EMT EPI-Pen training module; and
2. That the training institution be responsible for documenting competency of its students to the satisfaction of its Medical Director.

ADDITIONAL COMMENTS

The sub-committee believes that the use of the EPI-Pen by EMR Certified technicians is a logical step in the direction of expanding their role in a rapidly changing medical environment to provide primary response technicians with tools that can help to produce better outcomes.

VERIFICATION OF REVIEW AND SUBMISSION

By signing this document, the (TAC) Technical Advisory Committee formally submits to the Indiana State EMS Commission the above proposed recommendations for review, consideration, and implementation. We acknowledge receipt of review, and submit this document for consideration to the Indiana EMS Commission on the date listed below.

Chairman, TAC Committee

Date

Vice-Chairman, TAC Committee

Date

EMS COMMISSION - RECOMMENDATION - ACTION

Commission Actions:

Date:

- ☐ Approved, as listed.
- ☐ Approved, with changes listed below.
- ☐ Re-assigned for future recommendation.
- ☐ Rejected
- ☐ Other

COMMENTS:

ATTACHMENT

#4

Hilton, Candice

From: Straumins, Alexander
Sent: Tuesday, June 02, 2015 1:50 PM
To: Hilton, Candice
Cc: Garvey, Mike
Subject: Commission Meeting: Report and POST data
Attachments: COMMISSION REPORT(6.02.2015).xlsx

Candice,

Attached is the updated Cert report. Only change is the number of Certifications/Licenses in the first table.

Here is the POST data:

(Numbers below include persons who have Cert/License in Inactive(Inactive) status and Probation(Active) status.)

- Total # of persons to complete the POST course → **22,285** (# includes persons who have taken the course, but may no longer be certified and person who have taken POST who do not carry and EMS Cert or License.)
- Total # of persons with at least one of the following certifications: EMS-Paramedic, EMS-AEMT, EMS-EMT, EMS-EMR → **24,407**
 - Total # of persons with at least one of the following certifications: EMS-Paramedic, EMS-AEMT, EMS-EMT, EMS-EMR ... But does NOT have POST completed → **4,191**
 - Breakdown of the **4,191** by highest level certification: (e.g. a person is only counted for Paramedic, and not counted again for their EMS-EMT Cert. ... therefore, no duplicate persons were counted)
 - **EMS – Paramedic: 412**
 - Probation: 2
 - Inactive(Inactive): 13
 - Expires in 2017: 35
 - Expires in 2016: 164
 - Expires in 2015: 198
 - **EMS – Advanced EMT: 32**
 - Probation: 0
 - Inactive(Inactive): 0
 - Expires in 2017: 2
 - Expires in 2016: 22
 - Expires in 2015: 8
 - **EMS – EMT: 2,523**
 - Probation: 28
 - Inactive(Inactive): 0
 - Expires in 2017: 229
 - Expires in 2016: 829
 - Expires in 2015: 1,437
 - **EMS – EMR: 1,224**
 - Probation: 5

- Inactive(Inactive): **0**
- Expires in 2017: **109**
- Expires in 2016: **407**
- Expires in 2015: **701**

ATTACHMENT

#6

INDIANA EMERGENCY MEDICAL SERVICES COMMISSION ELECTRONIC COMMUNICATIONS MEETINGS POLICY

I. Purpose

Indiana Code 5-14-1.5-3.6 allows members of the governing body of a state agency, such as the Indiana Emergency Medical Services Commission ("Commission") or the EMS Commission's Technical Advisory Committee (TAC), who are not physically present at the meeting to participate in meetings of the governing body using electronic communications if all of the requirements under IC 5-14-1.5-3.6 are met including the requirement that the governing body adopt a policy to govern participation in the governing body's meetings by electronic communication.

This Indiana Emergency Medical Services Commission and the EMS Commission's Technical Advisory Committee Electronic Communications Meeting Policy (the "Policy") is intended to comply with these statutory requirements and will provide for the participation in and conducting of meetings where means of electronic communication are used by members of the Commission not physically in attendance.

II. Applicability

This Policy applies to meetings of the Indiana EMS Commission or the EMS Commission's Technical Advisory Committee in which any member of the Commission or a member of the EMS Commission's Technical Advisory Committee participates electronically.

III. Policy

- A. **Minimum Physical Participation.** As required by IC 16-31-2, at any meeting of the Commission or meeting of the Technical Advisory Committee at least five (5) voting members of the Commission or Committee members of the TAC must be physically present at the place where the meeting is conducted.
- B. **Treatment of Members Participating by Electronic Means.** A member of the Commission or TAC who participates in a meeting by a permitted electronic communication shall be considered to be present at the meeting and may vote at the meeting.
- C. **Quorum.** Pursuant to IC 16-31-2, since the Commission or TAC has thirteen (13) members a quorum consists of seven (7) members of the Commission. A member of the Commission who participates by a permitted electronic means of communication shall be counted for purposes of establishing a quorum.
- D. **Permitted Means of Communication.** A member of the Commission or TAC not physically present at a meeting may participate in the meeting by any electronic means of communication so long as that electronic means of communication permits:
 - 1. the member;
 - 2. all other members participating in the meeting; and
 - 3. all members of the public physically present at the place where the meeting is conducted to simultaneously communicate with each other.
- E. **Roll Call Voting.** As required by IC 5-14-1.5-3.6(c)(2), all votes of the Commission or TAC during a meeting where any member participates by means of electronic communication shall be taken by roll call vote, in which the name of each member of the Commission present will be called individually and requested to cast their vote aloud.
- F. **Limitations.** In addition to the above requirements, the following requirements are also applicable:

1. **Annual Minimum Physical Participation.** Each member of the Commission or TAC must physically attend at least fifty percent (50%) of the meetings of the Commission held in a calendar year.
2. **Technological Limitations.** If a meeting location is chosen for a Commission or TAC meeting that is not conducive to participation by means of electronic communications due to technological limitations, the Commission or TAC members will be notified in advance of the meeting that participation by electronic communications will not be available for that meeting.
3. **Publication of Policy.** As required by IC 5-14-1.5-3.6(h), this policy will be posted on the Internet web site of the Commission.

This Policy was adopted by the Indiana Emergency Medical Services Commission on June 19, 2015.

Chair

DRAFT

ATTACHMENT #

7



EMS COMMISSION CERTIFICATION REPORT

Compiled: June 02, 2015



CERTIFICATIONS (6/02/2015)	Total # of Certs	Highest Lvl. Cert
EMS - PARAMEDIC	4230	4230
EMS - ADVANCED EMT	461	426
EMS - EMT	19379	14723
EMS - EMR	5321	5027
EMT - PI	503	N/A
TOTAL:	29894	24406

Q1 - 2015	Count
EMS - PARAMEDIC	78
EMS - ADVANCED EMT	37
EMS - EMT	425
EMS - EMR	123
EMT - PI	5
TOTAL:	668

Q2 - 2015	Count
EMS - PARAMEDIC	
EMS - ADVANCED EMT	
EMS - EMT	
EMS - EMR	
EMT - PI	
TOTAL:	0

Q3 - 2015	Count
EMS - PARAMEDIC	
EMS - ADVANCED EMT	
EMS - EMT	
EMS - EMR	
EMT - PI	
TOTAL:	0

Q4 - 2015	Count
EMS - PARAMEDIC	
EMS - ADVANCED EMT	
EMS - EMT	
EMS - EMR	
EMT - PI	
TOTAL:	0

Q1 - 2014	Count
EMS - PARAMEDIC	68
EMT - INTERMEDIATE	0
EMS - ADVANCED EMT (new)	44
EMT - BASIC ADVANCED	0
EMS - EMT	171
EMS - EMR	88
EMT - PI	7
TOTAL:	378

Q2 - 2014	Count
EMS - PARAMEDIC	127
EMT - INTERMEDIATE	0
EMS - ADVANCED EMT (new)	80
EMT - BASIC ADVANCED	0
EMS - EMT	475
EMS - EMR	197
EMT - PI	2
TOTAL:	881

Q3 - 2014	Count
EMS - PARAMEDIC	97
EMS - ADVANCED EMT	232
EMS - EMT	468
EMS - EMR	66
EMT - PI	11
TOTAL:	874

Q4 - 2014	Count
EMS - PARAMEDIC	78
EMS - ADVANCED EMT	47
EMS - EMT	225
EMS - EMR	156
EMT - PI	9
TOTAL:	515

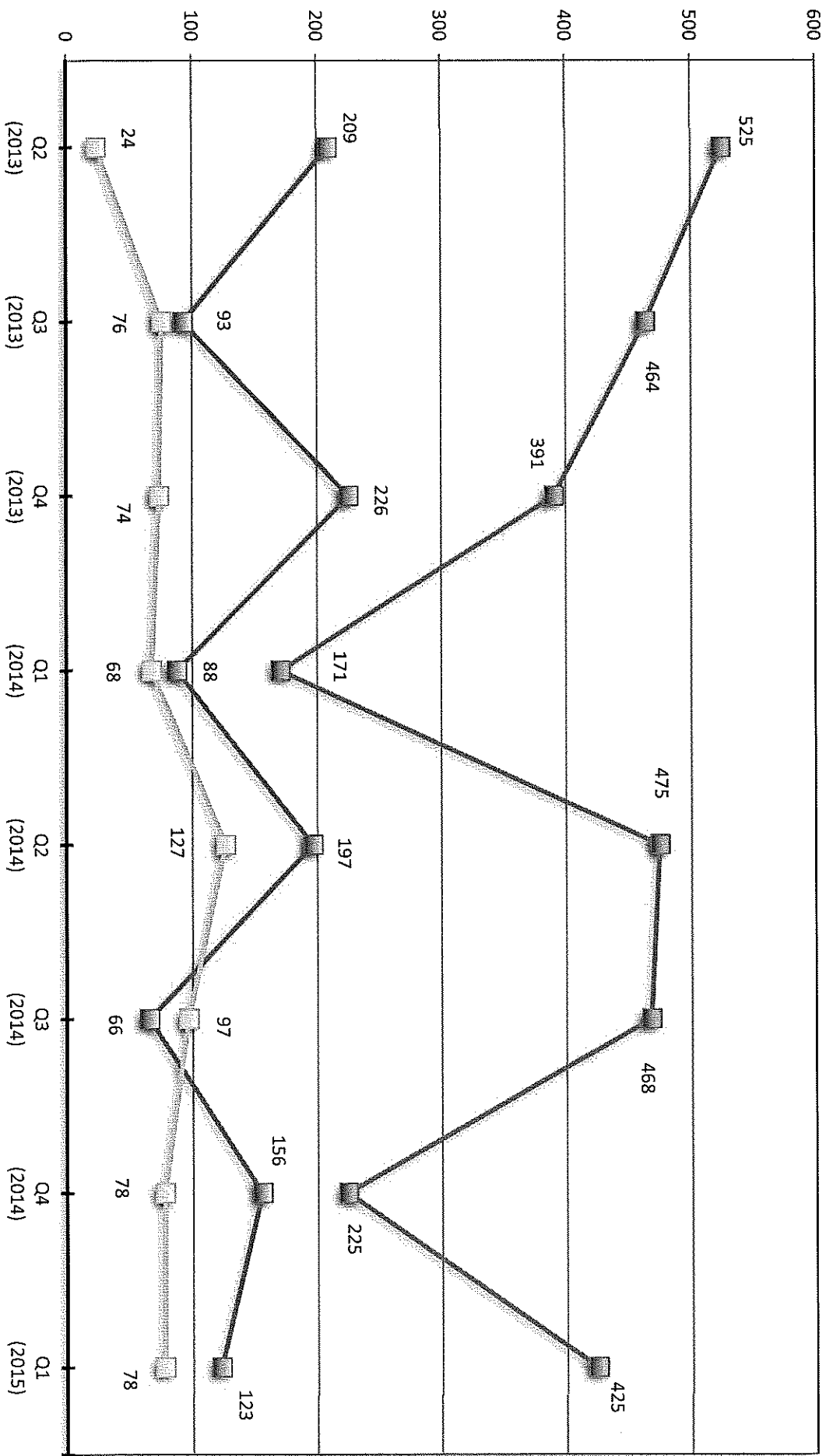
Q1 - 2013	Count
EMS - PARAMEDIC	97
EMT - INTERMEDIATE	2
EMS - ADVANCED EMT (new)	0
EMT - BASIC ADVANCED	18
EMS - EMT	372
EMS - EMR	198
EMT - PI	8
TOTAL:	695

Q2 - 2013	Count
EMS - PARAMEDIC	24
EMT - INTERMEDIATE	2
EMS - ADVANCED EMT (new)	2
EMT - BASIC ADVANCED	14
EMS - EMT	525
EMS - EMR	209
EMT - PI	3
TOTAL:	779

Q3 - 2013	Count
EMS - PARAMEDIC	76
EMT - INTERMEDIATE	1
EMS - ADVANCED EMT (new)	11
EMT - BASIC ADVANCED	1
EMS - EMT	464
EMS - EMR	93
EMT - PI	15
TOTAL:	661

Q4 - 2013	Count
EMS - PARAMEDIC	74
EMT - INTERMEDIATE	0
EMS - ADVANCED EMT (new)	15
EMT - BASIC ADVANCED	0
EMS - EMT	391
EMS - EMR	226
EMT - PI	6
TOTAL:	712

QUARTERLY	Q2 (2013)	Q3 (2013)	Q4 (2013)	Q1 (2014)	Q2 (2014)	Q3 (2014)	Q4 (2014)	Q1 (2015)
EMT	525	464	391	171	475	468	225	425
EMR	209	93	226	88	197	66	156	123
PARAMEDIC	24	76	74	68	127	97	78	78

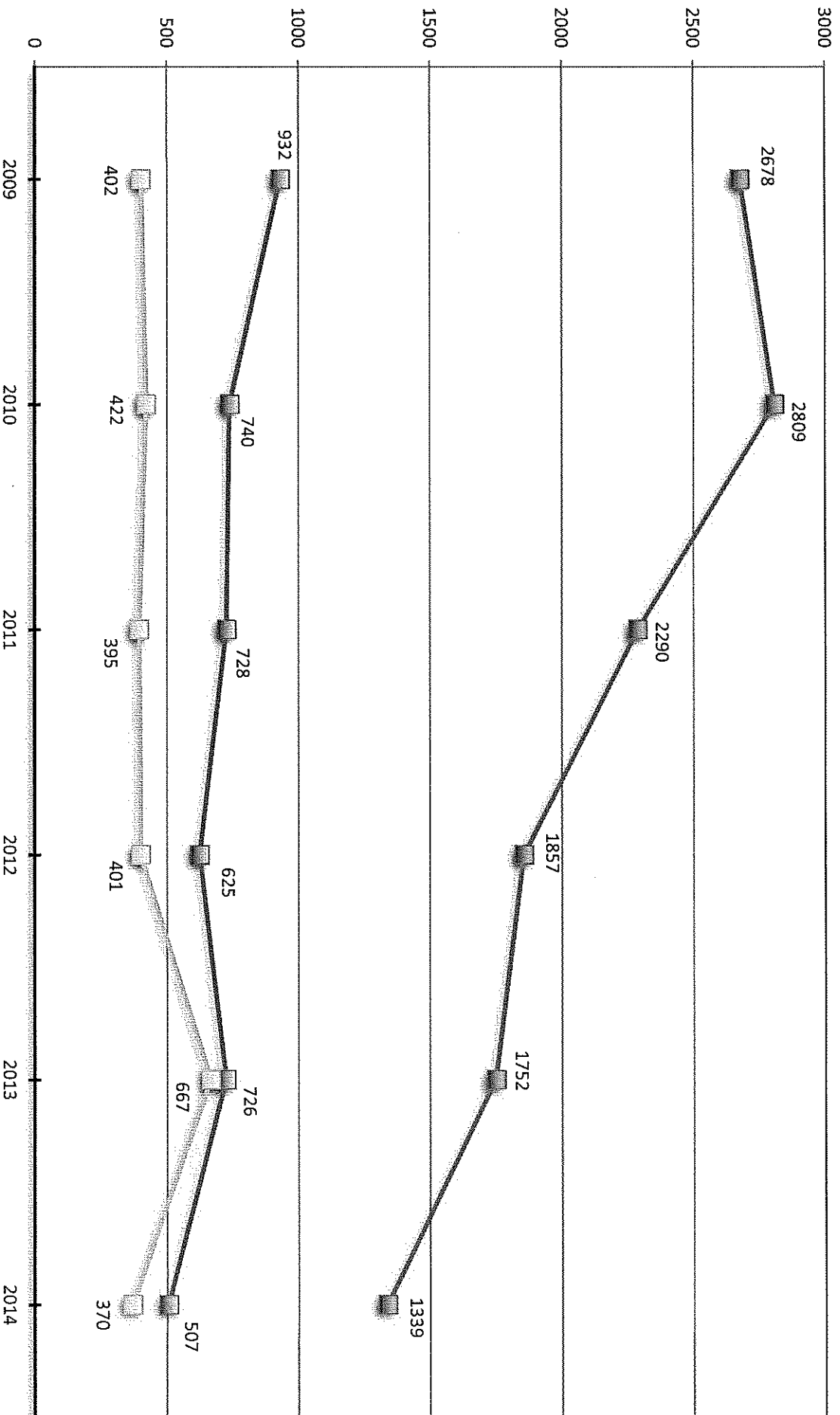


EMT
 EMR
 PARAMEDIC

Q2 (2015)	Q3 (2015)	Q4 (2015)	Q1 (2016)	Q2 (2016)	Q3 (2016)	Q4 (2016)	Q1 (2017)
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-

YEARLY	2009	2010	2011	2012	2013	2014	2015
EMT	2678	2809	2290	1857	1752	1339	
EMR	932	740	728	625	726	507	
PARAMEDIC	402	422	395	401	667	370	

YEARLY CHANGE	'09-'10	'10-'11	'11-'12	'12-'13	'13-'14	'14-'15
EMT	131	(519)	(433)	(105)	(413)	
EMR	(192)	(12)	(103)	101	(219)	
PARAMEDIC	20	(27)	6	266	(297)	



EMT EMR PARAMEDIC

Count of CERTIFICATION	Column Labels			
Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
Adams	34	1	30	65
46711	1		5	6
46714	1			1
46733	26	1	18	45
46740	1		2	3
46772	4		5	9
46782	1			1
Allen	147	32	511	690
46704			1	1
46706	1		1	2
46723	1	1	2	4
46733	1		1	2
46737			1	1
46738			2	2
46741	1	2	4	7
46743		1	5	6
46744	1			1
46745	2		10	12
46748	5	6	12	23
46765	3	2	19	24
46773	2		13	15
46774	11		44	55
46777			1	1
46783	1	1	3	5
46784			1	1
46788	4		5	9
46797	1	2	13	16
46798			2	2
46802	2		7	9
46803			3	3
46804	11	2	51	64
46805	6		17	23
46806		1	4	5
46807	3		12	15
46808	7		21	28
46809			17	17
46814	11	2	20	33
46815	8	3	37	48
46816	2	1	13	16
46817	1			1
46818	14	2	26	42
46819	3		14	17
46825	8	1	29	38
46835	25	3	59	87
46845	12	2	40	54
46862			1	1

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
Bartholomew	47	5	142	194
46124	1		3	4
46131			1	1
47200			1	1
47201	21	3	78	102
47202			1	1
47203	19	2	32	53
47206			1	1
47232	2		1	3
47240			1	1
47244			5	5
47246	3		15	18
47274	1			1
47280			2	2
47401			1	1
Benton	5		23	28
47917			1	1
47921			2	2
47944	2		10	12
47970	2		5	7
47971	1		5	6
Blackford	3		10	13
47348	2		6	8
47359	1		4	5
Boone	50		174	224
46025			1	1
46035	1			1
46041			1	1
46050			2	2
46052	16		71	87
46069	1		5	6
46071	5		19	24
46074	1		2	3
46075	4		13	17
46077	17		38	55
46102			2	2
46112			1	1
46147	5		18	23
46214			1	1
Brown	9	2	41	52
46160	1	1	9	11
46164	2	1	8	11
46181	1		3	4
47201			4	4
47235	1		1	2
47448	2		15	17
47468	1		1	2
47616	1			1

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
Carroll	21	1	50	72
46065			3	3
46823			1	1
46913	1		7	8
46915	3		7	10
46917	3		5	8
46920			4	4
46923	6	1	10	17
46929	6		9	15
46977			1	1
47960	2		3	5
Cass	19	4	57	80
46037	1			1
46932	1		16	17
46947	9	1	25	35
46950			1	1
46961			1	1
46970			2	2
46978	4	2	5	11
46988	1		1	2
46994	3	1	4	8
46998			2	2
Clark	36	4	138	178
47106			6	6
47111	4		21	25
47119			1	1
47126	1		5	6
47129	2	1	21	24
47130	9	2	38	49
47131	1		1	2
47141			3	3
47143	1		3	4
47147			6	6
47162			5	5
47163			5	5
47165			1	1
47167			1	1
47172	17	1	19	37
47219			1	1
47230	1			1
47921			1	1
Clay	14	1	63	78
46241	1			1
47438		1	3	4
47833			1	1
47834	5		36	41
47840	1		9	10
47841	4		3	7

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
47845	2			2
47846			8	8
47868			2	2
47881	1		1	2
Clinton	12	4	115	131
46035		2	9	11
46039	1		3	4
46041	4	1	54	59
46050	2	1	8	11
46052	1			1
46057	3		11	14
46058			8	8
46065	1		18	19
46067			1	1
46915			1	1
46979			2	2
Crawford	5		35	40
47112	1			1
47116			2	2
47118			10	10
47137			5	5
47140	1		6	7
47145	3		8	11
47166			1	1
47175			2	2
47513			1	1
Daviess	19	3	30	52
47501	10	2	18	30
47519			2	2
47529	1		1	2
47553			2	2
47558	1		1	2
47562	5	1	5	11
47568	2		1	3
De Kalb	20	3	67	90
46705	1		4	5
46706	9	2	28	39
46710	1			1
46721	2		4	6
46730		1	3	4
46738	3		14	17
46747	1			1
46785	1		4	5
46788			3	3
46793	2		7	9
Dearborn	13	10	96	119
46080			1	1
47001	1	3	16	20

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
47011			1	1
47012		1	4	5
47018	2		8	10
47022	1		4	5
47025	8	4	40	52
47032		1	10	11
47041		1	6	7
47060	1		6	7
Decatur	19	3	59	81
46113			1	1
46221			1	1
46240	1			1
47240	17	2	39	58
47246			1	1
47263			1	1
47272			4	4
47283	1	1	12	14
Delaware	47	17	174	238
46001			1	1
46012			1	1
46013	1			1
47300	1			1
47302	3		20	23
47303	10	3	21	34
47304	18	4	28	50
47305		1	2	3
47307			1	1
47320	6	4	20	30
47334	4	2	18	24
47338		1	22	23
47342	1		10	11
47383	1		14	15
47396	2	2	16	20
Dubois	13	3	44	60
47451			1	1
47513	2	1	1	4
47527	5		3	8
47532	1		4	5
47541			5	5
47542	1	1	13	15
47546	3	1	14	18
47575	1		3	4
Elkhart	142	10	287	439
46506			1	1
46507	9		18	27
46514	25	5	52	82
46515	1		1	2
46516	14		32	46

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
46517	21		25	46
46526	16		43	59
46528	19	2	34	55
46530	1		1	2
46540	12	1	21	34
46543	4		7	11
46544	1			1
46545		1		1
46550	10		20	30
46553	1		10	11
46555	1			1
46561			5	5
46567	2			2
46573	5	1	12	18
46580			1	1
46746			1	1
46767			1	1
46814			1	1
46850			1	1
Fayette	12	2	72	86
46133			3	3
47331	12	2	69	83
Floyd	18	8	100	126
47106			1	1
47119	2		13	15
47122	5	2	19	26
47124		1	5	6
47129			2	2
47130			2	2
47136		2	2	4
47150	10	3	54	67
47151	1			1
47172			2	2
Fountain	10		34	44
47918	5		19	24
47932	1		2	3
47949	1		4	5
47952			4	4
47958			1	1
47969	1			1
47987	2		4	6
Franklin	5	2	51	58
47006		1	4	5
47012	2		21	23
47016			2	2
47024	2		8	10
47030		1	3	4
47035			7	7

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
47036			2	2
47060			4	4
47246	1			1
Fulton	7	6	23	36
46910	3	2	4	9
46922			1	1
46931		1	1	2
46939	1	1	1	3
46945			1	1
46975	3	2	14	19
46982			1	1
Gibson	14	4	43	61
47613			1	1
47639	4		5	9
47640	2		2	4
47648	3	1	3	7
47649	1		4	5
47654			1	1
47660	1	1	13	15
47665			4	4
47670	3	2	10	15
Grant	27		209	236
46201			1	1
46453			1	1
46792			1	1
46919			10	10
46928	1		15	16
46933	2		40	42
46938	2		9	11
46940			1	1
46952	10		48	58
46953	6		41	47
46957			5	5
46962			1	1
46986	1		10	11
46987			8	8
46989	3		7	10
46991	2		10	12
47302			1	1
Greene	21	4	78	103
47404			1	1
47424	11		25	36
47438	1	1	9	11
47441	3		15	18
47443		1	2	3
47449		1	1	2
47453	1			1
47459	1		12	13

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
47462	1	1	5	7
47465			1	1
47471	3		7	10
Hamilton	198		514	712
46011			3	3
46030	2		2	4
46031	1		14	15
46032	47		104	151
46033	8		26	34
46034	13		23	36
46037	13		38	51
46038	37		82	119
46040	1		3	4
46050	1			1
46052			1	1
46055	2		1	3
46060	33		76	109
46062	20		52	72
46069	5		22	27
46074	11		49	60
46077			1	1
46084	1			1
46107			1	1
46112			1	1
46229			1	1
46256			1	1
46280	2		13	15
47348	1			1
Hancock	81		242	323
46017			1	1
46040	5		18	23
46048	1			1
46055	9		18	27
46064			2	2
46107			1	1
46115			1	1
46130	2		2	4
46140	53		124	177
46146			1	1
46148			1	1
46161			1	1
46163	6		41	47
46168	1			1
46186	1		15	16
46229	1		3	4
46239			1	1
46250			1	1
46263			1	1

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
47341	1			1
47384	1		9	10
47584			1	1
Harrison	16	7	63	86
47110			1	1
47112	6	1	16	23
47114			1	1
47115	3		6	9
47117	1	2	6	9
47119	1			1
47124		1	1	2
47135			4	4
47136		2	4	6
47142			1	1
47160			1	1
47161	2		10	12
47164	2	1	7	10
47166	1		5	6
Hendricks	153		381	534
46103	1		5	6
46112	29		80	109
46113			1	1
46118	10		18	28
46121	3		11	14
46122	28		49	77
46123	26		79	105
46128	1			1
46147	1		2	3
46149	3		15	18
46158			4	4
46163			1	1
46165			6	6
46167	8		21	29
46168	30		64	94
46180	1		3	4
46204			2	2
46221			1	1
46231	1		3	4
46234	10		14	24
46268	1			1
46808			1	1
47968			1	1
Henry	32	1	154	187
46013			1	1
46140			1	1
46148	3		26	29
46168			1	1
46186			1	1

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
47302			1	1
47327	1		2	3
47337			2	2
47344			1	1
47351			4	4
47352			4	4
47354			1	1
47356	7	1	24	32
47360			5	5
47362	16		58	74
47384			7	7
47385	2		5	7
47386			3	3
47387	2		5	7
47388	1		2	3
Howard	42		184	226
46068	1			1
46530			1	1
46901	14		65	79
46902	15		75	90
46915	1			1
46923			1	1
46936	6		16	22
46979	5		25	30
46994			1	1
Huntington	20	8	54	82
46702		1	5	6
46750	15	4	33	52
46770	1		1	2
46783	2	1	10	13
46792		1	5	6
46940	2	1		3
Jackson	24	4	75	103
47102			2	2
47220	2		15	17
47229	3		6	9
47235		1	6	7
47260	1		3	4
47264	2			2
47274	16	3	39	58
47280			1	1
47281			3	3
Jasper	22	1	53	76
46310	2		17	19
46374	1			1
46392	6		7	13
47943	1			1
47948			1	1

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
47977	1		7	8
47978	11	1	21	33
Jay	8		30	38
47326			2	2
47336			9	9
47369	1		3	4
47371	6		9	15
47373	1		7	8
Jefferson	13	2	46	61
47043			1	1
47138	1		4	5
47227			1	1
47230		1	2	3
47231			3	3
47243			5	5
47250	12	1	30	43
Jennings	14	3	35	52
47223			3	3
47227			2	2
47230			2	2
47265	11	2	20	33
47270			1	1
47273	3		6	9
47283		1	1	2
Johnson	133	1	411	545
46106	5		16	21
46124	5		12	17
46130			1	1
46131	32		76	108
46142	17		65	82
46143	52		148	200
46151	1		1	2
46158			1	1
46160	1		2	3
46164	2		20	22
46181	6		21	27
46184	10	1	40	51
46188			1	1
46193			1	1
46204			2	2
46217			1	1
46237	1			1
46259			1	1
47143			1	1
47164	1			1
47421			1	1
Knox	14	5	93	112
47403			1	1

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
47421			1	1
47512	1		4	5
47516	2		5	7
47524			1	1
47528	1		1	2
47535			3	3
47557	1		7	8
47561			1	1
47578			1	1
47591	9	5	60	74
47592			1	1
47596			1	1
47597			6	6
Kosciusko	46	21	78	145
46036	1			1
46510	3	2	5	10
46524	2	2	2	6
46538	2	2	4	8
46539	1	1	4	6
46542	2		2	4
46550			1	1
46555	3	2	7	12
46562	3	1	7	11
46567	13	2	12	27
46580	8	4	16	28
46582	6	2	7	15
46590	1	1	4	6
46851			1	1
46910			1	1
46962			3	3
46982		2	2	4
47254	1			1
La Porte	45	3	177	225
46304			1	1
46340	3		2	5
46345			3	3
46348			4	4
46350	19	2	65	86
46352			2	2
46360	4		56	60
46365			2	2
46366			1	1
46368			1	1
46371	9		9	18
46382	4		2	6
46390	1		7	8
46391	3		13	16
46532	1		1	2

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
46552	1		4	5
46574		1	4	5
Lagrange	18	8	28	54
46543	1			1
46565	2	4	9	15
46571	2		6	8
46746	2	1		3
46747	1		1	2
46761	8	1	8	17
46795	2	2	4	8
Lake	192	3	862	1057
46303	6		41	47
46304	1		1	2
46307	52	2	110	164
46308			1	1
46310			3	3
46311	4	1	36	41
46312	2		15	17
46319	10		39	49
46320	2		92	94
46321	3		30	33
46322	7		49	56
46323	7		32	39
46324	8		32	40
46325			1	1
46327			6	6
46341			2	2
46342	17		59	76
46355			1	1
46356	18		39	57
46368	3		1	4
46373	7		34	41
46375	13		38	51
46377	1			1
46385			2	2
46387	1			1
46392	1			1
46394	4		30	34
46402			4	4
46403	2		19	21
46404	1		10	11
46405	2		22	24
46406	1		10	11
46407			15	15
46408	3		17	20
46409	1		8	9
46410	15		58	73
46411			2	2

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
46415			1	1
47307			1	1
47319			1	1
Lawrence	32		93	125
46421			1	1
47264			1	1
47401			1	1
47421	27		53	80
47436			4	4
47437			1	1
47446	4		13	17
47451	1		4	5
47452			2	2
47461			1	1
47462			8	8
47470			4	4
Madison	97		320	417
46001	14		20	34
46011	12		40	52
46012	9		48	57
46013	14		32	46
46015			2	2
46016	1		19	20
46017	7		23	30
46018	1			1
46036	2		23	25
46037			1	1
46040	2		1	3
46044	3		9	12
46048	5		10	15
46051	3		7	10
46056	3		8	11
46062			1	1
46064	20		57	77
46070			12	12
46072			1	1
46140			1	1
46168			1	1
46240			1	1
46250			1	1
46928	1			1
47356			2	2
Marion	459	1	1661	2121
46023			1	1
46032			3	3
46033			3	3
46037	1			1
46038			2	2

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
46040	1		1	2
46052	3			3
46055			1	1
46074			2	2
46077	2		1	3
46106			1	1
46107	8		20	28
46112	1		11	12
46113	6		18	24
46122	1		2	3
46123	2			2
46126	1		1	2
46140	1		2	3
46142			4	4
46143	1		6	7
46149			1	1
46151	1		3	4
46157	1			1
46158			2	2
46160	1			1
46161	1			1
46163			5	5
46164			1	1
46168			5	5
46176			1	1
46183			2	2
46201	5		21	26
46202	4		17	21
46203	8		23	31
46204	78		486	564
46205	8		23	31
46206	1			1
46208	6		18	24
46209			1	1
46214	6		21	27
46216	3		4	7
46217	21		60	81
46218	2		12	14
46219	13		35	48
46220	15		38	53
46221	19	1	43	63
46222	5		16	21
46224	8		38	46
46225			1	1
46226	7		25	32
46227	23		108	131
46228	3		12	15
46229	3		25	28

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
46231	5		19	24
46234	9		29	38
46235	5		12	17
46236	13		37	50
46237	33		104	137
46239	31		74	105
46240	9		15	24
46241	4		26	30
46250	10		45	55
46254	11		32	43
46256	11		20	31
46259	13		34	47
46260	6		25	31
46268	23		38	61
46278	4		16	20
46280			4	4
46708			1	1
46731	1			1
46816			1	1
47239			1	1
47243	1			1
47374			1	1
47401			1	1
Marshall	28	6	69	103
46501			13	13
46504	1	1	3	5
46506	5	1	4	10
46511	4	4	8	16
46536			1	1
46537			4	4
46563	17		29	46
46570			2	2
46574	1		4	5
46576			1	1
Martin	2	1	11	14
47522			2	2
47553	2	1	6	9
47581			3	3
Miami	20	2	74	96
46901			4	4
46911	4		11	15
46914			1	1
46919	3		6	9
46926	1		7	8
46951	1	1	6	8
46970	10	1	39	50
46975	1			1
Monroe	56		331	387

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
46123	1			1
46135			1	1
46143			1	1
46158			1	1
46217			1	1
46323			1	1
46360			1	1
47243			1	1
47264			1	1
47330			1	1
47401	12		76	88
47402			6	6
47403	13		82	95
47404	13		39	52
47406			16	16
47408	6		60	66
47429	8		18	26
47433	2		6	8
47434			1	1
47441			1	1
47458			1	1
47460			1	1
47463			1	1
47464			4	4
47468	1		5	6
47546			1	1
47630			1	1
47803			1	1
47834			1	1
47906			1	1
Montgomery	38		89	127
46310			1	1
47933	21		52	73
47940	4		7	11
47954	3		8	11
47955	2		2	4
47965	1		3	4
47967	1			1
47968	3		7	10
47989			2	2
47990	3		4	7
47994			3	3
Morgan	66	1	250	317
46106			1	1
46111			2	2
46113	7		15	22
46118	1			1
46150			1	1

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
46151	27		109	136
46157	3		30	33
46158	22		62	84
46160	3	1	15	19
46166	2		11	13
46204			1	1
46241			1	1
47433			1	1
47456			1	1
47802	1			1
Newton	11	1	39	51
46310	3	1	9	13
46349	2		6	8
46372			1	1
46379			1	1
46381			2	2
47922	2		7	9
47948			3	3
47951	2		7	9
47963	2		3	5
Noble	26	7	28	61
46567	1			1
46701	4	2	7	13
46710	3		2	5
46723	1	1		2
46732			4	4
46755	6	1	6	13
46760	3	1		4
46763	3			3
46767	2	1	4	7
46784	3		3	6
46794		1	1	2
46796			1	1
Ohio			17	17
47018			1	1
47040			14	14
47049			1	1
47406			1	1
Orange	14	2	39	55
47125			2	2
47140			2	2
47421	1			1
47432	3		3	6
47452	4	1	16	21
47454	6		9	15
47464			1	1
47469			6	6
47532		1		1

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
Owen	18		46	64
46460			1	1
47427			2	2
47431			2	2
47433	5		8	13
47456	1		2	3
47460	10		26	36
47833	1			1
47841	1		1	2
47868			4	4
Parke	16	1	30	47
47832	1		1	2
47837			1	1
47859			2	2
47860			2	2
47862	1		1	2
47872	10	1	14	25
47874	4		9	13
Perry	8	3	17	28
46227			1	1
47514			1	1
47515	1		3	4
47520	1	1		2
47574	1			1
47577	1	1		2
47586	4	1	12	17
Pike	6	3	16	25
47564	4	1	5	10
47567	1		3	4
47584			1	1
47590			2	2
47598	1	2	4	7
47660			1	1
Porter	123	7	389	519
46301			2	2
46302			1	1
46304	16	2	66	84
46307	2		9	11
46318			1	1
46341	8		27	35
46342	2		2	4
46347	5		19	24
46350			1	1
46360			4	4
46368	26	2	82	110
46377			1	1
46382			1	1
46383	31		68	99

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
46384			2	2
46385	31	3	92	126
46386			1	1
46390			1	1
46391	1		7	8
46393	1		1	2
47957			1	1
Posey	12	3	68	83
46733			1	1
47612			1	1
47620	4	2	32	38
47630			1	1
47631	1		6	7
47633	2		7	9
47638	4	1	10	15
47683			1	1
47711			1	1
47712	1		6	7
47713			1	1
47715			1	1
Pulaski	8	3	32	43
46374			1	1
46939	1		1	2
46960	2		2	4
46985			1	1
46996	3	3	20	26
47946			1	1
47957	2		6	8
Putnam	18		117	135
46105			6	6
46120	4		9	13
46121	3		9	12
46128	1		9	10
46135	7		62	69
46171	1		10	11
46172	2		9	11
46347			1	1
47460			2	2
Randolph	17	3	55	75
47320			1	1
47340			3	3
47346			1	1
47354			2	2
47355	2		4	6
47358		1	5	6
47368			4	4
47373			2	2
47380		2	3	5

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
47382			1	1
47383	1			1
47390	10		9	19
47394	4		20	24
Ripley	15	3	71	89
47006	4		26	30
47017			1	1
47018		1	3	4
47023			2	2
47031	5		9	14
47033			1	1
47034			2	2
47037	2		9	11
47041	1	2	10	13
47042	3		8	11
Rush	10	2	70	82
46104	1		8	9
46111			1	1
46115	1		13	14
46133	1		2	3
46140			1	1
46148			1	1
46150			5	5
46155			1	1
46156	2		3	5
46161	1			1
46173	4	2	35	41
Scott	11	4	36	51
47102			5	5
47138	1		5	6
47147			1	1
47170	7	3	21	31
47172			1	1
47177	3	1	2	6
47230			1	1
Shelby	54		113	167
46110	2		1	3
46124	1		1	2
46126	9		15	24
46130			10	10
46131	2			2
46144	1			1
46150			1	1
46161	3		17	20
46163	1		2	3
46176	28		44	72
46182	2		12	14
46259	1		3	4

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
47176			1	1
47234	3		3	6
47240			1	1
47272	1		2	3
Spencer	9	4	33	46
47523	1	2	6	9
47531			2	2
47537			3	3
47550	1		2	3
47577			1	1
47579	1	1	1	3
47601	1			1
47611	2	1	2	5
47615			1	1
47634	1		5	6
47635	1		10	11
47715	1			1
St Joseph	140	80	408	628
46228	1			1
46371			1	1
46501			1	1
46506	2		4	6
46507			1	1
46514			2	2
46516			2	2
46530	22	14	38	74
46536	4	1	8	13
46544	25	15	49	89
46545	3	7	26	36
46552	2		21	23
46554	3	1	17	21
46556			1	1
46561	12	13	28	53
46563	2			2
46574	1	3	10	14
46580		1		1
46595			1	1
46601	1	2	2	5
46613			4	4
46614	11	4	58	73
46615	4		20	24
46616	1	2	4	7
46617	4	1	8	13
46619	9	4	31	44
46624		1		1
46628	18	5	36	59
46634			1	1
46635	4	2	8	14

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
46637	11	4	26	41
Starke	8	2	40	50
46366	2		4	6
46374			1	1
46531	1		3	4
46532			1	1
46534	3	1	23	27
46563			1	1
46574	1		7	8
46968		1		1
46996	1			1
Steuben	13	3	56	72
46703	10		24	34
46705			3	3
46737	1	1	4	6
46742			7	7
46747	1		2	3
46776		1	8	9
46779	1	1	5	7
46788			1	1
46789			1	1
47603			1	1
Sullivan	27	3	69	99
47438			1	1
47838	2	1	9	12
47848	2	1	8	11
47850	1		12	13
47855			4	4
47861	1			1
47879	3		14	17
47882	18	1	21	40
Switzerland	2	4	33	39
47011			3	3
47019			1	1
47020	1		2	3
47038		1	6	7
47040	1		6	7
47042			1	1
47043		3	14	17
Tippecanoe	51	2	279	332
46065	1			1
47456			1	1
47609			1	1
47901	1		4	5
47902			1	1
47904	2		11	13
47905	16		62	78
47906	15	1	54	70

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
47909	9		86	95
47918			1	1
47920	2		9	11
47930			8	8
47933		1		1
47941	2		7	9
47955	1		1	2
47962			1	1
47965			1	1
47967			2	2
47981	1		7	8
47983			2	2
47992	1		20	21
Tipton	14		52	66
46031			2	2
46036			2	2
46045			1	1
46047			1	1
46049			3	3
46068	4		8	12
46072	7		26	33
46076	3		8	11
46902			1	1
Union			13	13
47003			1	1
47325			2	2
47353			10	10
Vanderburgh	93	2	321	416
47114			1	1
47612			1	1
47615	1			1
47630			4	4
47638			1	1
47639	2		1	3
47708			4	4
47710	8		24	32
47711	12		39	51
47712	13	1	59	73
47713	2		29	31
47714	10	1	33	44
47715	19		38	57
47719	1			1
47720	5		32	37
47724			1	1
47725	20		53	73
47728			1	1
Vermillion	7	2	64	73
47831			1	1

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
47842	4	1	38	43
47847		1	3	4
47854	1			1
47862			1	1
47874			2	2
47875			1	1
47884			1	1
47928			8	8
47966			4	4
47974	2		5	7
Vigo	86	4	230	320
46135			2	2
47605			1	1
47705	1			1
47802	25	1	82	108
47803	20	1	39	60
47804	8		11	19
47805	14		32	46
47807	2		2	4
47834	1		4	5
47837			1	1
47861			1	1
47863	1		2	3
47866	1		3	4
47869			3	3
47870	1			1
47871		1	1	2
47874	1		11	12
47882		1		1
47885	11		35	46
Wabash	33	1	44	78
46926			1	1
46940	4		6	10
46941			2	2
46962	3		8	11
46974	1		1	2
46990	2		2	4
46992	23	1	24	48
Warren	7	3	20	30
47906			2	2
47918	2		2	4
47921			2	2
47970			2	2
47975	1	2	3	6
47991		1	1	2
47993	4		8	12
Warrick	31	1	119	151
47523	2		1	3

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
47537	2			2
47601	5		29	34
47610	2		9	11
47613	1		8	9
47619	1		1	2
47630	17	1	66	84
47634			1	1
47637	1		1	2
47639			1	1
47710			1	1
47713			1	1
Washington	11	3	29	43
47106	1			1
47108	2		3	5
47120			5	5
47125	1		1	2
47161	1			1
47164			1	1
47165	3		7	10
47167	3	3	12	18
Wayne	30	6	135	171
46214			1	1
47324			1	1
47325			1	1
47327	5		9	14
47330	4		20	24
47335			6	6
47339	1			1
47341			5	5
47345			5	5
47346	7	3	17	27
47353	1			1
47357	1		3	4
47370			1	1
47374	10	2	60	72
47392			2	2
47393		1	3	4
47394			1	1
47436	1			1
Wells	20	2	35	57
46714	9	1	13	23
46731			2	2
46759	1			1
46766			2	2
46770	2			2
46777	8	1	14	23
46781			1	1
46783			1	1

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
46792			1	1
47359			1	1
White	25	2	58	85
47906			1	1
47920			1	1
47923	1		13	14
47924			1	1
47925	1		2	3
47926			3	3
47929	1		2	3
47950		1		1
47959		1	11	12
47960	20		17	37
47980	1		1	2
47995	1		6	7
Whitley	23	16	57	96
46723	4	9	15	28
46724			1	1
46725	18	5	30	53
46764		1	2	3
46765			1	1
46783			2	2
46787	1	1	2	4
46814			1	1
46818			3	3
(blank)	242	31	1865	2138
46001			3	3
46011	1		8	9
46012	3		7	10
46013			4	4
46016			5	5
46017	2		3	5
46030			1	1
46031			1	1
46032	1		10	11
46033			9	9
46034			2	2
46035			1	1
46036			8	8
46037	3		9	12
46038	1		10	11
46040			3	3
46041	1		11	12
46044	1		1	2
46048			1	1
46050			1	1
46051			3	3
46052	1		8	9

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
46055			2	2
46056			4	4
46058			1	1
46060	1		12	13
46062	1		9	10
46063			1	1
46064	2		12	14
46065			2	2
46068			1	1
46069	1		1	2
46070			1	1
46071			1	1
46072			2	2
46074	1		7	8
46075			1	1
46077	1		5	6
46079			1	1
46103			1	1
46104			1	1
46105			1	1
46106	1		6	7
46107	1		3	4
46112			17	17
46113	1		2	3
46115			2	2
46118			4	4
46120	1		2	3
46121			5	5
46122	1		9	10
46123	2		11	13
46126			6	6
46128	2			2
46130			1	1
46131	2		15	17
46135	2		3	5
46140	4		14	18
46142	2		9	11
46143	3		21	24
46147			5	5
46148			1	1
46149			3	3
46150			2	2
46151			13	13
46154			1	1
46156			1	1
46157			2	2
46158			6	6
46160			6	6

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
46161			4	4
46162			1	1
46163			5	5
46164			3	3
46165			4	4
46167			1	1
46168	3		16	19
46171			2	2
46172			1	1
46173			8	8
46175			2	2
46176	2		13	15
46180			1	1
46181			5	5
46184	2		2	4
46186			2	2
46201	1		1	2
46202	2		1	3
46203			2	2
46204	7		84	91
46205	1		4	5
46208			2	2
46214	3		11	14
46217	1		13	14
46218			1	1
46219			3	3
46220	1	1	12	14
46221	1		4	5
46224	1		2	3
46226			5	5
46227			14	14
46228			2	2
46229			3	3
46231			2	2
46234	1		4	5
46235	1		2	3
46236	2		5	7
46237	2		11	13
46239	2		10	12
46240	1		1	2
46241			5	5
46250			3	3
46254			3	3
46256			5	5
46259	2		5	7
46260			4	4
46268			4	4
46278	1			1

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
46280	1		3	4
46302			2	2
46303			9	9
46304	1		7	8
46307	3		22	25
46310			3	3
46311	2		9	11
46312	1		2	3
46319	2		5	7
46320			6	6
46321	2		12	14
46322	2		11	13
46323			4	4
46324			4	4
46341			5	5
46342			11	11
46346	1			1
46349	1		1	2
46350			8	8
46356	3		9	12
46360	1		4	5
46366	2		1	3
46368			14	14
46373	3		3	6
46375	5		8	13
46383	3		8	11
46384			1	1
46385	2	1	13	16
46390			2	2
46391			3	3
46392			3	3
46393			2	2
46394			4	4
46403			3	3
46404			4	4
46405			5	5
46406			2	2
46407			1	1
46408			4	4
46409			3	3
46410			8	8
46501		1	1	2
46502			1	1
46506			1	1
46507	1		6	7
46510			1	1
46511	2		2	4
46514	2	1	14	17

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
46515			1	1
46516			6	6
46517			6	6
46526	3		11	14
46528	1		7	8
46530		1	9	10
46531			1	1
46532			1	1
46534	1		3	4
46536			3	3
46537		1		1
46538	1		4	5
46540			4	4
46541			1	1
46542			1	1
46543			6	6
46544	2	2	13	17
46545	1	1	3	5
46550			8	8
46552		1	3	4
46553			2	2
46554			1	1
46555			2	2
46556			3	3
46561		1	6	7
46563		1	3	4
46565			4	4
46567			3	3
46571			4	4
46573			2	2
46574			2	2
46580			3	3
46581			1	1
46582		1	3	4
46590			1	1
46595			1	1
46601			1	1
46613			2	2
46614	2		5	7
46615	1		4	5
46616			2	2
46619			2	2
46628		3	2	5
46635			3	3
46637	1	3	2	6
46701	1			1
46702			3	3
46703	1		2	3

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
46706			1	1
46711			3	3
46723		1	2	3
46725	1	1	8	10
46732			1	1
46733			4	4
46738			3	3
46741			1	1
46742			1	1
46743			1	1
46745			3	3
46746			1	1
46748	1		3	4
46750		2	2	4
46755	1		1	2
46765			1	1
46767			2	2
46772			1	1
46773			6	6
46774	2		8	10
46777			2	2
46782			1	1
46783			3	3
46787		1	1	2
46788			1	1
46792	1			1
46797			2	2
46802			2	2
46803	1		2	3
46804	1		6	7
46805	2		3	5
46806			1	1
46807			6	6
46808			5	5
46809			1	1
46814	1		4	5
46815	3		9	12
46816			1	1
46818	2		10	12
46819	1		1	2
46825			3	3
46835	2		7	9
46845	1		4	5
46901	2		6	8
46902	2		8	10
46910			1	1
46911			1	1
46915			1	1

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
46917			1	1
46919			4	4
46920	1		1	2
46923			2	2
46928			1	1
46932			4	4
46933			1	1
46936			4	4
46940			1	1
46941	1			1
46947			2	2
46952			10	10
46953			3	3
46957			2	2
46962			2	2
46970			12	12
46975			2	2
46978			1	1
46979			2	2
46985			1	1
46986			1	1
46987			1	1
46988			1	1
46990			1	1
46991			1	1
46992	2		2	4
46994			5	5
46996		1	4	5
47001			2	2
47006	1		4	5
47012			2	2
47018			2	2
47020			1	1
47022	1			1
47025	1		8	9
47030			1	1
47031	1			1
47032	1		3	4
47035			1	1
47037			2	2
47040			1	1
47041			3	3
47042			1	1
47043			3	3
47047			1	1
47060			3	3
47102			2	2
47106	1		3	4

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
47111			2	2
47112			1	1
47115			1	1
47117			1	1
47119			3	3
47122			1	1
47124	1		1	2
47125			1	1
47129			1	1
47130	1		4	5
47136	1		2	3
47137			2	2
47138		1	2	3
47140			1	1
47143		1		1
47150			5	5
47161			1	1
47164			1	1
47165			2	2
47167			2	2
47170			3	3
47172	1	1	3	5
47177			1	1
47201	2		13	15
47203	1		9	10
47220			2	2
47224			2	2
47225			1	1
47232	1		2	3
47234			2	2
47235			1	1
47240	2	1	6	9
47243	1		1	2
47244			3	3
47246			1	1
47250	1		2	3
47264	1		2	3
47265			8	8
47273	1		1	2
47274	2		5	7
47283			3	3
47302			6	6
47303			5	5
47304			7	7
47305			1	1
47320			4	4
47330			4	4
47331			7	7

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
47334			3	3
47336			1	1
47338			3	3
47340	1		2	3
47341			1	1
47345			1	1
47346			3	3
47348			5	5
47351			1	1
47352			1	1
47353			2	2
47355			1	1
47356			3	3
47359			1	1
47360			1	1
47361			1	1
47362		1	9	10
47368			1	1
47371			4	4
47374			9	9
47380			1	1
47382			1	1
47383			1	1
47384			1	1
47385			1	1
47388			2	2
47394			3	3
47401	1		13	14
47402			1	1
47403	2		16	18
47404	5		5	10
47406			3	3
47407			2	2
47408			11	11
47421	2		4	6
47424	1		6	7
47429			3	3
47432			1	1
47436			2	2
47438			2	2
47441			3	3
47443	1		2	3
47446			1	1
47448	1		3	4
47452			3	3
47454			3	3
47455			1	1
47456			2	2

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
47459			2	2
47460	1		2	3
47463			1	1
47464			1	1
47465			1	1
47469			1	1
47470			1	1
47471			4	4
47501			3	3
47502			1	1
47516			1	1
47520	1			1
47523	1		1	2
47528			1	1
47532			1	1
47542			1	1
47546			3	3
47550			1	1
47553	1		2	3
47558			1	1
47562			2	2
47564	1			1
47575			1	1
47579			2	2
47586	2			2
47591	2		6	8
47601			3	3
47620			7	7
47630	2		9	11
47634	1		1	2
47635			2	2
47638			1	1
47639	1		1	2
47640			1	1
47648			1	1
47665	1			1
47670		1	1	2
47683			1	1
47706			1	1
47710			7	7
47711	2		7	9
47712	1		6	7
47713	1		6	7
47714	1		2	3
47715	3		6	9
47720			9	9
47725	3		7	10
47802	3		13	16

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
47803	4		5	9
47804	1		1	2
47805			1	1
47807			2	2
47834			6	6
47837	1			1
47838			1	1
47842	1		2	3
47848			2	2
47850			1	1
47855	1			1
47858			1	1
47863			1	1
47874			1	1
47879			2	2
47882			7	7
47885	1		4	5
47901			1	1
47904			2	2
47905	1		17	18
47906			12	12
47909			13	13
47918			1	1
47920			3	3
47921			1	1
47922			1	1
47925			1	1
47928			1	1
47929	1		1	2
47930			1	1
47932	1		1	2
47933			10	10
47941			1	1
47944			3	3
47950			1	1
47951			2	2
47954	1			1
47959			1	1
47960			1	1
47964			1	1
47967	1			1
47968			1	1
47970			1	1
47971			1	1
47975			1	1
47977			1	1
47978			1	1
47981			2	2

Row Labels	EMS - PARAMEDIC	EMS - ADVANCED EMERGENCY MEDICAL TECHNICIAN	EMS - EMERGENCY MEDICAL TECHNICIAN	Grand Total
47992			2	2
47993	1		1	2
47995			2	2
Grand Total	3897	420	14277	18594

Military Reciprocity since January of 2015

16 individuals

14 of the 16 have a two year EMT certification issued to them

1 of the 16 just needs to complete POST to receive his/her full two year certification

1 of the 16 we are waiting on paperwork to be returned to the office

Emergency Medical Services Provider Certification Report

Date : June 10, 2015

June 19, 2015

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 **June 19, 2015** Commission meeting, the following report of agencies who have meet the requirements for certification as Emergency Medical Service Providers and their vehicles.

<u>Provider Level</u>	<u>Counts</u>
Rescue Squad Organization	3
Basic Life Support Non-Transport	444
Ambulance Service Provider	92
EMT Basic-Advanced Organization	15
EMT Basic-Advanced Organization non-transport	11
EMT Intermediate Organization	17
EMT Intermediate Organization non-transport	0
Paramedic Organization	192
Paramedic Organization non-transport	12
Rotorcraft Air Ambulance	13
Fixed Wing Air Ambulance	3
Total Count: 802	

New Providers Since 17-APR-15

QCA, Inc.

**Paramedic Certification:
05/08/2015**

Emergency Medical Services Provider Certification Report

Date : June 10, 2015

June 19, 2015

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 **June 19, 2015** Commission meeting, the following report of agencies who have meet the requirements for certification as Emergency Medical Service Providers and their vehicles.

Saratoga Ward Twp. Fire Department	Basic Certification: 06/02/2015
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ATTACHMENT

#8

First Quarter of 2015 NREMT Stats

PARA Medic

Training Institution	Total Number Tested	1st time pass	Pass after 3 attemps	Pass after 6 attemps
Community Health Ntwk	10	100% 10/10	100% 10/10	100% 10/10
Ivy Tech Bloomington	1	100% 1/1	100% 1/1	100% 1/1
Ivy Tech Colombus	2	50% 1/2	50% 1/2	50% 1/2
Ivy Tech Terre Haute	3	67% 2/3	67% 2/3	67% 2/3
Ivy Tech Evansville	4	100% 4/4	100% 4/4	100% 4/4
Ivy Tech Richmond	2	0% 0/2	0% 0/2	0% 0/2
Ivy Tech Kokomo	1	100% 1/1	100% 1/1	100% 1/1
Methodist Hospital Gary	3	0% 0/3	0% 0/3	0% 0/3
Pelham Training	7	71% 5/7	71% 5/7	71% 5/7
St Mary Hobart	1	100% 1/1	100% 1/1	100% 1/1
St Vincent Indpls	6	100% 6/6	100% 6/6	100% 6/6
State Totals	40	78% 31/40	78% 31/40	78% 31/40
National Totals	2,308	82% 1895/2308	87% 1999/2308	87% 1999/2308

Failed all 6 attempts	Eligible for Retest	Did not complete within 2 years
0	0	0
0	0	0
0	1	0
0	1	0
0	0	0
0	2	
0	0	0
0	3	0
0	2	0
0	0	0
0	0	0
0	9	0
0	309	0

AEMT

Program	Number of Exams	1st Time Pass Rate	Pass Rate Up To 3	Eligible for Retest
Dearborn Co Hosp	4	75% 3/4	75% 3/4	1
Ivy Tech Bloomington	3	100% 3/3	100% 3/3	0
Parkview Whitley	6	50% 3/6	83% 5/6	1
Scott Co EMS	1	100% 1/1	100% 1/1	0
State Totals	14	71% 10/14	86% 12/14	2
National Totals	1254	64% 808/1254	68% 855/1254	1137

EMT

Program	Number of Exams	1st Time Pass Rate	Pass Rate Up to 3
Ball Memorial Hospital	1	100% 1/1	100% 1/1
Cameron Memorial Hosp	1	100% 1/1	100% 1/1
DePauw University	3	0% 0/3	0% 0/3
Elkhart General	2	100% 2/2	100% 2/2
Franciscan St Margaret	1	100% 1/1	100% 1/1
Ivy Tech Kokomo	1	0% 0/1	0% 0/1
Ivy Tech Northeast	3	67% 2/3	67% 2/3
Ivy Tech Evansville	2	50% 1/2	50% 1/2
Ivy Tech South Bend	1	0% 0/1	0% 0/1
Pelham Training	28	64% 18/28	86% 24/28
Riverview Hospital	2	50% 1/2	100% 2/2
St Vincent	4	75% 3/4	75% 3/4
Vincennes University	1	0% 0/1	100% 1/1
Wishard Health Svcs	9	89% 8/9	89% 8/9
State Report	59	64% 38/59	78% 46/59
National Report	17181	71% 12154/17181	77% 13196/17181

Eligible for Retest
0
0
3
0
0
1
1
1
4
0
1
0
1
13
3984

1 Year NREMT Stats

PARA medic

Training Institution	Total Number Tested	1st time pass	Pass after 3 attempts	Pass after 6 attempts
Adams County Hospital	15	53% 8/13	87% 13/15	93% 14/15
Community Health Ntwk	26	85% 22/26	96% 25/26	89% 50/56
Elkhart General Hosp	29	52% 15/29	76% 22/29	83% 24/29
St Anthony Crown Point	7	71% 5/7	71% 5/7	71% 5/7
St Elizabeth Lafayette	2	0% 0/2	100% 2/2	100% 2/2
Hendricks Regional	14	100% 14/14	100% 14/14	100% 14/14
Ivy Tech Bloomington	9	67% 6/9	67% 6/9	67% 6/9
Ivy Tech Colombus	11	82% 9/11	91% 10/11	91% 10/11
Ivy Tech Northeast	14	64% 9/14	86% 12/14	86% 12/14
Ivy Tech Terre Haute	26	35% 9/26	38% 10/26	42% 11/26
Ivy Tech Evansville	14	43% 6/14	71% 10/14	71% 10/14
Ivy Tech Kokomo	11	73% 8/11	82% 9/11	82% 9/11
Ivy Tech South Bend	32	69% 22/32	75% 24/32	75% 24/32
Methodist Hospital Gary	7	29% 2/7	29% 2/7	29% 2/7
Pelham Training	45	76% 34/35	87% 39/45	87% 39/45
St Francis Indpls	5	100% 5/5	100% 5/5	100% 5/5
St Mary Hobart	5	80% 4/5	100% 5/5	100% 5/5
St Vincent Indpls	18	100% 18/18	100% 18/18	100% 18/18
Vincennes University	7	54% 4/7	86% 6/7	86% 6/7
Wishard Hospital	19	84% 16/19	95% 18/19	95% 18/19
State Totals	316	68% 216/316	81% 255/316	82% 259/316
National Totals	10,756	75% 8108/10756	87% 9322/10756	87% 9367/10756

Failed all 6 attempts	Eligible for Retest	Did not complete within 2 years
0	1	0
0	1	0
0	5	0
0	2	0
0	0	0
0	0	0
0	3	0
0	1	0
0	2	0
0	15	0
1	3	0
0	2	0
0	8	0
0	5	0
0	6	0
0	0	0
0	0	0
0	0	0
0	1	0
0	1	0
1	56	0
16	1343	0

AEMT

Program	Number of Exams	1st Time Pass Rate	Pass Rate Up To 3	Eligible for Retest
Alliance EMS	8	75% 6/6	88% 7/8	1
Ball Hospital	6	33% 2/6	67% 4/6	2
Columbus Regional	8	50% 4/8	50% 4/8	4
Deaconess	5	60% 3/5	80% 4/5	1
Dearborn Co Hosp	13	46% 6/13	62% 8/13	5
Harrison Co Hosp	6	83% 5/6	100% 6/6	0
Ivy Tech Richmond	2	50% 1/2	50% 1/2	1
Ivy Tech Northeast	5	100% 5/5	100% 5/5	0
Ivy Tech Evansville	1	100% 1/1	100% 1/1	0
Ivy Tech South Bend	16	44% 7/16	75% 12/16	4
Jennings County	13	23% 3/13	23% 3/13	10
Kings Daughters	7	43% 3/7	57% 4/7	3
Memorial Hospital	13	46% 6/13	69% 9/13	4
Methodist Hospitals	4	75% 3/4	75% 3/4	1
North Webster	36	53% 19/36	78% 28/36	7
Parkview Whitley	6	50% 3/6	83% 5/6	1
Parkview Huntington	7	29% 2/7	71% 5/7	2
Pelham	14	21% 3/14	50% 7/14	7
Prompt Ambulance	15	87% 13/15	87% 13/15	2
Pulaski County Trng	3	33% 1/3	67% 2/3	1
Scott Co EMS	6	50% 3/6	67% 4/6	2
St Joe Plymouth	5	20% 1/5	80% 4/5	1
TH Regional Hosp	3	100% 3/3	43% 3/7	0
Tri County Amb	12	33% 4/12	58% 7/12	5
Yellow Amb Ser	5	40% 2/5	40% 2/5	3
State Totals	220	50% 109/220	68% 149/220	69
National Totals	4433	60% 2642/4422	74% 3253/4422	1137

EMT

Program	Number of Exams	1st Time Pass Rate	Pass Rate Up to 3
Ball Memorial Hospital	1	100%	1/1
Bloomington/Orange Co	1	0%	0/1
Cameron Memorial Hosp	1	100%	1/1
Community Health Ntwk	2	50%	1/2
Deaconess Hosp	7	71%	5/7
DePauw University	5	20%	1/5
Elkhart General	10	80%	8/10
St Anthony Crn Point	2	100%	2/2
St Elizabeth Lafayette	3	100%	3/3
Indiana University	3	67%	2/3
IU Goshen	3	67%	2/3
Ivy Tech Sellersburg	3	67%	2/3
Ivy Tech Columbus	1	100%	1/1
Ivy Tech Northeast	2	100%	2/2
Ivy Tech Richmond	3	67%	2/3
Ivy Tech Southeast	1	100%	1/1
Ivy Tech Evansville	11	73%	8/11
Ivy Tech South Bend	6	67%	4/6
Paramedic Science	1	100%	1/1
Pelham Training	62	68%	42/62
Prompt Ambulance	1	100%	1/1
Riverview Hospital	3	67%	2/3
St Francis Hospital	1	100%	1/1
St Mary Hobart	1	100%	1/1
St Vincent	30	73%	22/30
Terre Haute Regional	1	100%	1/1
Wishard Health Svcs	28	79%	22/28
Yellow Ambulance	31	68%	21/31
State Report	225	71%	160/225
National Report	74826	69%	51392/74826
		78%	58522/74826

Eligible for Retest
0
0
0
1
1
3
2
0
0
0
1
1
0
0
0
1
0
0
1
0
1
3
0
1
0
11
0
0
0
0
0
7
0
5
5
42
16097