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: February 13, 2015

LOCATION: Fishers Town Hall
One Municipal Drive
Fishers, IN 46038

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

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 10:01am by Chairman Turpen. Ms. Candice Hilton called roll and announced quorum. Commissioner Craigin arrived at 10:05am.

HONORARY CERTIFICATION

a. Cheryl Reynolds (see attachment #1)

Mr. Jason Smith read into record the request for Cheryl Reynolds' honorary paramedic license.

A motion was made by Commissioner Mackey to grant the honorary license. The motion was seconded by Commissioner Hoggatt. The motion passed.

ADOPTION OF MINUTES

a. December 12, 2014 minutes

Mr. Jason Smith addressed the Commission and pointed out an error in the minutes in the motion for Tabith Alvarado's waiver request the minutes stated that the motion was for ninety days from the date of the Commission meeting. After Mr. Smith and Ms. Hilton reviewed the recording the motion only stated that the extension was for ninety days.

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

A motion was made by Dr. Olinger to accept the minutes as amended. The motion was seconded by Commissioner Mackey. The motion passed. The minutes were adopted.

INDIANA DEPARTMENT OF HEALTH

a. Trauma Registry (see attachment #2)

Mrs. Katie Hokanson presented the Trauma registry report. Mrs. Hokanson briefly commented on the run times. Commissioner Mackey asked about EMS being behind on reporting data. Ms. Hokanson stated that there are two providers that refuse to turn run reports over to the Trauma registry. After some discussion Director Mike Garvey commented that the providers that are not in compliance with the rules regarding turning run reports to the hospitals within 24 hours. When the agency receives information regarding run reports not being turned in the district managers will be sent out to deal with the providers that are non-compliant. Chairman Turpen asked Mrs. Hokanson to turn the names of the providers that are refusing to turn in run reports to staff.

b. American College of Surgeons (ACS) "in process" process (see attachment #3)

Mrs. Hokanson briefly reviewed the ACS "in the process" process. Mrs. Hokanson stated that any hospital from this point forward that wants to enter the "in the process" process will use the new forms, the revised application and new one year report form and that the hospital will still have two years to become verified by the American College of Surgeons.

Mrs. Hokanson announced the Injury Prevention Conference will be held March 13, 2015 more details can be found at www.Indianatrauma.org . Mrs. Hokanson also announces the upcoming Trauma Committee meeting and the 2015 Trauma Tour dates will be announced soon.

EMS FOR CHILDREN

EMSC Newsletter submitted by IDHS staff (see attachment #4)

TECHNICAL ADVISORY COMMITTEE (TAC)

a. Report (see attachment #5) Chairman of the TAC Leon Bell was not present for this meeting but submitted a report. His report was read into record by Mr. Faril Ward.
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
    ii. New Assignments
        1. Primary Instructor written exam

INDIANA EMERGENCY MEDICAL SERVICES ASSOCIATION (IEMSA)

Mr. Faril Ward, President of IEMSA, reported for IEMSA. Mr. Ward reported that IEMSA held their annual legislation breakfast on January 29, 2015. Mr. Ward mentioned that IEMSA was following some pieces of legislation that involve or are about EMS a couple in particular are HB190- line of duty death benefits which passed the house 93-1 and is now in the Senate. IEMSA is continuing its work on the EMS Memorial. Mr. Ward made note that Wayne Township has been very active in helping IEMSA in regards to the EMS Memorial. Mr. Ward spoke about the EMS license plate which was denied last year and asked that anyone that is in support of the EMS license plate to sign the new petition not because they don't have enough but because they don't want to be told that the signatures they have are too old to use. The money from the license plate will go to help fund public education and the EMS Memorial. Mr. Ward also stated that IEMSA is still talking to the Director of Medicaid in regards to reimbursements. Current members of IEMSA will be receiving notification regarding renewing their membership and welcome anyone interesting in becoming a new member. Mr. Ward announced that IEMSA is working toward hiring someone to professionally manage the association. Commissioner Mackey thanked the directors of IEMSA for their hard work and stated he thinks that the association is doing a good job.

EMS EDUCATION WORKING GROUP

Mr. Kraig Kenny spoke briefly about the EMS Education Working Group (see attachment #6). Mr. Kenny wanted to clarify that the group is an association of Primary Instructor and is not sanctioned by IDHS even though staff of IDHS and Commission members attend the meeting. Mr. Kenny stated that their meetings are opened and any Primary Instructor can participate in the meetings.

PERSONNEL WAIVER REQUESTS

The following requested a waiver of Emergency Rule LSA document #12-393E Section 32 which reads (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. (f) If a properly completed renewal application is submitted within one hundred twenty (120) calendar days after the expiration of the certification, together with the required documentation to show that the applicant has completed all required continuing education within the two (2) years prior to the expiration of the certification, and a fifty dollar ($50) reapplication fee, the certification will be reinstated on the date that the commission staff determines that the required application, documentation, and reapplication fee have been properly submitted. The expiration date will be two (2) years from the expiration of the previous, expired certification. (i) An individual wanting to reacquire a certification shall: (1) complete an emergency medical technician recertification training course as approved by the commission; and (2) successfully complete the state written and practical skills examinations as set forth and approved by the commission. If the individual fails either certification examination, the person must retake an Indiana basic emergency medical technician training course. Ben Clendenen (6479-5863) EMT Certification expired on 9/30/2013. Ben is requesting a waiver to allow his in-service hours to be accepted. He was on medical leave and thought his employer was turning it in. Staff recommends: Deny – based on there is not enough in-service for EMS, it is over a year and half after his expiration date and based on past Commission action. Mr. Clendenen per the rules may retake practical and written to become recertified.

Ben Clendenen – EMT

A motion was made by Commissioner Zartman to deny the waiver request. The motion was seconded by Commissioner Craigin. The motion passed.

The following requested a waiver of Emergency Rule LSA document #12-393E SECTION 58.which reads (a) This SECTION supersedes 836 IAC 4-9-6. (b) To obtain paramedic licensure based upon reciprocity, an applicant shall be affiliated with a certified paramedic provider organization and be a person who, at the time of applying for reciprocity, meets one (1) of the following requirements: (1) Possesses a valid certificate or license as a paramedic from another state and who successfully passes the paramedic practical and written licensure examinations as set forth and approved by the commission. Application for licensure shall be postmarked or delivered to the agency office within six (6) months after the request for reciprocity. (2) Has successfully completed a course of training and study equivalent to the material contained in the Indiana paramedic training course and successfully completes the written and practical skills licensure examinations prescribed by the commission. (3) Possesses a valid National Registry paramedic certification. (c) Notwithstanding subsection (b), any nonresident of Indiana who possesses a certificate or license as a paramedic that is valid in another state, upon residing at an Indiana address, may apply to the agency for temporary licensure as a paramedic. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary licensure that shall be valid for: (1) the duration of the applicant's current certificate or license; or (2) a period not to exceed six (6) months from the date that the reciprocity request is approved by the director; whichever period of time is shorter. A person receiving temporary licensure may apply for full licensure using the procedure required in 836 IAC 4-9-1. Casey Curtis (8178-0097) Leon Bell is requesting on behalf of Casey Curtis that Casey's temporary paramedic license be extended an additional 6 months to July 1, 2015. Mr. Curtis is finding it difficult to get into a paramedic practical. Indianapolis EMS has hired him and are willing to help Mr. Curtis with this requirement to become certified and is currently in a 240 hour course that is part of the requirement for NR certification. Staff recommends: Approval

Casey Curtis - Paramedic

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

Joseph Rhoades
Nicholas Lambert

A motion was made by Commissioner Hoggatt to approve the waiver request. The motion was seconded by Commissioner Champion. The motion passed.

The following requested of 836 IAC 4-5-2 Certification and recertification; general Authority: IC 16-31-2-7 Affected: IC 16-31-14 Sec. 2 which reads (a) Application for certification will be made on forms and according to procedures prescribed by the agency. In order to be certified as an emergency medical services primary instructor, the applicant shall meet one (1) of the following requirements: (1) Successfully complete a commission-approved Indiana emergency medical services primary instructor training course and complete all of the following: (A) Successfully complete the primary instructor written examination. (B) Successfully complete the primary instructor training program. (C) Be currently certified as an Indiana emergency medical technician. (D) Successfully pass the Indiana basic emergency medical services written and practical skills examinations within one (1) year prior to applying for certification as a primary instructor. (2) Successfully complete a training course equivalent to the material contained in the Indiana emergency medical service primary instructor course and complete all of the following: (A) Successfully complete the primary instructor written examination. (B) Successfully complete the primary instructor training program. (C) Be currently certified as an Indiana emergency medical technician. (D) Successfully pass the Indiana basic emergency medical services written and practical skills examinations within one (1) year prior to applying for certification as a primary instructor. Kenneth Peters is requesting a waiver to allow his Master's Degree from U of L in place of taking a primary instructors course. Mr. Peters will still be taking all other required tests to become a primary instructor. We would like to allow his EMT practical taken on 10-18-2014 to be accepted since it was within the 1 year period. He will still be required to complete and pass his internship, basic EMT test with an 85%, and PI test with an 80%. He will be working with Yellow Ambulance Service. Staff Recommends: Approval

Kenneth Peters PI

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

PROVIDER WAIVER REQUESTS

The following requested a waiver of 836 IAC 1-1-8 Operating procedures Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20 Affected: IC 4-21.5; IC 16-31-3 which reads (g) An emergency medical service provider organization shall not engage in the provision of advanced life support unless the: (1) emergency medical service provider organization is certified under 836 IAC 2; and (2) vehicle meets the requirements of 836 IAC 2. As well as 836 IAC 4-4-1 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. All the provider organizations that operate in Vigo County are asking for a waiver for their basic EMT's to obtain finger stick blood sugar readings. Staff Recommends: Abstains Staff feels that with a current study being done by Riverview Hospital, that either they become part of the study or this is tabled until the study is complete.

Ambulance Management Services
Care Ambulance Service
Honey Creek Department of Fire and Rescue Services Inc
New Goshen Fire & Rescue Inc.
Otter Creek Fire Department
Riley Fire Department Inc.
Seelyville Fire Department
Sugar Creek Fire Department
Terre Haute Fire Department

Discussion was opened by Director Garvey asking where the Commissions stands on EMTs performing blood glucose checks. After a lot of discussion it was stated that the EMS Commission cannot take action on this request. Commissioner Hoggatt commented that taking blood glucose reading is like taking a blood pressure it is an assessment tool. The EMS Commission cannot waive statutes only the rules that the Commission makes. The Commission does have the authority to grant permission for pilot studies.

The following requested a waiver of 836 IAC 1-2-1 General certification provisions Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20 Affected: IC 4-21.5; IC 16-31-3; IC 16-41-10 which reads (b) Each ambulance, while transporting a patient, shall be staffed by not fewer than two (2) persons, one (1) of whom shall be: (1) a certified emergency medical technician; and (2) in the patient compartment. Warrick EMS is requesting a waiver that when they are transporting a NICU patient from one hospital to another that during transport they will have a transport team in the patient compartment consisting of a RN and RT but not an EMT. The EMT or Paramedic will be driving the vehicle. They have 2 ambulances to make these transports. Staff Recommends: Approval

Warrick EMS

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

Chairman Turpen called for a break at 11:20am

Chairman Turpen called the meeting back to order at 11:40am

OLD BUSINESS

1. **Tables Business and/or waivers**
   No currently tabled business or waivers
2. **Current ongoing studies**

   Mr. Steve Freeman reported on the progress of the Blood Glucose monitoring for EMTs. Mr. Freeman stated that Riverview's medical director is writing up protocols for the blood glucose monitoring for EMTs. They plan to go live after paperwork and the rest of their paperwork and training is in place. Mr. Freeman stated that they would like to give an update at every other meeting. Chairman Turpen stated that there was a reporting stipulation for an updated to be given at the six month mark.

NEW BUSINESS

There was not new business at the time of this meeting.

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 is currently working with legal to draft a policy

ii. Staff assigned to look into tracking military personnel within Acadis (those that are EMS certified)- Staff is working on ways to make this happen.
iii. Posting data reports for Training Institutions testing percentages (Tony Pagano)- Mr. Pagano is working on this project.
iv. Staff assigned to review and revise waiver request form- Staff is working on getting this form through forms management so revised form can be posted on the web site.
v. Staff assigned to draft and send letter to accredited training institutions requesting annual report from COAMPS- Mr. Tony Pagano to follow up on this assignment. Commissioner Zartman stated that after discussion with Director Garvey. He believes that it needs to be mandated that the COAMPS annual report should be turned in at the time of the Training Institution renewal.

A motion was made by Commissioner Zartman to require currently certified Training Institutions that are accredited by COAMPS to submit their COAMPS annual report to the IDHS with their Training Institution renewal application. The motion was seconded by Commissioner Craigin. The motion passed.

b. Today's Assignments

Staff was assigned to draft a non-rule policy with legal staff regarding the COAMPS reporting for training institutions and bring it back for review at the next Commission meeting.

SUB-COMMITTEES

a. Accreditation Sub-committee (Commissioner Zartman Chairman)- Has not met recently.
b. Narcotics working group (Commissioner Zartman Chairman)- The group has not met for a while. It has been difficult to get the DEA because of scheduling conflicts. We have received some narcotics policies from providers. Commissioner Zartman stated they would try to get together in the next quarter.
c. Training Manual review work group (Tony Pagano)- The education working group and the TAC are working together to get the group together. Mr. Pagano stated that at the TAC meeting on the 3rd they were going to get some names together.
d. Communications work group (Jason Smith Chairman)- The group has not met since their last report to the Commission.
e. National Registry work group (testing at all levels except EMR Lee Turpen Chairman)- Chairman Turpen stated that the group has met. Chairman Turpen is going to contact National Registry to gather more information.
f. Data Collections sub-committee (Commissioner Valentine Chairman)- The Data Collections group has not met but would refer everyone to the Health Department's report and the name has been changed to the Quality Improvement Sub-Committee.

ADMINSTRATIVE PROCEEDINGS

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

Order No. 0160-2014 David Brown

No action required, none taken

ii. 2 Year Probations

Order No. 0155-2014 Thomas Anderson

No action required, none taken

Order No. 0169-2014 Jeremy Douglas

No action required, none taken

Order No. 0143-2014 Chad Scott

No action required, none taken

iii. **Renewed Emergency Orders**

Order No. 0171-2014 Daniel J. Dobski

No action required, none taken

Order No. 0001-2015 Robert. A Lamberson

No action required, none taken

iv. **Emergency Orders**

Order No. 0002-2014 Jeremy R. Bontrager

No action required, none taken

b. Provider Orders

Order No. 0158-2014 Prompt Ambulance Service

No action required, none taken

2. **Non-Final Orders**
   a. Stephen Gorrell

A motion was made by Commissioner Mackey to affirm the non-final order for Stephen Gorrell. The motion was seconded by Commissioner Lockard. The motion passed.

b. Justin L. Talkington

A motion was made by Commissioner Mackey to affirm the non-final order for Justin L. Talkington. The motion was seconded by Commissioner Zartman. The motion passed.

STAFF REPORTS

A. Data Report (see attachment #7)- Ms. Angie Biggs reported out. Ms. Biggs stated that she has been working with Commissioner Lockard. There are million runs stuck in the fire house data base that they are working on extracting from fire house and see if there is any usable data.
B. Field Staff Report (see attachment #8)- Ms. Robin Stump reported out.
C. Certifications report (see attachment #9)- Ms. Robin Stump reported out.
D. Training Report (see attachment #10)- Mr. Tony Pagano reported out.
   Mr. Pagano reported on Indiana through National Registry pass rates. Mr. Pagano stated that staff would be reviewing the state rep applications on March 4th.

   Mr. Josh Kreigh regarding tactical medical/active shooter classes (see attachment #11). One of the changes he stated needed to be made is the name from tactical to traumatic.

A motion was made by Commissioner Zartman to refer the issue to the Education working group for review. The Education working group would then take their recommendations to the TAC for review. The TAC then would bring the recommendations to the Commission for approval. Commissioner Zartman also

recommended the Commissioner Hoggatt oversee this review. The motion was seconded by Commissioner Lockard. The motion passed.

STATE EMS MEDICAL DIRECTOR'S REPORT

Dr. Michael Olinger reported that in late January Dr. David Cummings organized a meeting in the northwest corner of Indiana to get the area medical directors together. Dr. Olinger thought about making medical director advisory group in each district to help have a group to discuss the medical issues for EMS in their areas. This could help build a data base and possible unifed protocols. Dr. Olinger also announced the State Department of Health is sponsoring a Medical Directors conference during the IERC in August.

STATE EMS DIRECTOR'S REPORT

Director Mike Garvey reported that staff is continuing to work with Indiana University Northwest on the testing validation project. He stated that there would be information given to IDHS to follow for future test validation projects. Director Garvey announced Ms. Robin Stump's promotion to EMS Section Chief.

CHAIRMAN'S REPORT AND DIRECTION

Chairman Turpen briefly talked about the NAEMSP conference that was held last month. He continues to state how valuble this conference is to EMS. Chairman Turpen reminded everyone about the "Gathering of the Eagles" conference that will take place next week (February 16-20).

NEXT MEETING

Fishers Town Hall
Executive Session
One Municipal Drive
Fishers, IN 46038
8:30am-9:30am

Fishers Town Hall
One Municipal Drive
Fishers, IN 46038
April 17, 2015
10am

ADJOURNMENT

A motion was made by Commissioner Valentine to adjourn the meeting. The motion was seconded by Commissioner Olinger. The motion passed. The meeting was adjourned at 12:56pm.

Approved _____

G. Lee Turpen II, Chairman

Attachment #1

Stump, Robin

From: Pagano, Tony
Sent: Thursday, February 05, 2015 9:07 AM
To: Stump, Robin; Hilton, Candice
Subject: FW: Posthumous Paramedic License

I called CARE in Terre Haute and the manager had nothing but good things to say about Cheryl. He said he would do anything we needed.

From: Kayla [mailto:kaylalinn06@yahoo.com]
Sent: Thursday, January 29, 2015 10:46 AM
To: Pagano, Tony
Subject: Re: Posthumous Paramedic License

Thank you for your help. I truly appreciate it.

Sincerely,
Kayla L. Fleener

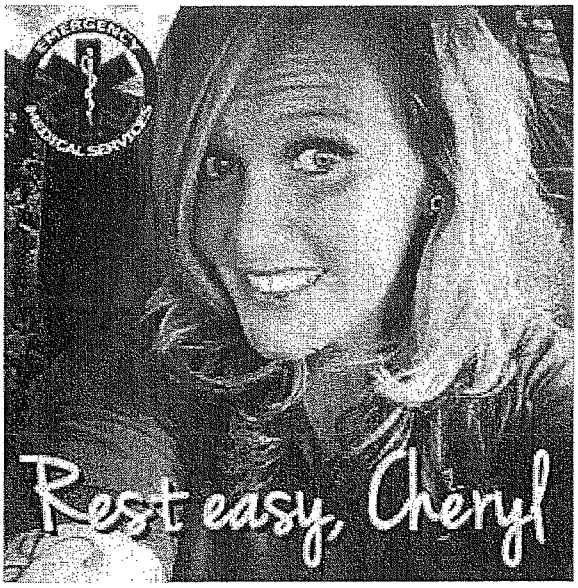
On Jan 29, 2015, at 08:42, Pagano, Tony <TPagano@dhs.IN.gov> wrote:

> I will forward this to the State EMS Director, Mike Garvey. It sounds like she was deserving of this.
>
> ---
>
> **From:** Kayla Fleener [mailto:kaylalinn06@yahoo.com]
> **Sent:** Thursday, January 29, 2015 8:25 AM
> **To:** Pagano, Tony
> **Subject:** Posthumous Paramedic License
>
> Dear Mr. Pagano:
>
> Hello, my name is Kayla Fleener. I work as a paramedic for Seals Ambulance in Bedford. Prior to this, I worked for Care Ambulance Service in Terre Haute. While working at Care, I had the pleasure of meeting Cheryl (Waggoner) Reynolds, an EMT you may have heard of due to her death last year.
>
> Cheryl was a dedicated, skilled EMT who had finished her paramedic program at Ivy Tech in Terre Haute, and had passed her practical skills examination. As strong as she was, Cheryl was dealing with much personal stress in her life, yet she decided to take her written National Registry exam despite it. Unfortunately, she did not pass on her first attempt. Sadly, Cheryl then passed away before she could retake the test.
>
> I spoke with Mr. Rodney Taylor, who is a paramedic instructor at Ivy Tech-Bloomington. He referred me to you. I am writing to you to ask that Cheryl be awarded a posthumous paramedic license. I truly believe Cheryl would have made an outstanding paramedic. She had the heart and dedication and had already made such a positive impact on many lives while working as an EMT. I also feel that her children and remaining family would be honored to have Cheryl be a paramedic.

Mr. Taylor had informed me that a student of his had once been awarded a posthumous EMT certification. I think doing such for Cheryl would be a wonderful way to honor her memory, and as mentioned, it would be very significant for her family.

I sincerely hope you take this into consideration, and please feel free to contact me should you wish to discuss this further. Thank you for your time in reading this.

Best regards,
Kayla Linn Fleener, EMT-P
812-272-7057
kaylalinn06@yahoo.com



Cheryl L. Waggoner Reynolds

Posted: Wednesday, October 1, 2014 11:00 pm

Jan. 30, 1978 -- Sept. 28, 2014

Cheryl L. Waggoner Reynolds, 36, of Terre Haute, passed away Sunday, Sept. 28, 2014, in Union Hospital Emergency Room. She was born Jan. 30, 1978, in Terre Haute. She was employed as an EMT with CARE Ambulance Service in Terre Haute.

Survivors include her four children, Robert Huckle III and his companion Courtney, Trebor Huckle and his companion Amber, Dalton Huckle and his companion Shyleigh, and Hailey Huckle, all of Terre Haute; a grandchild, Kaedon Valentine; her mother, Pamela Bowden Browne and her husband Christopher of Brazil; her father, Charles L. Waggoner of Brazil; her parents who raised her, Iva and Marion "Jay" Pruitt Jr. of Terre Haute; her four siblings, Patricia Allison and her husband James, Alias Hensel, Angel Smithson and her husband Harley, and Trae Pruitt and his fiancé Jerri Lynn Ramsey, all of Terre Haute; grandparents, Patricia and Fred Herrera of Pheonix, and John Bowden of Indianapolis; and many nieces, nephews, cousins, and friends. She was preceded in death by grandparents, Maxine and Chester Ingerson; and an aunt, Rebecca Waggoner.

Cheryl's hobbies included, first and foremost, Facebook and Instagram. She also enjoyed mushroom hunting, running, hiking, fishing, texting and taking selfies. She loved getting tattoos, and tiger lilies were her favorite flower.

Funeral services for Cheryl will be 5 p.m. Sunday, Oct. 5, 2014, in Fitzpatrick Funeral Home, 220 N. 3rd St., in West Terre Haute with Bishop Magallanes officiating. Cremation has been scheduled after all services. Visitation will be 12 noon until service time Sunday. The family kindly suggests that if friends so desire, memorial contributions may be made to the Cheryl Waggoner Reynolds Memorial Fund at Vigo County Federal Credit Union, 8th & Walnut St., Terre Haute, or with envelopes available in the funeral home.

Attachment #2

Indiana Trauma Registry Pre-hospital Data Report

Report for January 2015

This report from the Indiana State Department of Health (ISDH) EMS registry includes 257,711 runs from 158 pre-hospital providers during the time frame from January 12, 2014 through January 11, 2015. This report also focuses on several sub-populations in this time frame:

1. 65,535 chest pain incidents where chest pain was the complaint reported by dispatch or the provider's primary or secondary impression was chest pain/ discomfort.
2. 33,848 incidents where the 12 lead ECG procedure was performed.

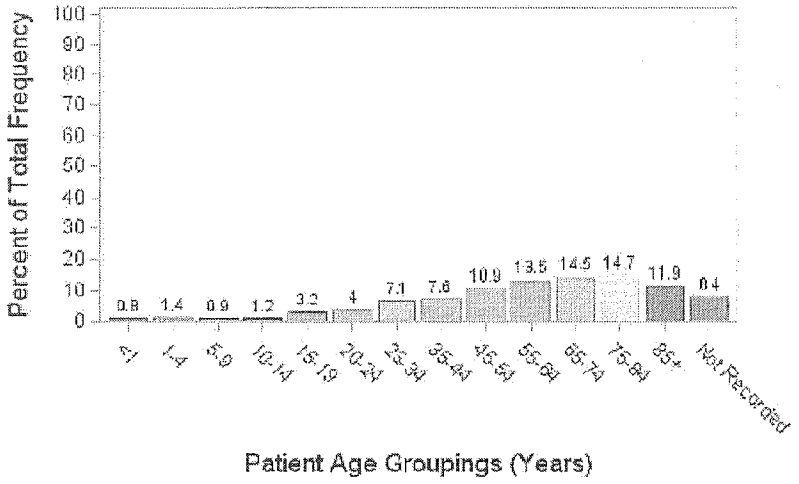
Lastly, 25,469 incidents were reported to the ISDH Indiana Trauma Registry from the same time period (January 12, 2014 through January 11, 2015 and were included to provide data on the injury severity score (ISS) by public health preparedness district.

Approximately 0.94% of chest pain cases were reported to have allergies to aspirin (74 cases). 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.

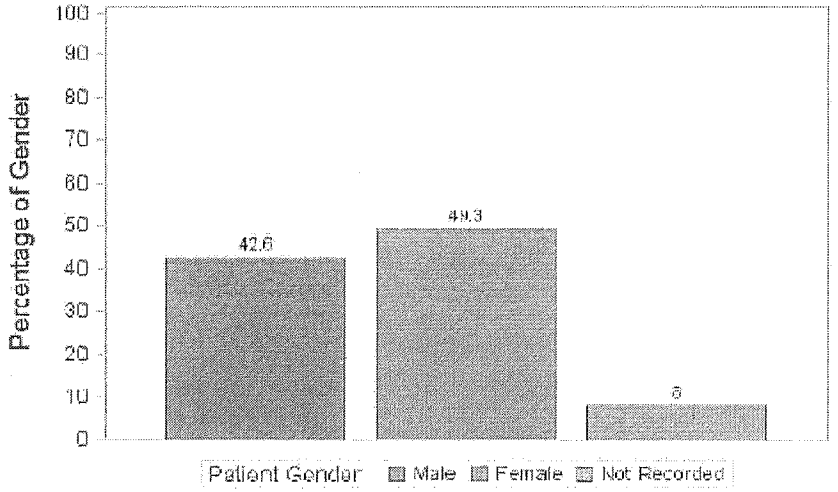
Indiana State
Department of Health

Indiana Trauma Registry Pre-Hospital Data Report
January 12, 2014—January 11, 2015
158 Total Providers Reporting 257,711 Incidents

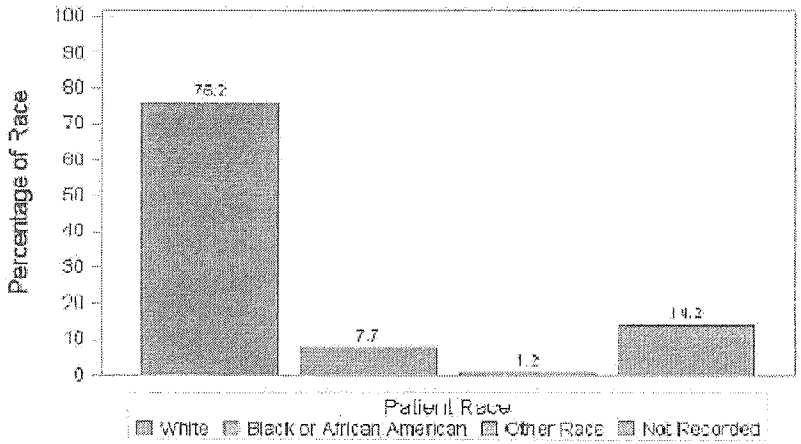
Patient Age



Patient Gender

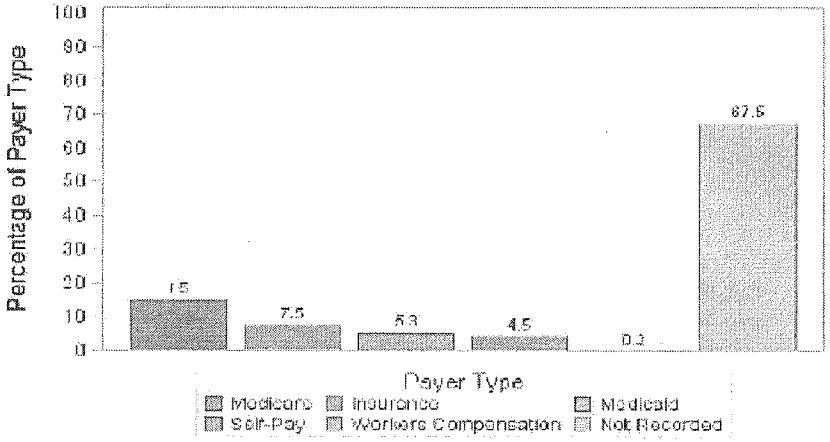


Patient Race



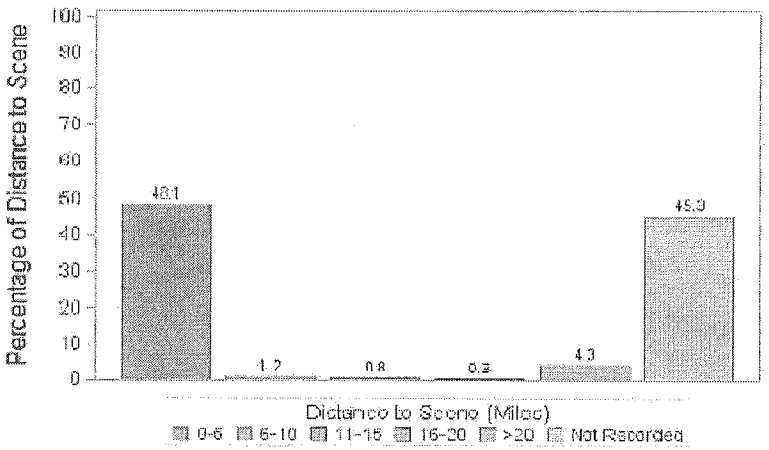
<1% Race: Asian, Native Hawaiian, American Indian/Alaskan Native

Payer Type

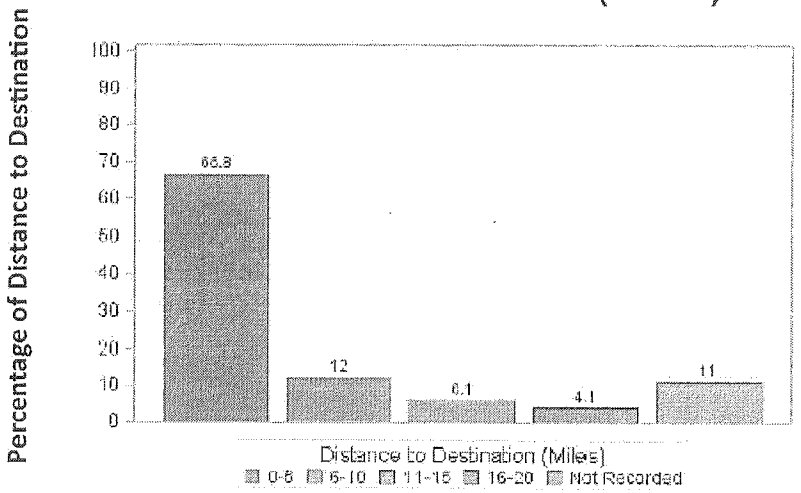


Indiana Trauma Registry Pre-Hospital Data Report
January 12, 2014—January 11, 2015
158 Total Providers Reporting 257,711 Incidents

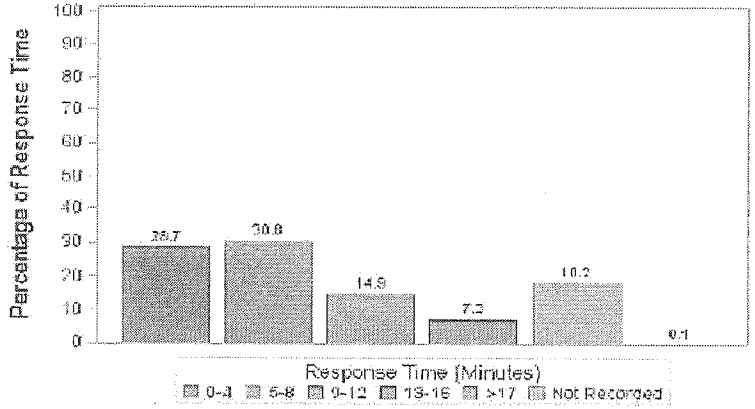
Distance to Scene (Miles)



Distance to Destination (Miles)

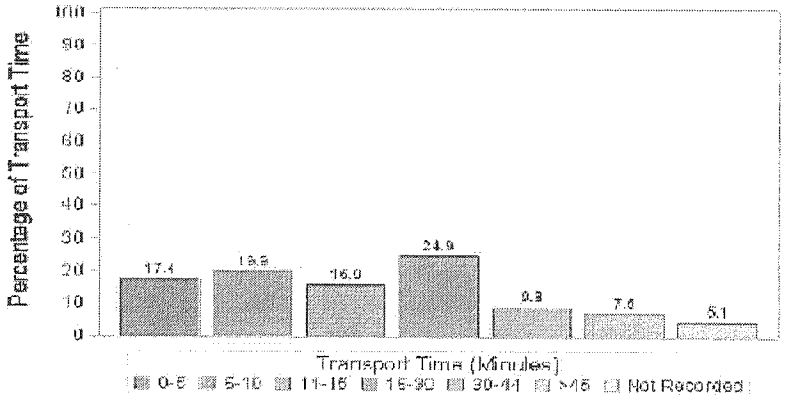


Response Time (Minutes)



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

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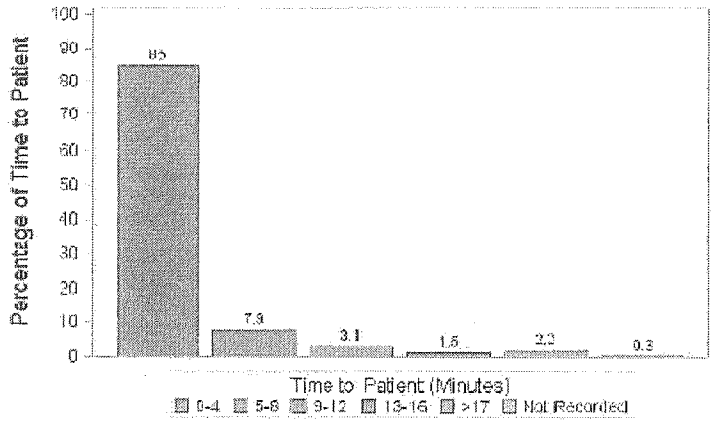
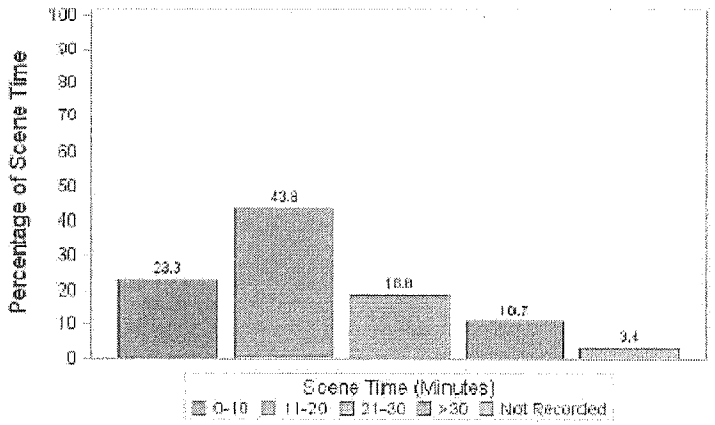
Time to Patient (Minutes)



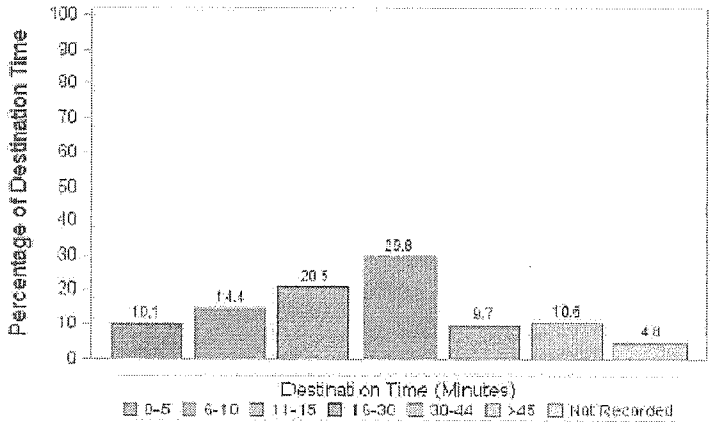
Time To Patient: Difference in Time from Arrival at Scene to Patient Arrival

Scene Time (Minutes)



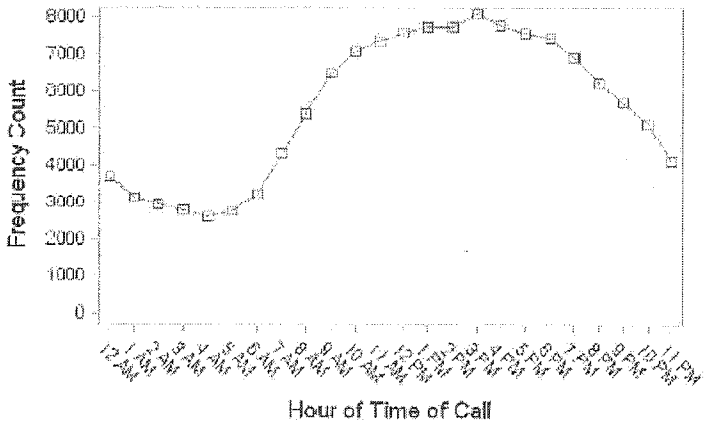
Scene Time: Difference in Time from Arrival at Scene to Leaving Scene

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 123,616 Incidents

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Average Run Mileage

Obs	Destination	Miles
1	Mileage to Scene	4.2
2	Mileage to Destination	4.0
3	Mileage to Ending	2.1

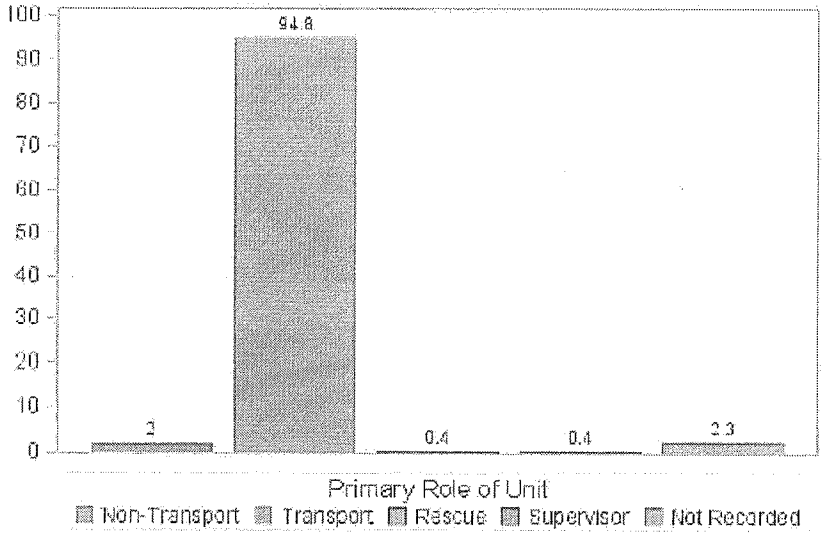
Total Mileage 10.3

Average Run Time

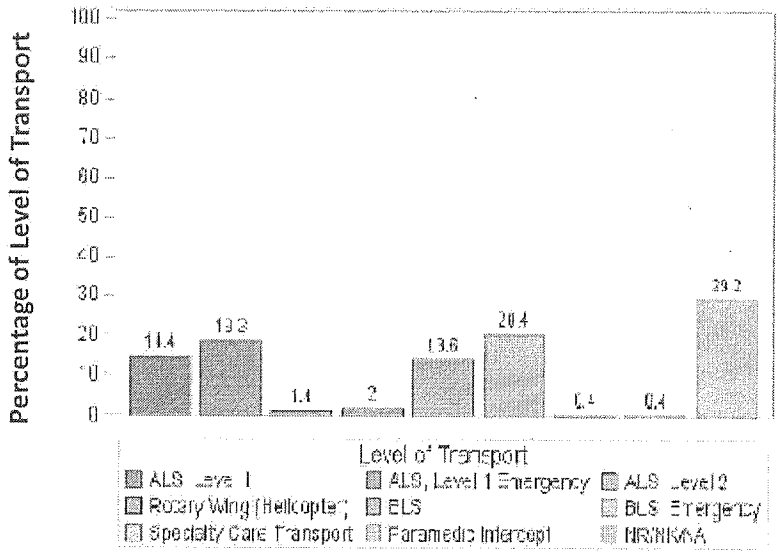
Obs	Destination	Minutes	Begin	Missing	End	End_Missing
1	Time to Departure	2.60	E05_04	0.30%	E05_05	2.60%
2	Time to Scene	8.90	E05_05	2.60%	E05_06	4.00%
3	Time to Patient	2.82	E05_00	4.00%	E05_07	21.4%
4	Time with Patient	15.11	E05_07	21.4%	E05_09	14.1%
5	Time to Destination	18.61	E05_09	14.1%	E05_10	19.7%
6	Back in Service	22.55	E05_10	19.7%	E05_11	0.20%
7	Total Run Time	64.48	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



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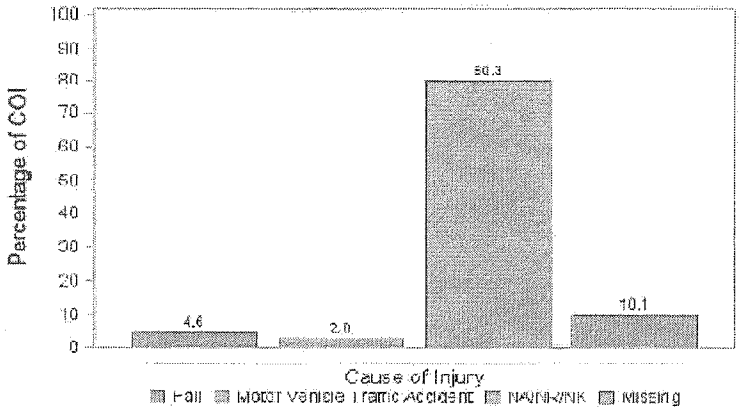
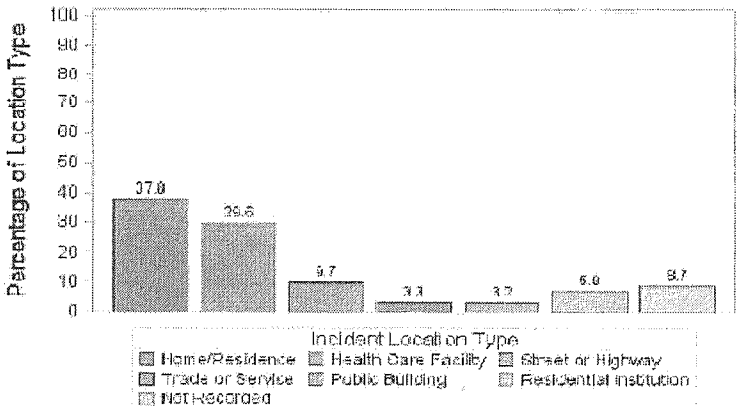
Cause of Injury (COI)



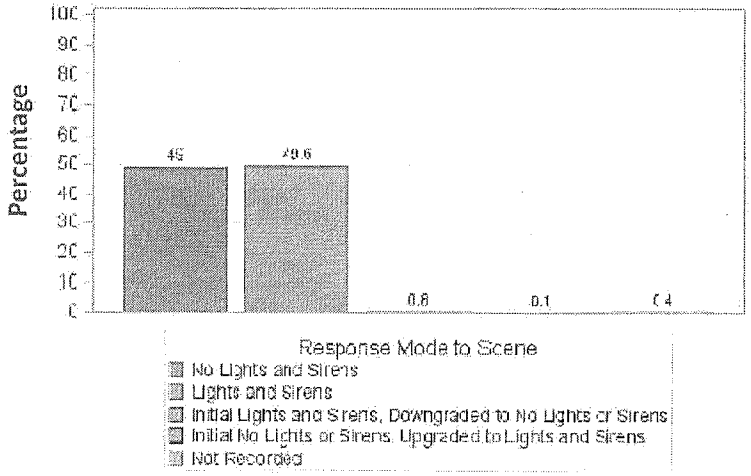
Causes of Injury <1.5% not listed (40 variables)
Bites, Machinery Accidents, Fire/Flames, Pedestrian Traffic

Incident Location Type

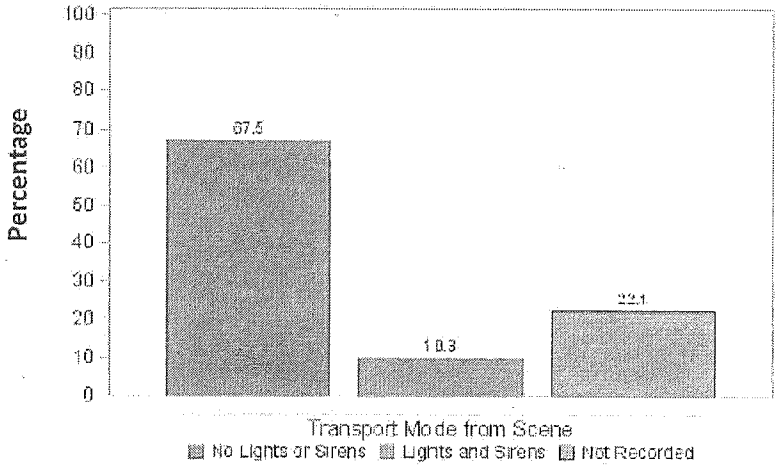


Incident Location Type <1% not listed (4 variables)
Recreation, Farm, Mine, Lake

Response Mode to Scene



Transport Mode from Scene



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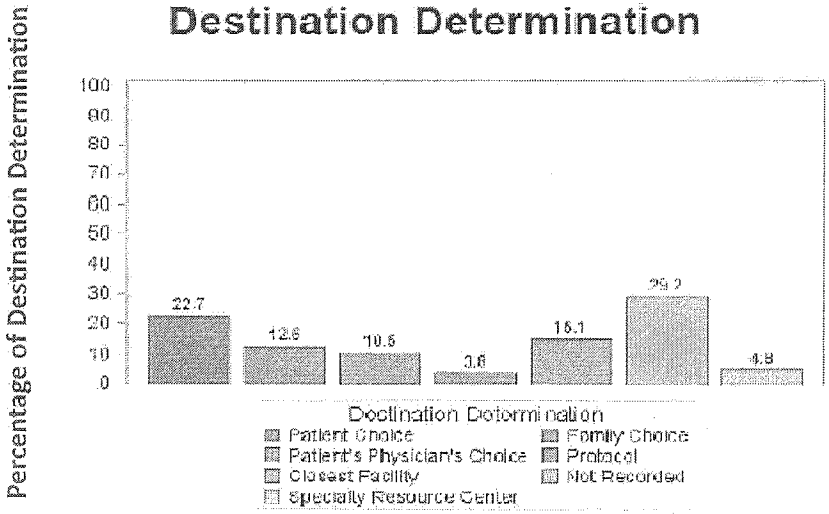
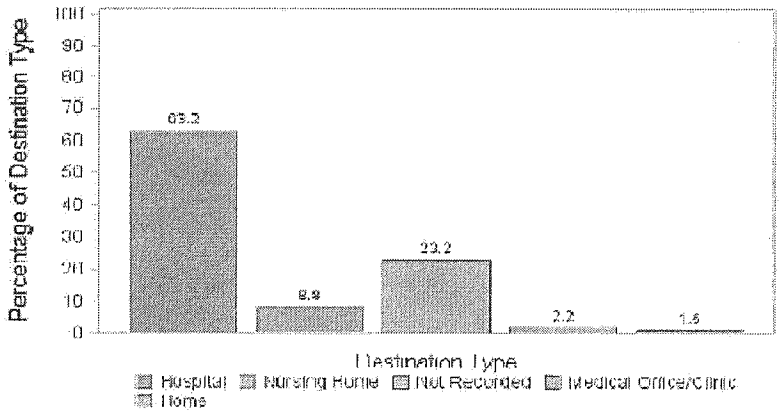
Destination Determination



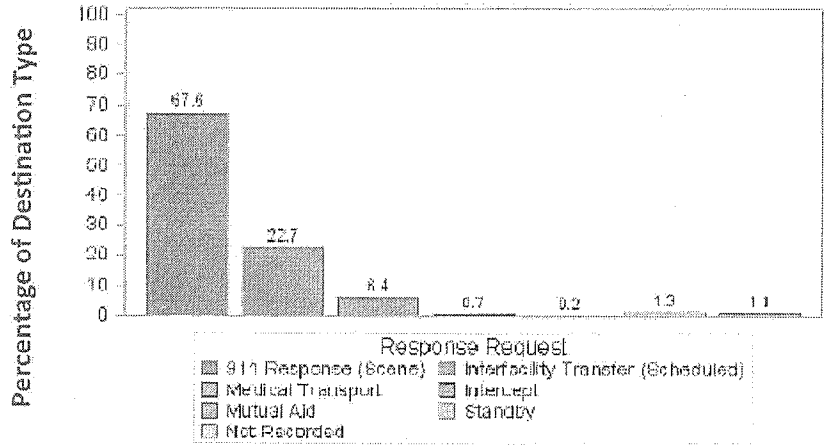
Destination Determinations <1% Not Listed (5 Variables)

Destination Type

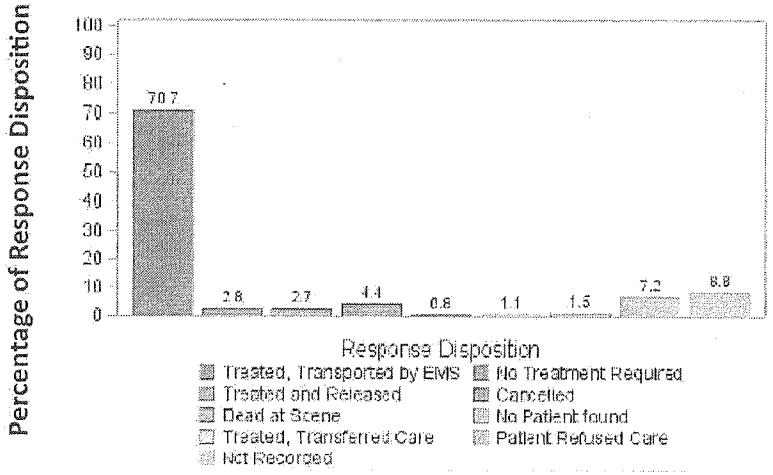


<1% Destination Type:EMS Responder (Ground),Other Morgue, Other EMS Responder (Air), Police/Jail

Response Request



Response Disposition



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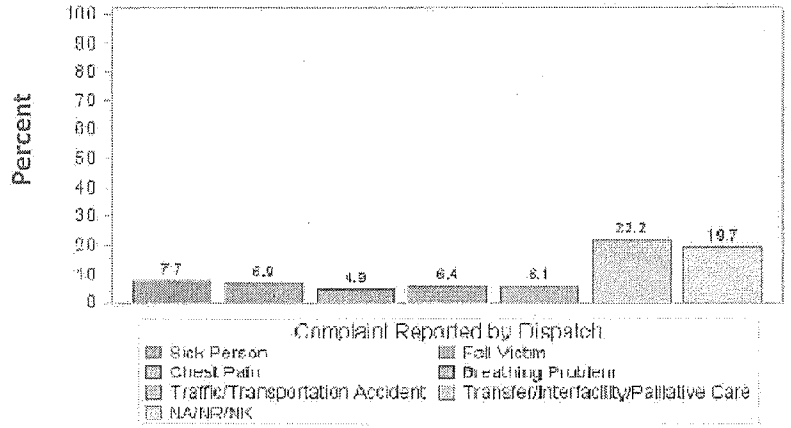
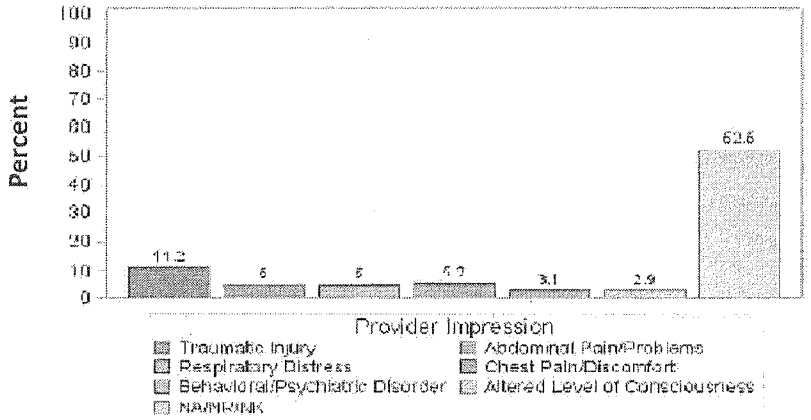
Complaint Reported by Dispatch



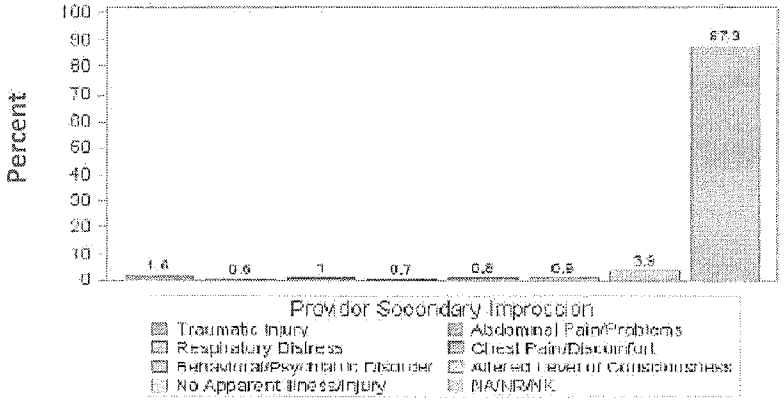
Complaints <3.0% not listed (42 variables)

Provider Primary Impression



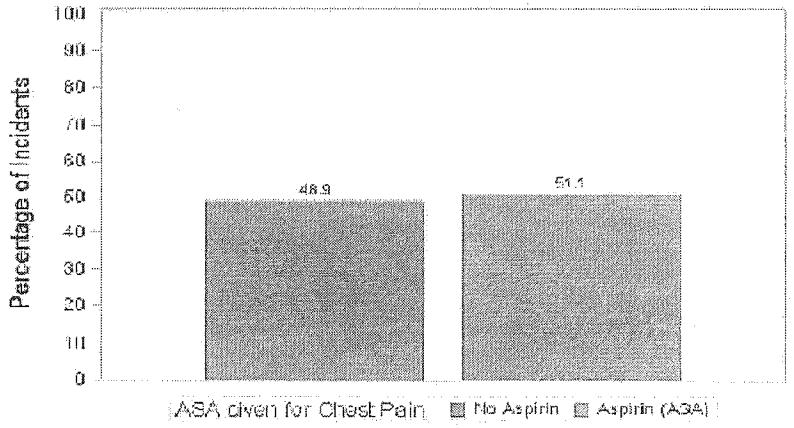
Primary Impressions <2.5% not listed, 27 variables

Provider Secondary Impression



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

Chest Pain Incidents where ASA Given



Chest Pain Incidents where ASA was Given (2013-YTD)
Chest Pain as complaint reported by dispatch or
the provider's primary or secondary impression; N= 33,506

Indiana Trauma Registry Pre-Hospital Data Report
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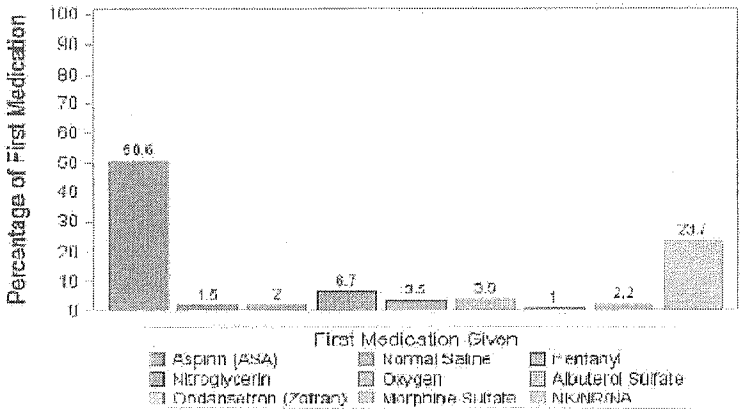
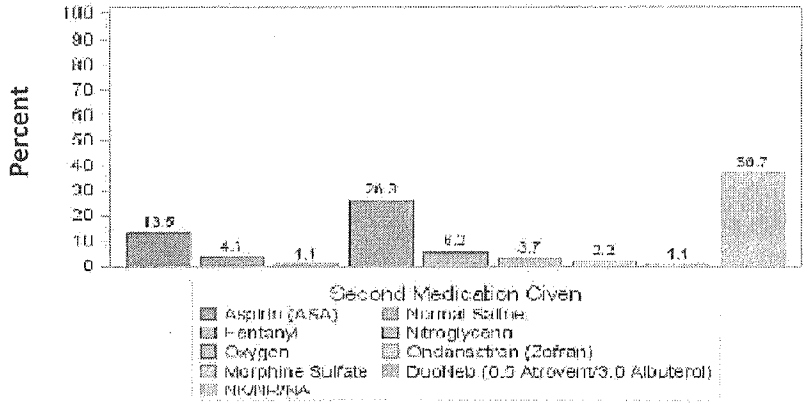
First Medication Given for Chest Pain



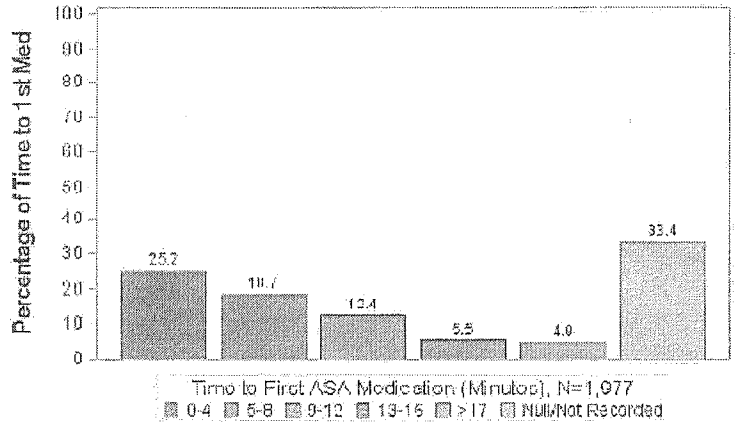
First Medications <0.5% not listed (30 variables)

Second Medication Given for Chest Pain



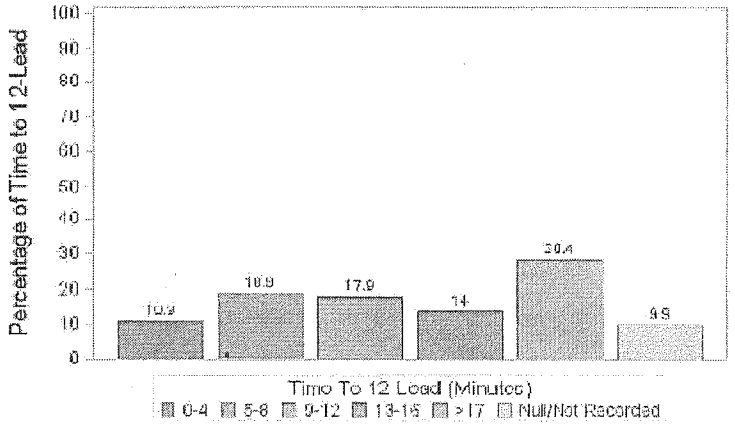
Second Medications <1% not listed (51 variables)

Time to First ASA Medication (Minutes)



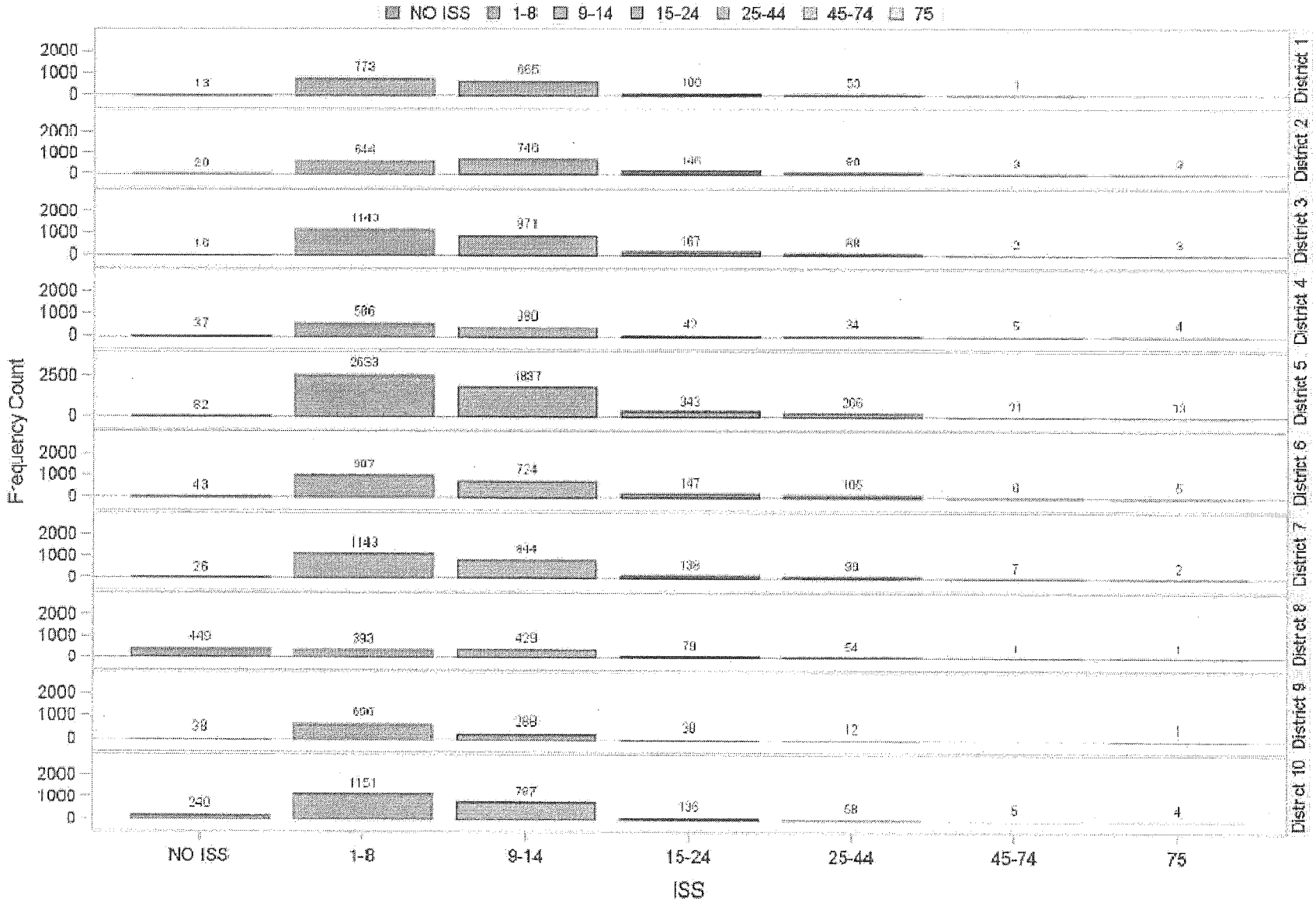
Time to 1st Med: Time from Arrived at Patient to First Medication (Aspirin[ASA]) Administered for Chest Pain

Time to 12-Lead (Minutes)



Time to 12-Lead: Time from Arrived at Patient to Time 12 lead ECG Procedure Performed; N=33,848

Indiana Trauma Registry January 12, 2014—January 11, 2015 25,469 Incidents
Injury Severity Score By Public Health Preparedness Districts



Attachment #3

Indiana Department of Homeland Security

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

Hospitals that were granted status as an "in the process" Level III 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 III Trauma Center status? *Provide the Trauma Medical Director's certificates for continuing medical education events since granted "in process" Level III Trauma Center status.*	☐ YES ☐ 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 III Trauma Center status?	☐ YES ☐ NO

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.	☐ YES ☐ NO
AND 2. Association of the Advancement of Automotive Medicine's Injury Scaling Course.	☐ YES ☐ NO

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.

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 III Trauma Center status? *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).* *Provide your hospital's monthly Trauma Surgeon physician call schedules since granted "in process" Level III Trauma Center status.*	☐ YES ☐ NO

Have the Trauma Surgeons maintained 16 hours of trauma-related extramural continuing medical education since granted "in process" Level III Trauma Center status? *Provide the Trauma Surgeons' certificates for continuing medical education events since granted "in process" Level III Trauma Center status.*	☐ YES ☐ 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.

Has your hospital maintained a diversion status of less than 5% of the time since granted "in process" Level III Trauma Center status? *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).*	☒ YES ☐ NO

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, if applicable. The hospital must have a plan that determines which type of neurologic injuries should remain at the facility for treatment and which types of injuries should be transferred out for higher levels of care. If neurologically injured patients are admitted for at your facility, please provide your hospital's Neurosurgery physician call schedules since granted "in process" Level III Trauma Center status.

   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 within 30 minutes, with a formal plan in place for emergency. There must be emergency coverage in-house 24 hours per day.

Have your Emergency Department have the appropriate number of physicians to ensure immediate care for injured patients? If neurologically injured patients are admitted for at your facility, *please provide your hospital's Neurosurgery physician call schedules since granted "in process" Level III Trauma Center status.* Have your Orthopedic Surgeons and Critical Care Physicians maintained coverage 24 hours per day since granted "in process" Level III Trauma Center status? *Provide your hospital's monthly Emergency Medicine, Orthopedic and Critical Care physician call schedules since granted "in process" Level III Trauma Center status.*	Emergency Medicine: ☐ YES ☐ NO Neurosurgeons: ☐ YES ☐ NO ☐ N/A Orthopedic Surgeons: ☐ YES ☐ NO Critical Care Physicians: ☐ YES ☐ NO

7. **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 III Trauma Center status? *Provide your hospital's committee meeting dates and times along with a roster of the committee members and their attendance (documentation tool attached).*	☐ YES ☐ NO

8. **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, and Anesthesia to improve trauma care by reviewing selected deaths, complications, and sentinel events with the objectives of identification of issues and appropriate responses. This committee must meet at least quarterly.

Has your Trauma Peer Review Committee met at least quarterly since granted "in process" Level III Trauma Center status?	☐ YES ☐ NO
Have the trauma medical director and representatives from General Surgery, Orthopedic Surgery, Neurosurgery, Emergency Medicine, and Anesthesia attended your multidisciplinary peer review committee at least 50% of meetings since granted "in process" Level III Trauma Center status? *Provide your hospital's committee meeting dates and times along with a roster of the committee members and their attendance (documentation tool attached).*	Trauma Medical Director: ☐ YES ☐ NO General Surgeon: ☐ YES ☐ NO Orthopedic Surgeon: ☐ YES ☐ NO Neurosurgeon: ☐ YES ☐ NO Emergency Medicine: ☐ YES ☐ NO Anesthesia: ☐ YES ☐ NO

9. **Trauma Volumes.** Complete the following tables. Do not include DOA's and direct admits.

Injury Severity and Mortality					
ISS	Total Number of Admissions	Number of Deaths from Total Trauma Admissions	Percent Mortality from Trauma Admissions	Number admitted to Trauma Service	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 Three 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
Trauma Medical Director Signature	Printed	Date
Trauma Program Manager Signature	Printed	Date

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.
        ~~4.~~iii. Proof of trauma registry training (i.e. may include ISDH training or vendor training).

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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. Trauma Program Manager, Trauma Medical Director and Emergency Department (ED) liaison must attend Rural Trauma Team Development Course (RTTDC) prior to submission of in process application.
    a. **Documentation required:**
        i. Activation guideline/policy.
        ~~5.~~ii. Proof of completion for Trauma Medical Director, Trauma Program Manager and ED liaison at RTTDC.

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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. Letter from Disaster Committee Chairperson validating a trauma surgeons participation and include record of attendance from past year.
        iii. Complete Surgeon Response Time spreadsheet provided by ISDH Designation Subcommittee.
        iv. Copies of past three months general surgery call coverage to show proof of continuous coverage ~~and backup~~.
        ~~v. Contingency plan policy regarding backup schedules.~~
        vi. Copies of ATLS cards for each general surgeon on the call schedule.
        ~~6.~~vii. Copies board certification status for each general surgeon on the call schedule.

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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:**
        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.

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~~7.~~iv. Copies of ATLS cards for each ED physician.

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 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.
      ~~8.~~ii. Provide written letter of commitment from orthopedic physicians including signature from all participating orthopedic physicians and Trauma Medical Director.

9. **Neurosurgery**. The hospital must have a plan that determines which type of neurologic injuries should remain at the facility for treatment and which types of injuries should be transferred out for higher levels of care. This plan must be agreed upon by the neurosurgical surgeon and the facility's Trauma Medical Director. There must be a transfer agreement in place with Level I or Level II trauma centers for the hospital's neurosurgical patient population. The documentation must include a signed letter of commitment by neurosurgeons and the Trauma Medical Director.
   a. **Documentation required if ALL patients treated via transfer:**
      i. Policy/guideline that establishes that all patients treated via transfer.
      ii. Copies of transfer agreements with Level I and Level II trauma centers where neurosurgery patients will be sent from your facility.
      iii. Signed letter from Trauma Medical Director (?)
   b. Documentation required if certain patients are kept/treated at your facility:
      i. Policy/guideline that establishes your scope of care and criteria for transfers.
      ii. Copies of past three months neurosurgeon physician call rosters, include physician names if initials are used on call calendar.
      iii. Signed statement from OR manager/director and Trauma Medical Director that craniotomy equipment is at your facility if you plan to keep these patients.
      iv. Letter of commitment from neurosurgeons and Trauma Medical Director.
      ~~9.~~v. Traumatic Brain Injury policies/guidelines.

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.
      ~~10.~~ii. Copies of transfer agreements with Level I and Level II trauma centers.

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 liasion 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).
      ~~11.~~iii. Anesthesiology liaison CV.

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12. **Critical Care physician coverage.** Physician coverage of the ICU must be available within 30 minutes, with a formal plan in place for emergency. There must be emergency coverage in-house 24 hours per day. ~~must be capable of a rapid response to deal with urgent problems as they arise in critically ill trauma patients. There must be prompt availability of Critical Care physician coverage 24 hours per day.~~ Supporting documentation must include a signed letter of commitment and proof of physician coverage 24 hours a day.
    a. **Documentation required:**
        i. Past three months call schedules for critical care coverage and include physician names if initials are used on the call calendar.
        ii. Signed letter of commitment from critical care physician group and Trauma Medical Director.
        ~~12.~~iii. Policy/guideline for who manages airway emergencies on the floor.

13. **CT scan and conventional radiography**. There must be 24-hour availability of CT scan and conventional radiography capabilities. There must also be a written letter of commitment from the hospital's Chief of Radiology.
    a. **Documentation required:**
        ~~13.~~i. Signed letter of commitment from Chief of Radiology and Trauma Medical Director.

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.
        ~~14.~~ii. Equipment list for the ICU.

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) within 15 minutes. All centers must have massive transfusion protocol developed collaboratively between trauma services and the blood bank. All centers should consider having, platelets, cryoprecipitate and other proper clotting factors to meet the needs of injured patients.
    a. **Documentation required:**
        i. Location of blood bank (in hospital or offsite address).
        ii. Policy/guideline that includes detail of products available and number of each product on site.
        ~~15.~~iii. 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 blood typing, cross-matching, analyses of blood, urine, and other body fluids, including microsampling when appropriate. There should be capability for coagulation studies, blood gases, and microbiology.
    a. **Documentation required:**
        ~~16.~~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 ~~for this~~ required:

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~~17.~~i. ~~ment must 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:**
        ~~18.~~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 ~~for the previous year~~ showing dates and length of time for each time the hospital was on diversion.
    a. **Documentation required:**
        ~~19.~~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 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 Peer Attendance spreadsheet provided by ISDH Designation Subcommittee. Include data from most recent 12 months.
        ~~20.~~iii. All Trauma Surgeons and all the Liaisons 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.
        ~~21.~~ii. Percentage of nurses that have completed credentialing requirements for both ED and ICU.

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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 III 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:

~~22.~~i. Written statement as outlined under requirements that is signed by governing body and medical staff representative.

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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 Three Adult _____ Level One Pediatric _____

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
Trauma Medical Director Signature	Printed	Date
Trauma Program Manager Signature	Printed	Date

	# of Highest Level Activations	# with surgeon response within required timeframe (15 minutes for Level 1 & 2, 30 minutes for Level 3)	% within required response timeframe (ACS Benchmark= >80% compliance)
Example:			
John Smith, MD, FACS	*30*	*25*	*83%*
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Diversion Log	Time on	Time off	Total Time on Diversion	Reason:
Example:				
Thursday, January 02, 2014	*1800*	*1856*	*56 minutes*	*No capacity in hospital.*

Total Number of Operational Process Performance Committee meetings held last year:

1. Please place total number of Operational Proce
2. Place all meeting dates in columns C2 through M columns . (i.e. if you only had quarterly meetings,
3. Then list all committee members in column A w
4. The overall attendance will automatically calcul

Operational Process Performance Committee Member Name	Specialty Represented	Insert Date	Insert Date	Insert Date	Insert Date	Insert Date	Insert Date	Insert Date
Example: Amanda Elikofer	*Trauma Services*	*X*	*X*		*X*		*X*	

ss Performance Committee meetings held in B1 field.
\2, using only the number of columns appropriate for your facility and deleting excess
then enter dates in C2 through F2)
'ith their attendance recorded in appropriate columns.
ate in column O and overall percentage in column P.

Insert Date	Insert Date	Insert Date	Insert Date	Insert Date	Overall Attendance	Overall Attendance Percentage
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Total Number of Trauma Peer Review Committee meetings held last year:

1. Please place total number of Trauma peer Revie
2. Place all meeting dates in columns C2 through M
columns . (i.e. if you only had quarterly meetings,
3. Then list all committee members in column A w
4. The overall attendance will automatically calcul

Trauma Peer Review Committee Member Name	Specialty Represented	Insert Date	Insert Date	Insert Date	Insert Date	Insert Date	Insert Date	Insert Date
Example: John Smith, MD	*Trauma Surgeon*	*X*	*X*		*X*		*X*	

ew Committee meetings held in B1 field.
N2, using only the number of columns appropriate for your facility and deleting excess
then enter dates in C2 through F2)
ith their attendance recorded in appropriate columns.
ate in column O and overall percentage in column P.

Insert Date	Insert Date	Insert Date	Insert Date	Insert Date	Overall Attendance	Overall Attendance Percentage
X		X		X	7	#DIV/0!
					0	
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Attachment #4

Hilton, Candice

From: Indiana EMSC <ghuffman@iupui.edu>
Sent: Sunday, February 01, 2015 3:03 AM
To: Hilton, Candice
Subject: Indiana EMSC Newsletter

Hi, just a reminder that you're receiving this email because you have expressed an interest in Indiana EMSC. Don't forget to add ghuffman@iupui.edu to your address book so we'll be sure to land in your inbox!

You may unsubscribe if you no longer wish to receive our emails.

February 2015

EMSC Emergency Medical Services for Children

DO YOU KNOW SOMEONE THAT GOES AND BEYOND FOR CHILDREN OR HAS DONE SOMETHING EXTRAORDINARY FOR A CHILD?

NOMINATE AN EMS for Children's HERO

Email elweinst@iu.edu with your nomination.

Who is Your Pediatric Advocate in YOUR Emergency Department?

We want to help emergency departments improve the outcomes of pediatric emergencies. In order to do this, we need to be prepared. EMSC has developed resources to help you improve your pediatric services.

EMSC has developed a Pediatric Readiness Toolkit that has all the resources you

need to implement processes that will improve pediatric patient care. Each month we will focus on a different area of care.

Where do you start?

1. Evaluate the resources you currently have available for pediatrics such as equipment, protocols, inter-facility transfers, quality improvement measures, and medications.

2. Inform your leadership that you would like to help improve the care of pediatrics and let them know where improvements can be made.

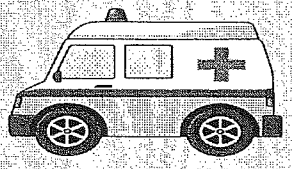
3. Implement new policies/procedures. This can be daunting so take one or two measures at a time.

4. Consider how the processes you are developing will be sustainable. How will these processes continue long term? For example, consider how will your department make sure the appropriate equipment is stocked all the time or that your new policies are a part of new employee training and ongoing training.

We want to help, email ghuffman99@hotmail.com so we can add you to a listserv so we can start sharing ideas.

To see the entire toolkit, visit:
Click here

Be in the know....



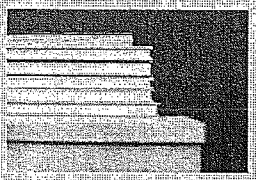
Check out this checklist that details the pediatric considerations that need to be made in disaster preparedness.

Click here to access the checklist

Check out these emergency medical online education modules by EMS for Children of New Mexico

Click here to check it out.

Education and Pediatric Related Events



- **Indiana Injury Prevention Council Conference**

Injury Prevention 101, March 13, 2015 at the Indiana Government Center South in Indianapolis, IN.

The Conference is hosted by the Indiana IPAC and will feature state and regional experts in injury prevention. This conference will focus on how to develop an injury prevention program, covering topics such as how to find and fund evidence-based programs and how to use data to form, inform and evaluate your program.

Speaker information, agenda, parking recommendations and registration information will be available in the coming weeks. In the meantime, if you have questions, please contact Jessica Skiba, Injury Prevention Epidemiologist at the Indiana State Department of Health at jskiba@isdh.in.gov.

Click below for registration information:
https://www.eventbrite.com/e/injury-prevention-conference-tickets-14963874351

- **Free Pediatric Online Training:**

http://www.emscnrc.org/EMSC_Resources/Online_Training.aspx

- **Indiana First Responder: Online Training Program by IDHS.**

This platform hosts courses on emergency management, specialty training,communications and fire.
http://indianafirstresponder.org/

- **Start and Jump Start Courses by MESH.** Click here for details.
- **Haz Mat Operations and Awareness by MESH.** Click here for details.

- **ICS/NIMS Courses by MESH.** Click here for details.

Contact

Elizabeth Weinstein, M.D., Program Director
Gretchen Huffman, EMT-P, RN, MBA, Program Mgr
3930 Georgetown Rd. Indianapolis, IN 46254
ghuffman@iupui.edu

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elweinst@iu.edu

Attachment #5

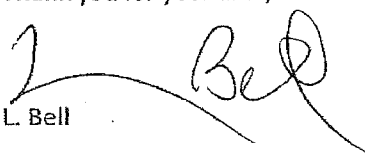
Tuesday, January 27, 2015

This is the report for the Technical Advisory Committee. The report is being presented written today and not in person. I am currently out of state. We were scheduled to meet on January 13, 2015. We were unable to garner a quorum and the meeting was cancelled. We have two projects we are working to completed by the April 2015 meeting. Those projects include:

1. Reviewing and preparing EMT practical scenarios
2. Epi-Pen use and training for EMR providers and technicians

We will meet on March 3, 2015 at Noblesville Fire Department Station 77. We are in need of three members to fill open roles. Due the nature of an individual's schedule, just a few scheduling conflicts result in a meeting cancellation. Attendant to the filling of open chairs is the essential needs to have the Commission create a policy permitting the TAC to meet using video conferencing, while strongly preserving the capability to meet under the open door law.

Thank you for your time,



L. Bell

Chair

Technical Advisory Committee Meeting

Attachment #6

Indiana EMS Education Workgroup
Next Meeting: Wednesday, February 11, 2015 from 1000 EST to 1400.
Location: Ivy Tech Lawrence / Lawrence Fire Station 40 (in Mapping programs) at the corner of Lee Road and E. 59th St. in City of Lawrence
The Indiana EMS Education Workgroup is a voluntary group of EMS Educators with the goal of collaborating and encouraging improvements with EMS education and training throughout Indiana. The Workgroup is open to all Indiana certified Primary Instructors with voting privileges reserved for those with regular attendance. Meetings are every other month and attendance is via in person or via webinar, when available. If interested in the Workgroup, please contact current chairperson Kraig Kinney at Kraig.Kinney@stvincent.org

Thanks, Kraig.

Attachment #7

NEMSIS
TECHNICAL ASSISTANCE CENTER

N. Clay Mann, PhD, MS
Principal Investigator

Karen Jacobson, BA, NREMT-P
NEMSIS Director

Jorge Rojas, BS
IT Coordinator / Data Manager / Analyst

Mengtao Dai, MS
Programmer

Kevin White, BS
BI Developer / Data Manager

Jianwen Lai, BS
Programmer

Monet Iheanacho, BA
Program Coordinator

Lana Moser, AA
Information Coordinator

Rene Enriquez, BS
IT Administration

December 11, 2014

Re: Quarter 4 2014 Review of the Indiana Data in NEMSIS – *A NEMSIS Technical Assistance Center (TAC) Review*

Angie Biggs
Robert Johnson
Marshal Jim L. Greeson

Indiana Department of Homeland Security
Division of Fire and Building Safety
Emergency Medical Services
302 W. Washington Street
Indianapolis, IN 46204

Marshal Greeson and the Indiana DHS EMS Team

I wanted to provide you with a review of the Indiana data submitted to populate the NEMSIS national EMS database received in the last two months. Initial submissions began on March 20th and are ongoing.

The NEMSIS TAC updates its warehouse every Friday; therefore any data submitted from approximately 1000 Mountain Time on a Friday until 0700 the next Friday are not immediately available.

The initial NEMSIS TAC review of the Indiana data identified 124,962 EMS records in the national EMS database (NEMSIS). Since then the Indiana DHS team have worked to submit additional individual EMS Agency XML files. With the most recent update to the NEMSIS warehouse on Friday, April 11th Indiana submitted an additional 15,500 EMS records, with the total 140,319 in the National EMS Database.

This number will continue to grow as more records have been submitted the week of April 14th. With the submissions of 44 additional files the number of EMS records is now at 155,040 and will be reflected in the next NEMSIS warehouse updated scheduled for Friday, April 18 2014.

In addition to this summary report, please review the excel documents which list the number of records submitted for each calendar year by EMS Agency ID as well as by Quarter and Year.. The documents are titled:

1) IN EMS agencies by Year in NEMSIS (as of 04-11-2014)
2) IN EMS agencies by Qtr_Year in NEMSIS (as of 04-11-2014)

Note: Please note, when exporting data from the NEMSIS cube excel drops any leading zeroes. For example, EMS agency ID 0004 appears as 4 in the excel spreadsheet.

University of Utah, School of Medicine, Department of Pediatrics
295 Chipeta Way, P.O. Box 581289
Salt Lake City, Utah 84158-1289
(801) 581-6410 Fax: (801) 581-8686
www.nemsis.org

NEMSIS
TECHNICAL ASSISTANCE CENTER

I look forward to continuing to work with you as you utilize the NEMSIS reporting tools. Please don't hesitate to contact me with any questions you may have.

Sincerely,

Karen E Jacobson

Karen E. Jacobson, BA, NREMT-P
NEMSIS Director

801-585-1631
Karen.Jacobson@hsc.utah.edu

University of Utah, School of Medicine, Department of Pediatrics
295 Chipeta Way, P.O. Box 581289
Salt Lake City, Utah 84158-1289
(801) 581-6410 Fax: (801) 581-8686
www.nemsis.org

Indiana EMS Data Review #3 (December 11, 2014):

April 16, 2014 updates are indicated in blue font.
December 11, 2014 updates are indicated in green font throughout the document.

As of December 11, 2014 and the weekly NEMSIS Version 2 warehouse update that completed on December 4, 2014, Indiana now has a total of 266,342 EMS activations (previously 140,319 and 124,962) in the NEMSIS Enhanced Analytical Cube and National EMS Registry Database. The NEMSIS TAC maintains a 2+ year rolling database of EMS responses. This means we currently have available data for 2012, 2013, and 2014.

Indiana EMS Agencies

- 84 distinct EMS agencies are represented in the NEMSIS national database as having records submitted to NEMSIS over the 2+ years (2012-2014).
- April 16th update: 91 EMS agencies have data within NEMSIS.
- December 11th update: 120 EMS agencies within NEMSIS
- The breakdown by Year and Quarter and Year is shown below

2012 Qtr 1	2012 Qtr 2	2012 Qtr 3	2012 Qtr 4	*2012 Total*
5,572	**5,846**	**6,728**	**6,571**	***24,717***
6,814	**6,407**	**8,698**	**6,798**	***28,717***
EMS Agencies:	EMS Agencies:	EMS Agencies:	EMS Agencies:	***EMS Agencies:***
14	15	17	18	***24***
18	20	21	21	***25***

2013 Qtr 1	2013 Qtr 2	2013 Qtr 3	2013 Qtr 4	*2013 Total*
9,518	**14,814**	**19,784**	**30,799**	***74,915***
9,886	**14,814**	**19,784**	**30,799**	***75,283***
EMS Agencies:	EMS Agencies:	EMS Agencies:	EMS Agencies:	***EMS Agencies:***
26	53	59	62	***74***
31	53	59	62	***77***

There are now a total of 85,584 EMS activations within NEMSIS for Calendar Year 2013. Details for each quarter are not provided for 2013.

2014 Qtr 1	2014 Qtr 2	2014 Qtr 3	2014 Qtr 4	*2014 Total*
25,330	**--**			***25,330***
36,303	**16**			***36,319***
46,627	**52,520**	**41,054**	**11,839**	***152,040***
EMS Agencies:	EMS Agencies:	EMS Agencies:	EMS Agencies:	***EMS Agencies:***
35	--	--	--	***47***
54	2	--	--	*53*
85	87	82	68	*102*

EMS Agency Configuration in Indiana (according to data submitted to NEMSIS):

1) **Level of Service (D01_07)**

	LEVEL OF SERVICE					
84; 91; 120 EMS Agencies	**EMT-Basic**	**EMT-Intermediate**	**EMT-Paramedic**	**First Responder**	**Nurse**	**Other Agency Value** [This is a transformed value]
# of EMS Agencies	20 22 31	6 6 8	50 55 71	2 2 4	4 4 6	3 4 5
Total Records Represented	4,268 4,747 13,402	2,107 2,107 4,212	91,386 103,047 206,805	23,326 23,421 23,858	3,585 6,301 17,247	290 696 818

2) **Organizational Type (D01_08)**

	ORGANIZATION TYPE				
84; 91; 120 EMS Agencies	**Community, Non-Profit**	**Fire Department**	**Governmental, Non-fire**	**Hospital**	**Private, Non-Hospital**
# of EMS Agencies	13 13 17	35 39 48	15 16 20	11 11 15	10 12 21
Total Records Represented	5,081 5,176 8,595	46,757 49,306 64,729	10,382 10,527 27,051	20,777 21,192 53,668	41,965 54,118 112,299

3) **Organization Status (D01_09)**

	ORGANIZATION STATUS		
84; 91; 120 EMS Agencies	**Mixed**	**Non-Volunteer** [Paid]	**Volunteer**
# of EMS Agencies	41 42 52	34 39 54	9 10 15
Total Records Represented	50,226 51,322 80,431	73,678 87,815 182,951	1,058 1,182 2960

One EMS agency (#964) has reported as both Mixed and Non-Volunteer for their Organization Status. The EMS event records are not double counted.

4) EMS Agencies by Level of Service and Organization Status

84; 91; 120 EMS Agencies	EMT-Basic	EMT-Intermediate	EMT-Paramedic	First Responder	Nurse	Other Agency Value
Mixed	10	4	23	2	0	3
	10	4	23	2	0	4
	14	4	29	4	0	4
Non-Volunteer [Paid]	3	1	27	0	3	0
	3	1	32	0	0	0
	5	2	42	0	5	0
Volunteer	7	1	0	0	1	0
	8	1	0	0	1	0
	12	2	0	0	1	1

Busiest Incident Zip Code (E08_15) by Type of Service Requested (E02_04)

1) Ordered by Type of Service Requested = 911 Response (Scene) (Top 15): →

Incident Zip Codes (3-digit)	All	911 Response (Scene)	Intercept	Interfacility Transfer	Medical Transport	Mutual Aid	Standby
All Zip Codes →	266,342	156,888	1,015	62,529	44,312	163	1,435
479	28,637	17,398	61	2,212	8,870	12	84
467	17,708	13,666	21	3,797	52	20	152
478	12,723	12,657	12	30	22		2
477	12,355	12,015		226	108	4	2
473	16,419	11,842	59	3,583	906	12	17
460	18,107	11,753	153	5,235	859	6	101
476	10,023	8,584		397	971		71
469	8,362	6,836	155	1,022	184	15	150
461	11,035	6,483	142	3,773	517	8	112
475	7,488	5,973	36	1,254	38	2	185
463	28,286	5,438	7	9,422	13,400	15	4
466	6,334	3,428	5	998	1,894	3	6
464	10,878	934	36	7,736	2,158	13	1
462	16,567	640	55	14,865	808		199

2) Ordered by the 3-digit Incident Zip Code, ordered by "All" EMS Responses (Top 15):

Incident Zip Codes (3-digit)	All	911 Response (Scene)	Intercept	Interfacility Transfer	Medical Transport	Mutual Aid	Standby
All Zip Codes →	266,342	156,888	1,015	62,529	44,312	163	1,435
465	37,344	22,698	72	1,671	12,788	26	89
479	28,637	17,398	61	2,212	8,870	12	84
463	28,286	5,438	7	9,422	13,400	15	4
460	18,107	11,753	153	5,235	859	6	101
467	17,708	13,666	21	3,797	52	20	152
462	16,567	640	55	14,865	808		199
473	16,419	11,842	59	3,583	906	12	17
478	12,723	12,657	12	30	22		2
477	12,355	12,015		226	108	4	2
461	11,035	6,483	142	3,773	517	8	112
464	10,878	934	36	7,736	2,158	13	1
476	10,023	8,584		397	971		71
469	8,362	6,836	155	1,022	184	15	150
475	7,488	5,973	36	1,254	38	2	185
466	6,334	3,428	5	998	1,894	3	6

3) Detailed view by 5-digit Incident Zip Code, ordered by Type of Service Requested = 911 Response (Scene) (Top 15):

Incident Zip Codes (3-digit)	All	911 Response (Scene)	Intercept	Interfacility Transfer	Medical Transport	Mutual Aid	Standby
All Zip Codes →	266,342	156,888	1,015	62,529	44,312	163	1,435
47362	7,425	6,104	10	1,294	9	2	6
46545	7,483	4,998	2	1,093	1,384	2	4
46544	4,868	4,436		169	260	2	1
47905	9,887	4,185	11	886	4,780	2	23
47807	4,151	4,144	4		3		
47802	3,667	3,654	2	4	7		
47630	3,615	3,556		32	15		12
46526	5,986	3,465	2	24	2,488	4	3
47906	3,422	3,150	5	27	226	3	11
46750	3,967	2,939	3	987	2	1	35
46725	4,366	2,914	10	1,423	3	8	8
46036	2,781	2,746		30	1		4
47601	3,113	2,722		348	30		13
Unknown	4,044	2,545	46	1,214	165	9	65
47904	4,636	2,510	1	394	1,709		22

4) Detailed view by 5-digit Incident Zip Code, ordered by "All" EMS Responses (Top 15):

Incident Zip Codes (3-digit)	All	911 Response (Scene)	Intercept	Interfacility Transfer	Medical Transport	Mutual Aid	Standby
All Zip Codes →	266,342	156,888	1,015	62,529	44,312	163	1,435
47905	9887	4,185	11	886	4,780	2	23
46545	7483	4,998	2	1,093	1,384	2	4
47362	7425	6,104	10	1,294	9	2	6
46526	5986	3,465	2	24	2,488	4	3
46544	4868	4,436		169	260	2	1
47904	4636	2,510	1	394	1,709		22
46725	4366	2,914	10	1,423	3	8	8
46514	4232	1,382	6	27	2,811	1	5
47807	4151	4,144	4		3		
Unknown	4044	2,545	46	1,214	165	9	65
46312	4040	1,816	3	1,834	384	3	
46750	3967	2,939	3	987	2	1	35
46410	3836	277	2	2,264	1,289	3	1
46256	3767	135	15	3,572	9		36
47331	3737	2,198	8	1,086	441	4	

Attachment #8

James L. Greeson, Indiana State Fire Marshal
Division of Fire and Building Safety / IDHS

EMS Branch

Operations Report

Field staff has been attending Ebola seminars in each district being put on by Indiana State Department of Health. Attendees include EMS, local health departments, hospital personnel and many others.

Technical Advisory Committee application has been placed on our website. There are a few openings and we will be accepting applications for the EMS Commission to review at next Commission meeting.

302 West Washington Street Room E-241 Indianapolis, IN 46204 P. 317.232.2222 F. 317.233.0307
www.in.gov/dhs

Attachment #9

EMS COMMISSION CERTIFICATION REPORT

Compiled: January 27, 2015

CERTIFICATIONS (1/27/2015)	Total # of Certs	Highest Lvl. Cert
EMS - PARAMEDIC	4207	4207
EMS - ADVACNED EMT	428	393
EMS - EMT	19121	14523
EMS - EMR	5372	5072
EMT - PI	505	N/A
TOTAL:	29633	24195

Q1 - 2015	Count
EMS - PARAMEDIC	
EMS - ADVACNED EMT	
EMS - EMT	
EMS - EMR	
EMT - PI	
TOTAL:	0

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

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

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

Q1 - 2014	Count
EMS - PARAMEDIC	68
EMT - INTERMEDIATE	0
EMS - ADVACNED 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 - ADVACNED 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 - ADVACNED EMT	232
-	-
EMS - EMT	468
EMS - EMR	66
EMT - PI	11
TOTAL:	874

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

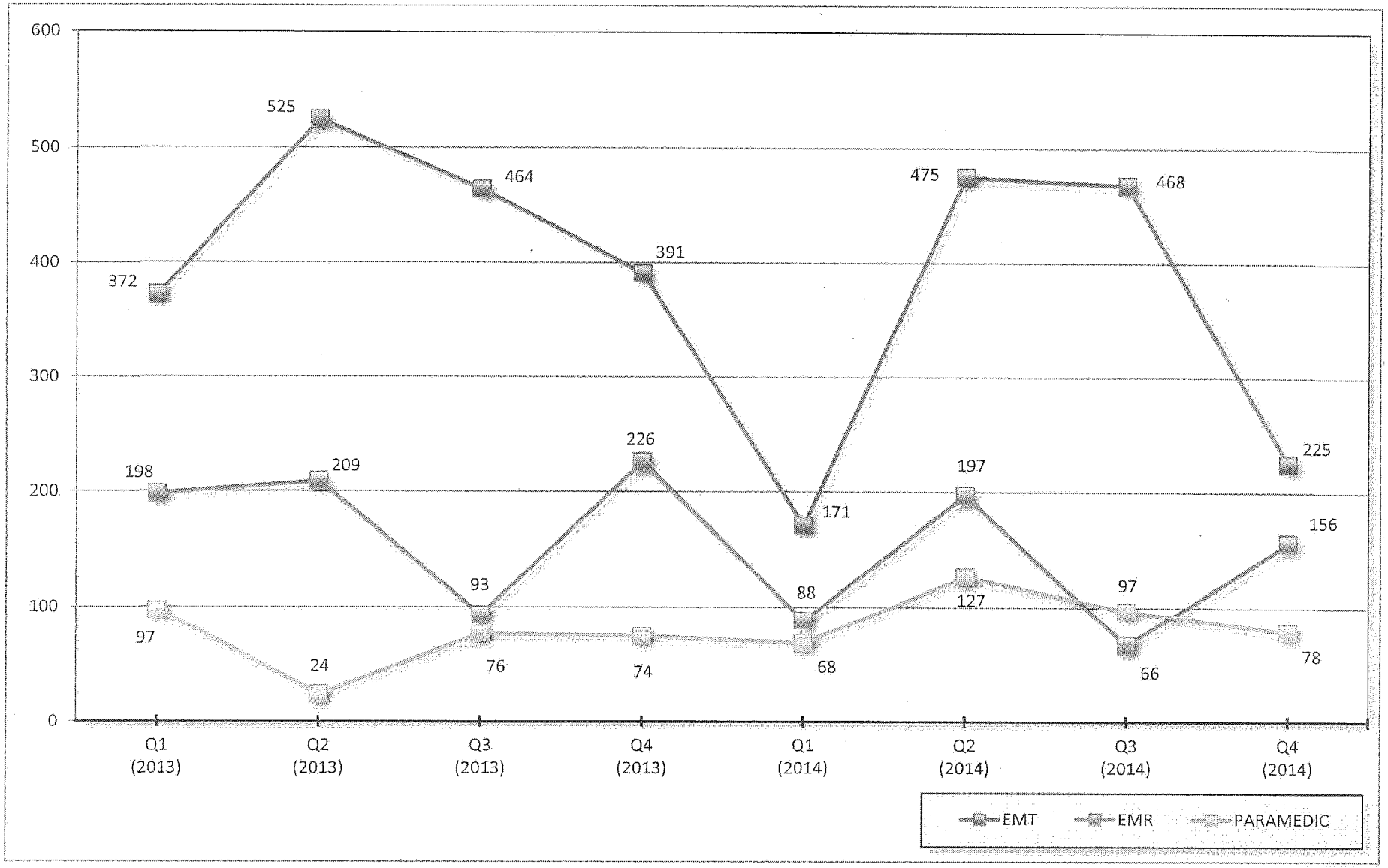
Q1 - 2013	Count
EMS - PARAMEDIC	97
EMT - INTERMEDIATE	2
EMS - ADVACNED EMT *(new)*	0
EMT - BASIC ADVANCED	18
EMS - EMT	372
EMS - EMR	198
EMT - PI	8
TOTAL:	695

Q2 - 2013	Count
EMS - PARAMEDIC	24
EMT - INTERMEDIATE	2
EMS - ADVACNED 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 - ADVACNED EMT *(new)*	11
EMT - BASIC ADVANCED	1
EMS - EMT	464
EMS - EMR	93
EMT - PI	15
TOTAL:	661

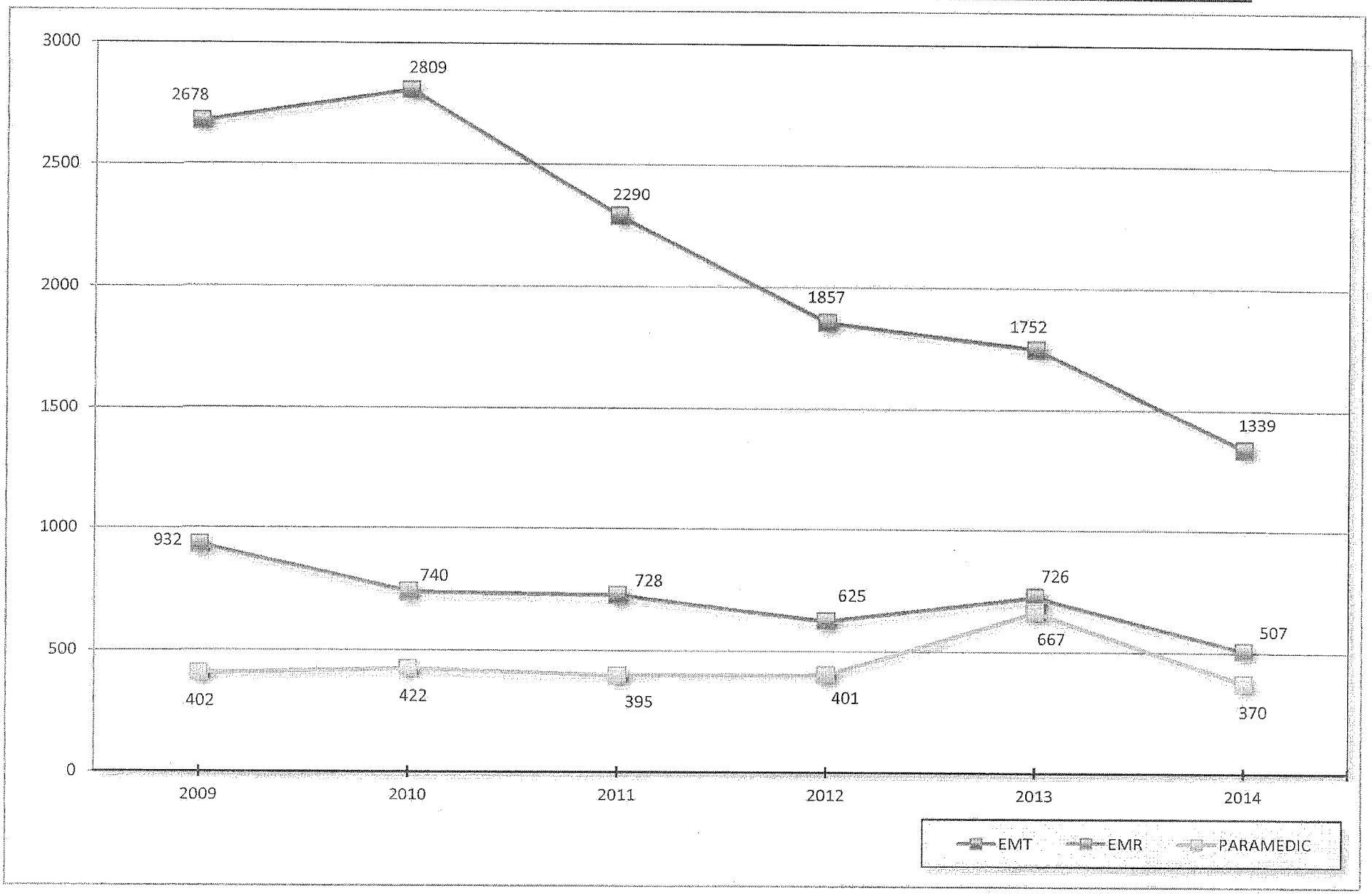
Q4 - 2013	Count
EMS - PARAMEDIC	74
EMT - INTERMEDIATE	0
EMS - ADVACNED EMT *(new)*	15
EMT - BASIC ADVANCED	0
EMS - EMT	391
EMS - EMR	226
EMT - PI	6
TOTAL:	712

QUARTERLY	Q1 (2013)	Q2 (2013)	Q3 (2013)	Q4 (2013)	Q1 (2014)	Q2 (2014)	Q3 (2014)	Q4 (2014)
EMT	372	525	464	391	171	475	468	225
EMR	198	209	93	226	88	197	66	156
PARAMEDIC	97	24	76	74	68	127	97	78



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)	



Emergency Medical Services
Provider Certification Report

Date : February 4, 2015 **February 13, 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 **February 13, 2015** Commission meeting, the following report of agencies who have meet the requirements for certification as Emergency Medical Service Providers and their vehicles.

Provider Level	Counts
Rescue Squad Organization	3
Basic Life Support Non-Transport	436
Ambulance Service Provider	95
EMT Basic-Advanced Organization	19
EMT Basic-Advanced Organization non-transport	16
EMT Intermediate Organization	15
EMT Intermediate Organization non-transport	0
Paramedic Organization	191
Paramedic Organization non-transport	14
Rotorcraft Air Ambulance	13
Fixed Wing Air Ambulance	3
Total Count:	805

New Providers Since 12-DEC-14

Franklin County EMS	**Advanced Certification: 12/22/2014**

Emergency Medical Services
Provider Certification Report

Date : February 4, 2015 **February 13, 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 **February 13, 2015** Commission meeting, the following report of agencies who have meet the requirements for certification as Emergency Medical Service Providers and their vehicles.

MILAN RESCUE 30	**Intermediate Certification: 01/13/2015**
WASHINGTON TOWNSHIP VOL FD	**Basic Certification: 01/22/2015**

Emergency Medical Service

Vehicle Certification Report

Date : February 4, 2015

	Totals
Air Ambulance Fixed Wing	**7**
Air ambulance Rotocraft	**45**
ALS Non Transport	**434**
Ambulance Type I	**193**
Ambulance Type II	**388**
Ambulance Type III	**1238**

Attachment #10

EMS Training Report for February 2015 EMS Commission Meeting

1. Applications for Practical Examination Representatives went out to all active primary instructors and were due back to me by February 9. A Committee of individuals made up of staff and PI's from around the State will review the applications and make selections based on the applicants experience and track record as an instructor and experience putting on practical exams.

2. The next document shows NREMT results by training institution by certification level. One criticism of just showing statistics without explanation is that the figures can fluctuate depending what month or even what time in the month you run the report. The first report shows examination results from the first quarter of 2014 to the first quarter of 2015. The report was run on January 22, 2015. The second report was run on December 29, 2014 and was from the fourth quarter of 2011 to the fourth quarter of 2014. The advanced and basic statistics are only for a one year period. On the basic State exam we have approximately an 89% first time pass rate.

Training Institution	Total Number Tested	1st time pass		Pass after 3 attempts	
Adams County Hospital	34	62%	21/34	91%	31/34
Community Health Ntwk	56	73%	41/56	89%	50/56
Elkhart General Hosp	53	57%	30/53	74%	39/53
St Anthony Crown Point	39	38%	15/39	72%	28/39
St Elizabeth Lafayette	5	60%	3/5	100%	5/5
Hendricks Regional	20	95%	19/20	100%	20/20
IU Health	29	79%	23/29	90%	26/29
Ivy Tech Bloomington	22	41%	9/22	50%	12/22
Ivy Tech Madison	11	82%	9/11	91%	10/11
Ivy Tech Colombus	31	77%	9/11	90%	28/31
Ivy Tech Northeast	41	49%	20/41	61%	25/41
Ivy Tech Richmond	4	50%	2/4	75%	3/4
Ivy Tech Terre Haute	44	36%	16/44	48%	21/44
Ivy Tech Evansville	51	55%	28/51	71%	36/51
Ivy Tech Kokomo	32	69%	22/32	81%	26/32
Ivy Tech South Bend	49	51%	25/49	63%	31/49
Methodist Hospital Gary	30	70%	21/30	90%	27/30
Pelham Training	171	78%	134/171	89%	153/171
St Francis Indpls	18	89%	16/18	94%	17/18
St Mary Hobart	24	54%	13/24	75%	18/24
St Vincent Indpls	38	97%	37/38	97%	37/38
Vincennes University	30	57%	17/30	73%	22/30
Wishard Hospital	83	87%	72/83	96%	80/83
State Totals	938	67%	624/938	81%	760/938
National Totals	34645	73	25252/34645	86%	29629/34645

Pass after 6 attempts		Failed all 6 attempts	Eligible for Retest	Did not complete within 2 years
94%	32/34	0	2	0
89%	50/56	0	5	1
81%	43/53	2	6	4
77%	30/39	1	7	1
100%	5/5	0	0	0
100%	20/20	0	0	0
97%	28/29	0	0	1
55%	12/22	1	5	4
91%	10/11	0	1	0
90%	28/31	0	1	2
66%	27/41	0	3	11
75%	3/4	0	1	0
55%	24/44	0	15	5
76%	39/51	1	6	5
88%	28/32	0	3	1
65%	32/49	0	13	4
90%	27/30	0	3	0
90%	154/171	4	14	1
94%	17/18	0	0	1
75%	18/24	0	2	4
97%	37/38	0	0	1
77%	23/30	1	5	1
98%	81/83	0	1	1
84%	785/938	13	93	49
87%	30282/34645	195	2408	1777

Program	Number of Exams	1st Time Pass Rate	
Bloomington/Orange Co	1	0%	0/1
Central Nine	0		
Deaconess Hosp	5	80%	4/5
DePauw University	2	50%	1/2
Elkhart General	6	67%	4/6
St Anthony Crn Point	2	100%	2/2
St Elizabeth Lafayette	2	100%	2/2
Indiana University	2	50%	1/2
IU Goshen	2	50%	1/2
Ivy Tech Columbus	1	100%	1/1
Ivy Tech Northeast	1	100%	1/1
Ivy Tech Richmond	1	100%	1/1
Ivy Tech Southeast	1	100%	1/1
Ivy Tech Evansville	2	100%	2/2
Ivy Tech South Bend	5	60%	3/5
Paramedic Science	1	100%	1/1
Pelham Training	36	81%	29/36
Prompt Ambulance	1	100%	1/1
Riverview Hospital	1	100%	1/1
St Mary Hobart	1	100%	1/1
St Vincent	23	78%	18/23
Terre Haute Regional	1	100%	1/1
Wishard Health Svcs	24	88%	21/24
Yellow Ambulance	24	67%	16/24
State Report	163	76%	124/163
National Report	58425	71%	41442/58425

Pass Rate Up to 3 Attempts		Eligible for Retest
100%	1/1	0
80%	4/5	1
100%	2/2	0
67%	4/6	2
100%	2/2	0
100%	2/2	0
100%	2/2	1
50%	1/2	1
100%	1/1	0
100%	1/1	0
100%	1/1	0
100%	1/1	0
100%	2/2	2
80%	4/5	1
100%	1/1	0
83%	33/40	4
100%	1/1	0
100%	1/1	0
100%	1/1	0
78%	18/23	5
100%	1/1	0
91%	20/22	2
79%	19/24	5
82%	133/163	30
78%	45857/58425	12488

Attachment #11

Traumatic Care Recommendations

1. 1st Hartford Consensus came out on April 2nd, 2013 in response to numerous active shooter situations.
    a. The recommendation was to integrate critical actions in the acronym THREAT:
        1. Threat suppression
        2. Hemorrhage control
        3. Rapid Extrication to safety
        4. Assessment by medical providers
        5. Transport to definitive care
2. On September 1st, 2013, the active shooter and intentional mass-casualty events: The Hartford Consensus II was published.
    a. The call to action in the second consensus for EMS/Fire/Rescue recommended the following:
        1. Train to increase operational knowledge
        2. It is no longer acceptable to stage and wait for casualties to be brought out to the perimeter
        3. Training must include hemorrhage control techniques, including tourniquets, pressure dressing, and hemostatic agents.
        4. Modify response doctrine to improve the interface between EMS/Fire/Rescue and law enforcement in order to optimize patient care.
3. Training Needs to be changed to address the following:
    a. Separate the word "Tactical" from training. Tourniquets are becoming a widely used tool, increasingly among law enforcement and EMS in non-tactical environments. Tourniquets have been applied by ISP troopers in the past two months on people in car wrecks and traumatic injuries saving their lives.
    b. Separate two levels of training.
        1. Increase basic training in the use of tourniquets, pressure dressings, and bleeding control for all EMS levels. Many in EMS still consider the tourniquet to be a "last resort," and the use of these life saving measures need to be looked at as initial actions by rescuers. This training is being taught to non-EMS experienced teachers for safety in their schools.
        2. Review the advanced care that may be provided by qualified law enforcement, EMS and Fire in tactical situations for austere environments.
4. Take steps to make Indiana a leader in education and address this training shortfall.
    a. We need to promote education and training for hospital staff to these practices due to agencies that are implementing this information. There have been cases of a tourniquet placement and transport into the ED and staff is unaware of how to address the application.
    b. Increase training cooperation between EMS, Law Enforcement, and Fire. The response to all mass casualty incidents, or the average car wreck, can be addressed with cooperative training that will increase our responders' effectiveness when an incident occurs.