

# State of the State: EMS

Michael A. Kaufmann, MD, FACEP, FAEMS

EMS Medical Director

Indiana Department of Homeland Security



# Hello Indiana

Hoosier native

ZHS Grad 1989

IU Grad 1993

IU SOM 1998

Emergency Medicine 2001

Board Certified FACEP 2004

Private practice EM 17 years

EMS practice 15+ years

Board Certified FAEMS 2013

Appointed IDHS EMS MD 02/2018



hello  
world

## HOUSE ENROLLED ACT No. 1336

---

AN ACT to amend the Indiana Code concerning public safety.

*Be it enacted by the General Assembly of the State of Indiana:*

SECTION 1. IC 10-19-7-5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: **Sec. 5. (a) For purposes of this section, "EMS" means emergency medical services.**

**(b) For purposes of this section, "state EMS medical director" refers to the state emergency medical services medical director appointed under subsection (c).**

**(c) The executive director shall appoint an individual to serve as the state emergency medical services medical director. The individual must have the following qualifications:**

**(1) Thorough knowledge of state EMS laws and**

# State EMS Medical Director

- Position created in 2014
- HEA 1336
- Second Regular Session 118th General Assembly (2014)
- Office first held by Michael Olinger, MD
- Special thanks to MO for paving the way for this position!

# Duties and Responsibilities

The state EMS medical director shall oversee all pre-hospital aspects of the statewide EMS system, including the following:

1. Medical components for systems of care that interface or integrate with the statewide EMS system, including the following:
  - a. Statewide planning for trauma, burn, cardiac, and stroke care
  - b. Domestic preparedness
  - c. EMS for children.
2. For all levels of emergency responders establishment of the following:
  - a. Statewide model guidelines and best practices for all patient care activities to ensure delivery of medical care consistent with professionally recognized standards.
  - b. A statewide EMS continuous quality improvement program.
  - c. A statewide EMS advocacy program.
3. In cooperation with appropriate state and local agencies, training and certification of all EMS providers.



# Duties and Responsibilities

The state EMS medical director shall assist the executive director on all issues related to statewide EMS, including the following:

1. Consulting with EMS medical directors
2. In consultation with the Indiana emergency medical services commission created by IC 16-31-2-1, providing guidance and assistance on the following matters:
  - a. Scope of practice for EMS providers.
  - b. Restrictions placed on EMS certifications.
  - c. Appropriate corrective and disciplinary actions for EMS personnel.
  - d. Education and training on emerging issues in EMS.
3. EMS system research.
4. Coordination of all medical activities for disaster planning and response.
5. Improving quality of care, research, and injury prevention programs.





From the Office of the  
IDHSEMSMD

- Credentialing
- Opiates
- Data Reporting
- EMS-C
- Transfer Delays
- Disaster Preparedness
- Safety in EMS
- Model Guidelines
- Stroke
- IM Epi for EMTs
- Medicaid Reimbursement



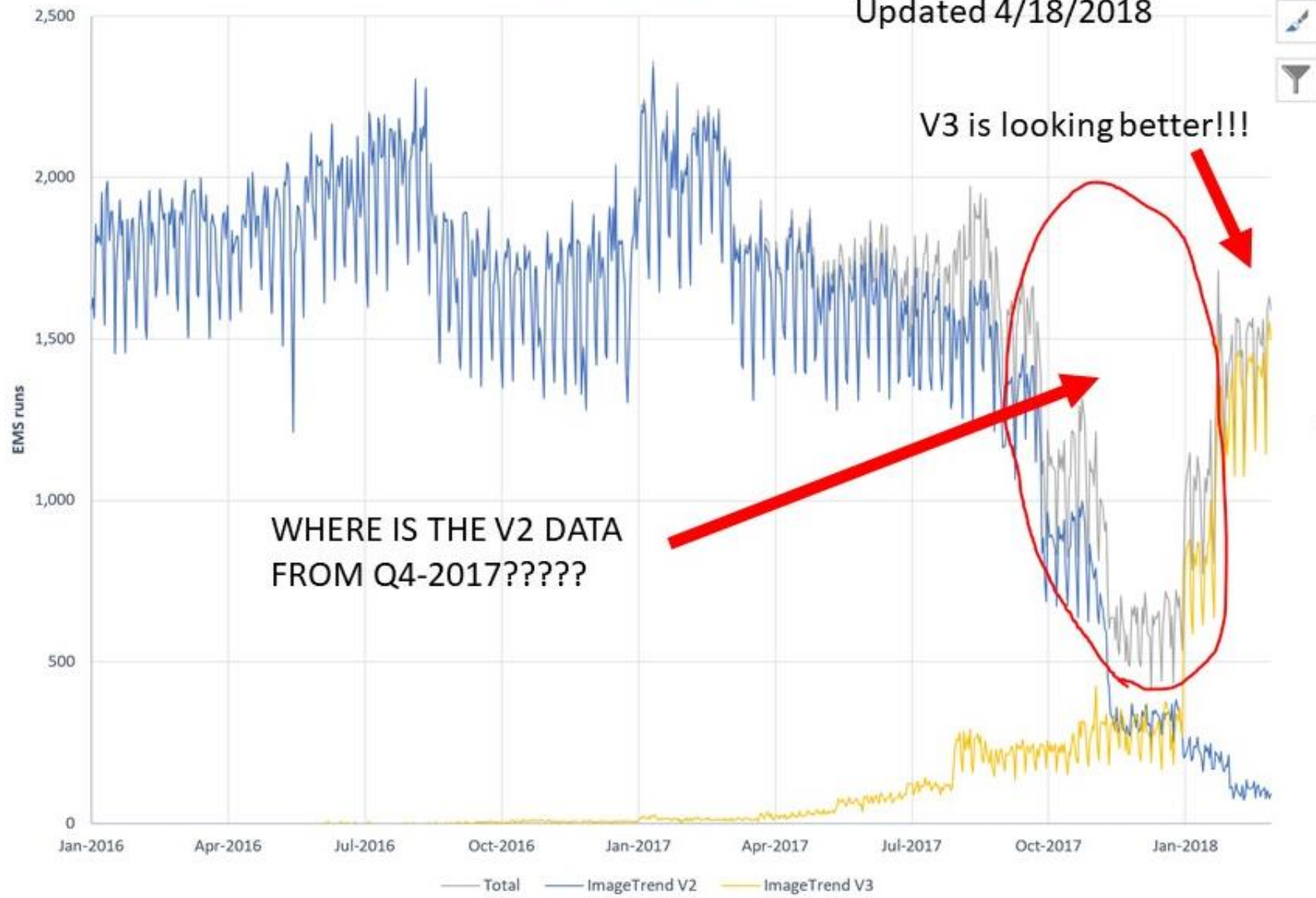


# EMS Registry

- Historical scarcity of prehospital patient care data to support effective decision-making.
- NEMESIS was designed to provide a uniform national EMS dataset, with standard terms, definitions and values, along with a national EMS database containing aggregated data from all states for certain data elements.
- You see a patient and enter data into your ePCR.
- ePCR uploads to ImageTrend (State EMS Registry)
- State EMS Registry uploads to NEMESIS

# EMS runs per day

Updated 4/18/2018





# Agencies Not Reporting Data

Prompt Medical Transportation, Inc

Heartland Ambulance Service

Superior Air-Ground Ambulance Service of Indiana Inc

Elite Medical Transportation LLC - Methodist

IU Health Bloomington Emergency Medical Transport Service

Priority One EMS

Prompt Ambulance Central, Inc

Lakeshore EMS

ITS EMS DBA - Action Ambulance

Statewide Transfer Ambulance & Rescue, Inc

Care Ambulance Service LLC (Terre Haute)

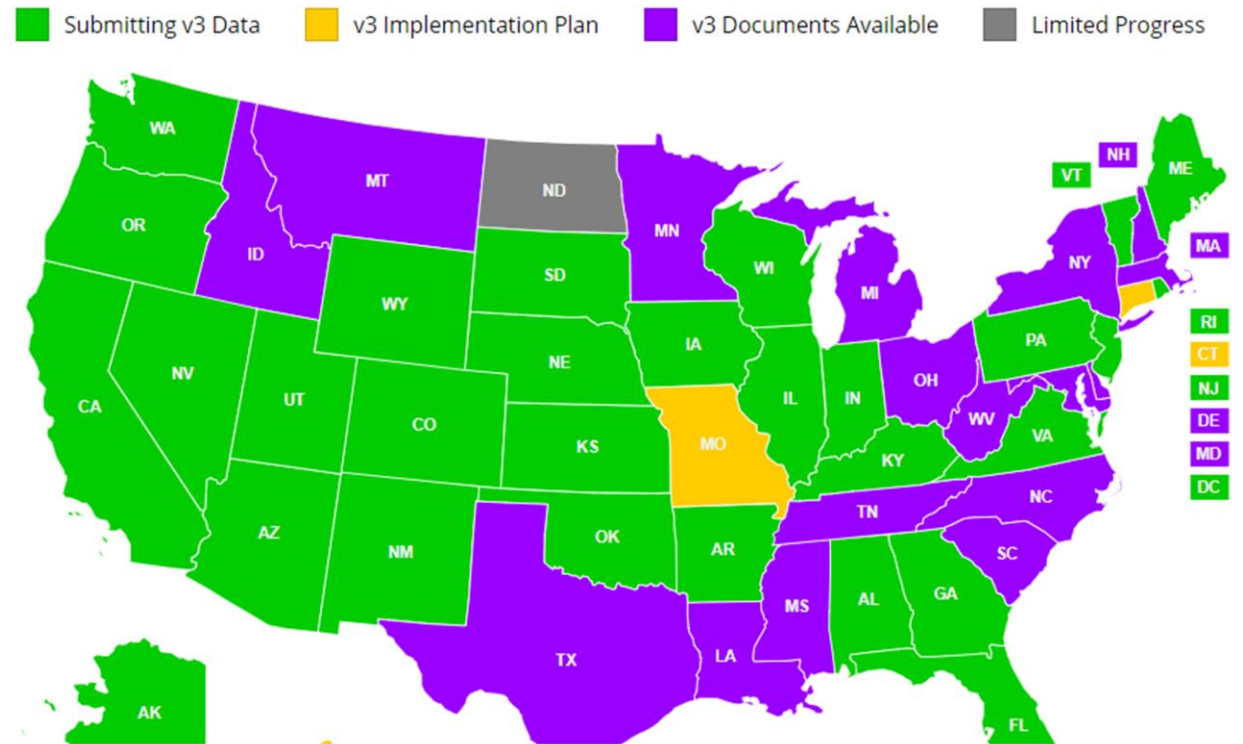
United Emergency Medical Services

United Mobile Care / DBA Unified Mobile Care, Inc

Deploy Service Default Settings

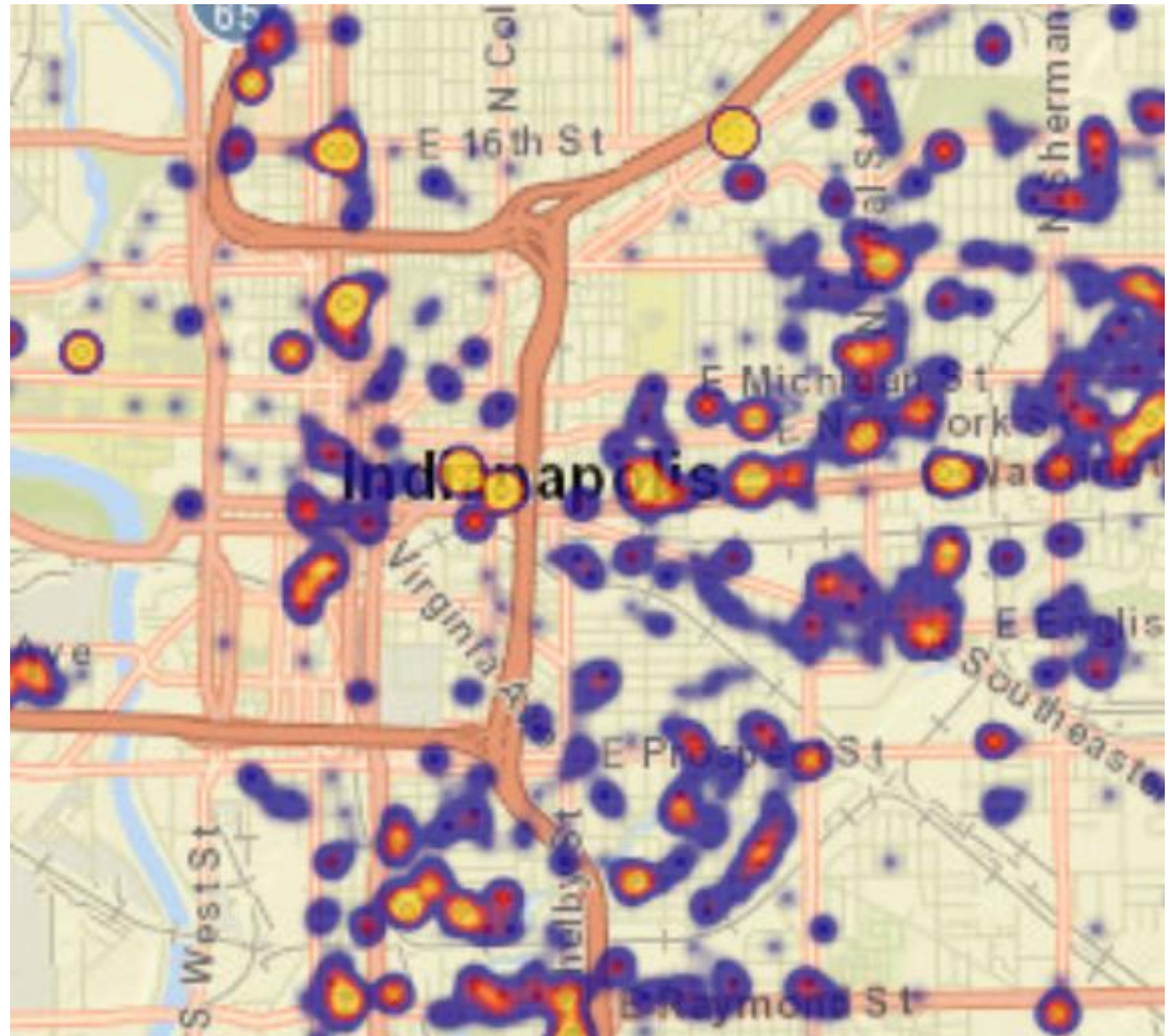
# NEMESIS

- Green for the first time!
- Submitting V3 Data



# Naloxone Heat Mapping

---



# 836-IAC

- On January 14, 2013, Governor Pence signed Executive Order 13-03 which places a “Regulatory Moratorium” on executive branch agencies’ ability to promulgate administrative rules. By “freezing” the creation of new rules, the Office of Management and Budget (OMB) will be able to review and identify existing regulations that inhibit Hoosiers’ freedom to engage in individual, family, and business pursuits.
- Momentum is swinging back in our favor and I fully expect to begin a rule re-write within the next few quarters.



# Rule Making Update

- **836 IAC 1-1-5 Reports and records**
- Authority: IC 16-31-2-7; IC 16-31-
- More rule changes to follow including 836 in it's entirety.
  - Likely done in quarterly blocks
  - Completion date expected to be 2020



# EMS Medical Director Participation

- **EMS Medical Director Requirements (Proposal)**

- Be a physician that holds a current, valid license authorizing the practice of medicine and surgery or osteopathic medicine and surgery in Indiana;
- Be actively involved in the practice of emergency medicine;
- Actively participate with the EMS organization in the conduct of performance improvement programs, educational programs, and protocol establishment and/or updates;
- Demonstrate high ethical standards and no conflicts of interest;
- Participate in peer review and quality improvement programs for the EMS organization
- Be board or subspecialty board certified, or board eligible, in emergency medicine, emergency medical services, or complete an EMS medical director course



FEMA

# POSITION PAPER

NATIONAL ASSOCIATION OF EMS PHYSICIANS

## Clinical Credentialing of EMS Providers

A joint position statement of the:

**National Association of EMS Physicians®** approved 20 December 2016

and the

**National Registry of EMTs®** approved 01 December 2016

The practice of Emergency Medical Services (EMS) Medicine is complex, dynamic, and diverse. This practice is historically built upon the domains of education, certification, and licensure. Though these domains remain continuously relevant, there is an equally compelling need for a fourth domain in sound medical practice: EMS provider credentialing by the local EMS physician medical director.

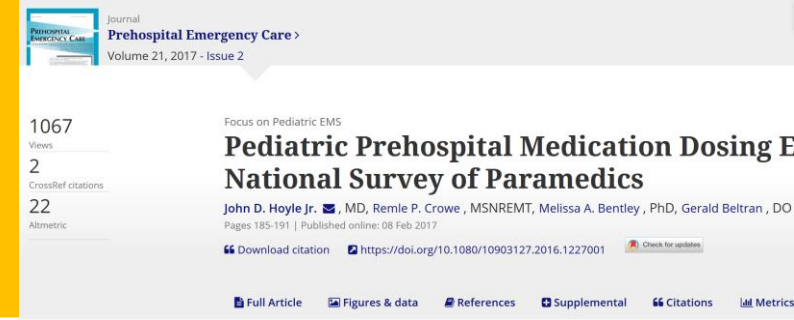
# Credentialing of EMS Providers

- This would separate the state regulatory function of licensure from the credentialing process of providing different aspects of medical care.
- These aptitudes must be shown in the application of clinically oriented critical thinking, particularly in situations germane to that organization's local practice of EMS medicine.

# EMS-C

- Emergency Medical Services for Children
  - Elizabeth Weinstein, MD
  - Margo Knefelkamp

- EMS Division of IDHS will be asking each EMS provider organization to identify a pediatric representative to focus on pediatric care within each organization.
- This position will be identified on the EMS provider organization paperwork.
- Future ask will be to have a designated pediatric emergency specialist on the EMS Commission







# Naloxone Sustainability

---

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



# Model Guidelines

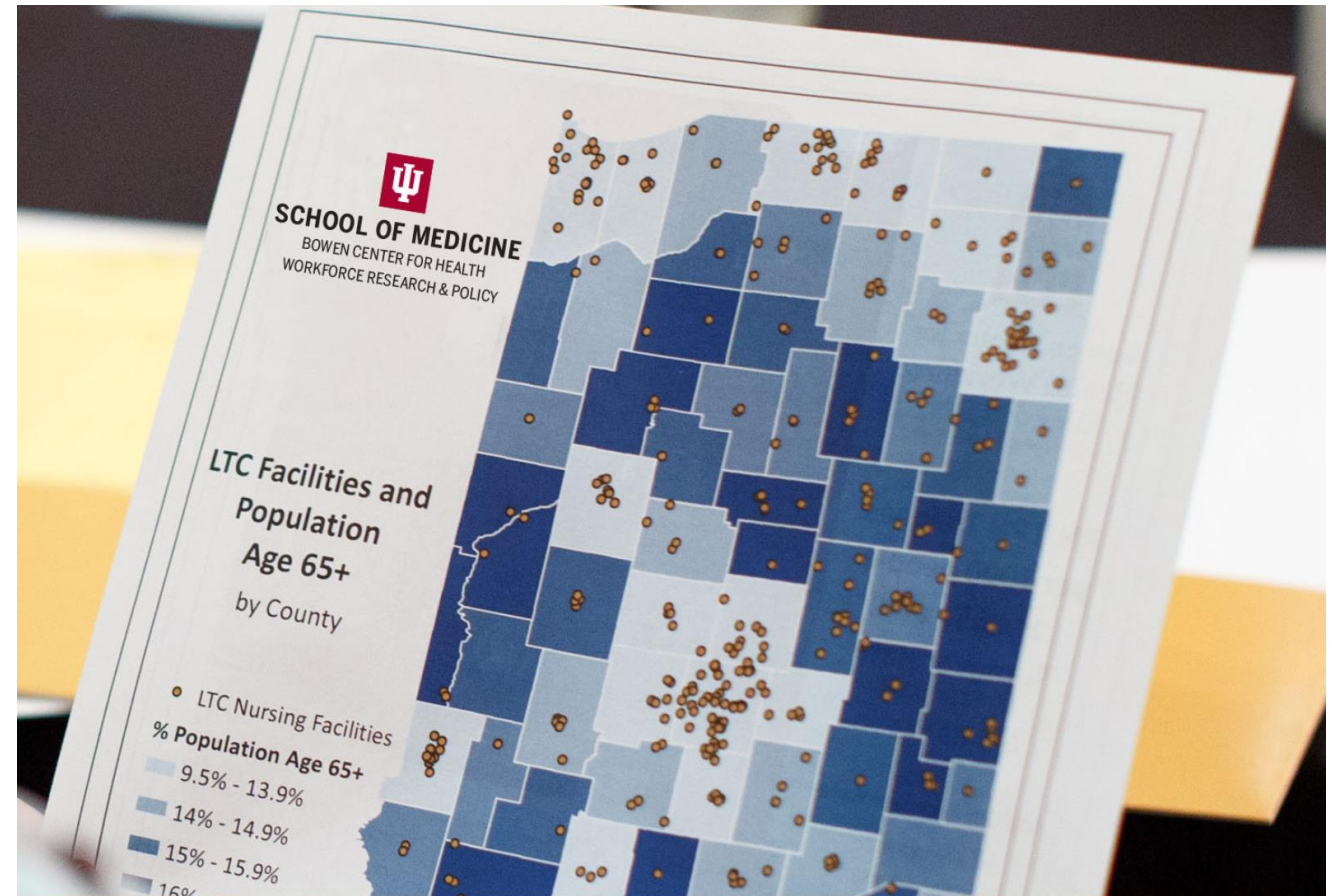
- **Developed by NASEMSO in November 2017**
- **Evidence Based**
- **EMS Compass Quality Indicators**
- **NEMSIS Database Referenced**
- **Complete Protocol Manual**

National Association of  
State EMS Officials



# Workforce Development

- Working to identify barriers restricting EMTs and Paramedics from entering the workforce in Indiana.
- Looking at licensing and certification process to remove obstacles.
- Looking for ways to align Indiana with other organizations such as NREMT to simplify the continuing education and certification/licensure process.



# Safety for EMS Providers

- Safety must become a priority!
  - Develops practical ways to implement the recommendations included in National EMS Culture of Safety Strategy.
  - Review the latest information, research, and best practices on EMS patient and practitioner safety.
  - Develop and publish consensus statements on the issues of EMS patient and practitioner safety as guidance to EMS agencies and practitioners.
  - Raises awareness of the importance of EMS patient and practitioner safety within the EMS industry
  - Identify additional steps that the EMS industry can take to improve EMS patient and practitioner safety

**SafeAmbulances.org**



Ground Ambulance Standards  
and EMS Safety Resource



National EMS  
**SAFETY COUNCIL**

# Suicide Prevention Training

- SEA 230 - Requires emergency medical technicians to complete a research based training program concerning suicide assessment, treatment, and management that is: (1) demonstrated to be an effective or promising program; and (2) recommended by the Indiana Suicide Prevention Network Advisory Council.
  - Evaluating content
  - Delivery method
    - Acadis
    - Required for recertification



**Division of  
Mental Health  
and Addiction**

# Stop The Bleed



SAVE A LIFE

The Indiana Department of Homeland Security is proud to be a supporting partner of the Stop the Bleed Program.

Stop the Bleed is a national campaign with two main goals:

- Inform and empower the general public to become trained on basic trauma care.
- Increase bystander access to bleeding control kits.



- Controlled Substance Issues
- DEA 222 Forms
- EMS Medical Directors
  
- Public Law No: 115-83 (11/17/2017)

DEA

# Meeting Scheduled with the DEA!

- This law amends the Controlled Substances Act to ensure that paramedics and other emergency medical services (EMS) professionals are able to continue to administer controlled substances, such as pain narcotics and anti-seizure medications, pursuant to standing or verbal orders when authorized by State law.
- Further, the bill specifies that EMS agencies are permitted to have one DEA registration, rather than having separate registrations for each EMS location, so long as certain requirements are met relating to the transportation and storage of controlled substances are met



# Other Items of Importance

- Stroke Bill
- HEMS Bill
- ISTCC – ALS Availability
  - Number one cited delay in getting trauma patients to definitive care
- Consulting with EMS Medical Directors
- Scope of practice for EMS providers
- Restrictions placed on EMS certifications
- Appropriate corrective and disciplinary actions for EMS personnel
- Education and training on emerging issues in EMS

# Thank you!

- Your input and participation in the Indiana EMS System is vitally important.
- [Mkaufmann@dhs.in.gov](mailto:Mkaufmann@dhs.in.gov)
- 317-514-6985

Indiana Government Center South  
302 W. Washington St. Room E238  
Indianapolis, Indiana 46204