INDIANA PUBLIC LAW 67-2024 DATA REPORT

Indiana Emergency Medical Service Provider Organization Survey

8/29/2024

Final
PLA 67-2024

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EXECUTIVE SUMMARY

The Indiana Emergency Medical Service Provider Organization Survey, conducted in accordance with Public Law 67-2024, provides a comprehensive overview of the state of emergency medical services (EMS) across Indiana. The survey, which achieved a high participation rate of nearly 97% among counties, collected detailed information on EMS provider organizations, including organization types, funding sources, staffing levels, and service coverage. The key findings highlight significant disparities in EMS resources and service availability across the state.

Key Findings:

- **Diverse EMS Landscape:** Indiana's EMS is primarily composed of volunteer fire departments (34.1%), followed by paid fire departments (19.5%). Government funding is the primary revenue source for EMS providers, accounting for nearly 70% of their funding, with healthcare funding contributing about 25%.
- **Staffing Disparities:** While the state has a relatively strong workforce of EMTs and paramedics, there is a significant variation in staffing levels across districts. The average EMS provider organization employs 17 EMTs, 8 paramedics, 2 A-EMTs, and 3 non-EMS certified drivers.
- **Vehicle Resources:** The average EMS provider organization has three transport and non-transport vehicles available daily, with considerable variability between IDHS districts.
- **Service Coverage:** There are notable gaps in ALS and BLS service coverage across counties. Several counties reported no ALS or BLS coverage for certain townships, indicating gaps in service distribution.
- **Mutual Aid Agreements:** Approximately 45% of EMS providers rely on dispatch protocols for mutual aid, while 30% use written agreements. Mutual aid frequently occurs both within and outside county borders, highlighting the collaborative nature of EMS services in Indiana.
- **Response Times:** The most common response time for EMS units to the furthest point in their service area is between 10-20 minutes. However, response times vary, with some counties reporting intervals of up to 30 minutes or more. Response time delays are most driven by hospital availability, EMS units or staff availability, and high call volume.
- **Challenges in Personnel Retention:** Low wages and insufficient retirement benefits are the primary challenges in recruiting and retaining EMS personnel, with 35% of respondents indicating these as persistent issues.

This report serves as a vital resource for comprehensive data on the state of emergency medical services across Indiana. By providing detailed insights at the state and district levels, the report aims to inform policymakers, county commissioners, and EMS stakeholders. The goal is to support data-informed decisions that enhance emergency medical services, ensuring that every resident in Indiana has access to timely and effective care.

DEFINITIONS

Paramedic: An individual who (A) affiliated with a certified paramedic provider organization, employed by a sponsoring hospital approved by the commission, or employed by a supervising hospital with a contract for in-service education with a sponsoring hospital approved by the commission; (B) has completed a prescribed course in advanced life support; and (C) Has been certified by the commission.

Emergency Medical Technicians (EMTs): An individual who is certified under this article to provide basic life support at the scene of an accident or an illness or during transport.

Advanced Emergency Medical Technicians (A-EMTs): An individual who is certified under IC 16-31 to provide basic life support at the scene of an accident or an illness or during transport and has been certified to perform manual or automated defibrillation, rhythm interpretation, and intravenous line placement.

EMR or Non-EMS Certified Drivers: Often referred to as a “First Responder,” this means an individual who is (A) certified under IC 16-31 and who meets the commission’s standards for first responder certification and (B) the first individual to respond to an incident requiring emergency medical services. Non-EMS Certified Drivers are those employed by an EMS organization that do not hold any current EMS medical certification.

Transport Vehicles: Emergency ambulance services means the transportation of emergency patients by ambulance and the administration of basic life support to emergency patients before or during such transportation.

Non-Transport Vehicle: Nontransporting emergency medical services vehicle" or "emergency medical service nontransport vehicle" means a motor vehicle, other than an ambulance, used for emergency medical services. The term does not include an employer-owned or employer-operated vehicle used for first aid purposes within or upon the employer's premises.

Basic Life Support (BLS): (A) Assessment of emergency patients. (B) Administration of oxygen. (C) Use of mechanical breathing devices. (D) Application of antishock trousers. (E) Performance of cardiopulmonary resuscitation. (F) Application of dressings and bandage materials. (G) Application of splinting and immobilization devices. (H) Use of lifting and moving devices to ensure safe transport. (I) Use of an automatic or a semiautomatic defibrillator if the defibrillator is used in accordance with training procedures established by the commission. (J) Administration by an emergency medical technician or emergency medical technician-basic advanced of epinephrine through an auto-injector. (K) For an emergency medical technician-basic advanced, the following: (i) Electrocardiogram interpretation. (ii) Manual external defibrillation. (iii) Intravenous fluid therapy. (L) Other procedures authorized by the commission, including procedures contained in the revised national emergency medical technician-basic training curriculum guide. (M) Except as provided by: (i) clause (J) and the training and certifications standards established under IC 16-

31-2-9(4); (ii) clause (K)(iii); and (iii) the training standards established under IC 16-31-2-9(5); the term does not include invasive medical care techniques or advanced life support.

Advanced Life Support (ALS): (A) Care given: (i) at the scene of an: (AA) accident; (BB) act of terrorism (as defined in IC 35-41-1-26.5 [IC 35-41-1-26.5 was repealed by P.L. 114-2012, SECTION 132, effective July 1, 2012.]), if the governor has declared a disaster emergency under IC 10-14-3-12 in response to the act of terrorism; or (CC) illness; (ii) during transport; or (iii) at a hospital; by a paramedic, emergency medical technician-intermediate, and that is more advanced than the care usually provided by an emergency medical technician or an emergency medical technician-basic advanced.

First Responder Services: An individual who is: (A) certified under IC 16-31 and who meets the commission's standards for first responder certification; and (B) the first individual to respond to an incident requiring emergency medical services.

INTRODUCTION

This report presents the findings and analysis following the data collection mandated by the Indiana General Assembly under Public Law 67-2024. The primary objective of this act is to enhance public safety by improving the provision of emergency medical services (EMS) across the state of Indiana.

As stipulated by the legislation, county executives were required to submit detailed information about EMS provider organizations within their jurisdictions. This data includes critical details about each provider's service areas, funding sources, level of care provided, response times, and factors influencing service delivery. The Department of Homeland Security (IDHS), in consultation with the Indiana Emergency Medical Services Commission, was tasked with compiling this information into a report for the General Assembly, with the goal of enabling the identification of areas for improvement and formulating recommendations to advance the quality and efficiency of EMS statewide.

The following sections of this report will detail the methodology used for data collection and present a descriptive analysis of the data submitted by the counties. This report serves as a crucial step towards ensuring that all residents of Indiana have access to timely and effective emergency medical care, regardless of their location within the state.

METHODOLOGY

DATA COLLECTION

In accordance with Public Law 67-2024, the data on EMS services presented in this report have been collected directly from county executives across the state. The Qualtrics survey platform served as the primary tool for data collection, enabling a streamlined and secure process. To comply with Public Law 67-2024, county commissioners followed a two-step process: first, obtaining data from EMS provider organizations or dispatch centers operating within their jurisdiction, and second, compiling and submitting a single, comprehensive survey for their county. IDHS facilitated this process by providing the following resources:

- A survey user guide that detailed reporting requirements, definitions of EMS services, all survey questions and value sets, and step-by-step instructions for initiating and submitting the survey (See Appendix A);
- Each county executive body received a private survey link, allowing them to collaborate, work with relevant stakeholders, save their progress, and support consistent and accurate data reporting; and
- An EMS Provider Worksheet to aid data collection efforts from EMS provider organizations. The worksheet, a separate Qualtrics survey, was designed to mirror the data elements required in the county's survey. When EMS provider organizations completed this worksheet, the results were emailed to the relevant county commissioners. Commissioners were then responsible for compiling these results into the comprehensive county-specific survey, which was subsequently submitted to IDHS.

To improve the ease and accuracy of reporting, the survey was designed to capture data dynamically based on user input, using several features such as carrying provider names forward for subsequent questions, display and skip logic, and embedded data to auto-populate township options for a given county. The complete listing of questions contained within the survey may be found in Appendix A. Briefly, the survey captured the following information for each EMS provider organization reported – listing of all EMS provider organizations and their address, organization type, funding structure, personnel and equipment, ALS and BLS service provision and 24/7 staffing coverage, interfacility transport frequency, adjacent county coverage, and expected response times. The survey further collected the following information at the county level – ALS and BLS service coverage for county townships, mutual aid agreement structures, factors contributing to longer-than-expected response times, and factors related to EMS personnel recruitment and retention.

KEY FINDINGS

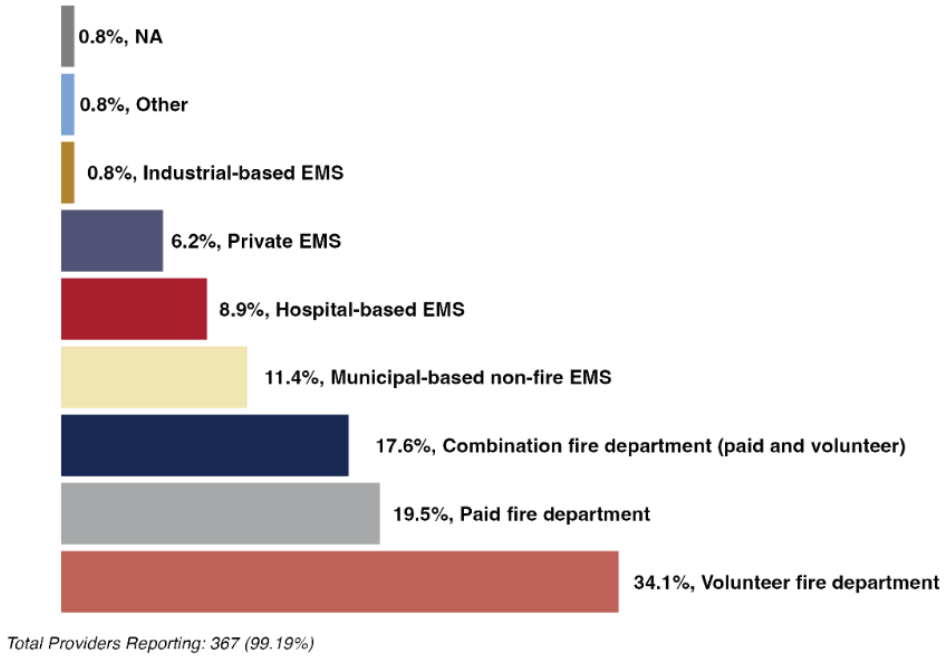
STATEWIDE

Nearly all Indiana counties (89 out of 92, ~96.7%) completed the EMS Provider Organization Survey, providing comprehensive data on the state's EMS landscape. State-level analysis yielded a detailed overview of EMS provider organizations, providing insights into their organization type, funding sources, staffing and vehicle availability, coverage, and services provided. Provider organization in this context means an EMS Commission certified organization which includes both transport and non-transport first response organizations.

EMS Provider Organization Type

In total, 367 EMS provider organizations with distinct primary operating addresses across Indiana completed the survey. Figure 1 depicts the distribution of EMS provider organization types across Indiana, highlighting the diversity within the state's EMS landscape.

Figure 1: Indiana State-Level EMS Provider Organization Type



Total Providers Reporting: 367 (99.19%)

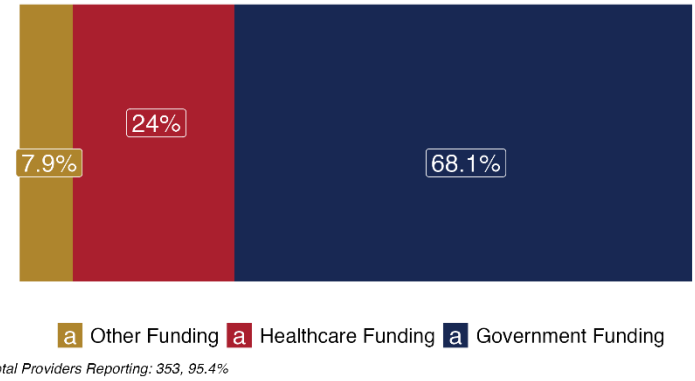
These findings indicate a strong reliance on community-driven, volunteer-based services to meet emergency medical needs across the state. **Volunteer fire departments** represent the **majority** (34.1%, N=125) of EMS provider organization types in Indiana, followed by paid fire departments (19.5%, N=72) and combination (paid and volunteer) fire departments.

Funding Sources

EMS provider organizations reported their funding sources across three main categories: government funding (municipal budget and/or local taxes), healthcare funding (insurance, Medicare, Medicaid, and other billing such as reimbursement for services), and other sources. While valid funding data was submitted for 353 EMS provider organizations, 17 were excluded from the analysis due to insufficient responses. This included two EMS provider organizations with response totals not equaling 100% and 15 with missing data. The missing data may indicate the challenges of classifying the various funding methods at the local level.

At the state level, nearly 70% of EMS funding is from government dollars, with healthcare funding contributing roughly 25%. The remaining 8% is from other sources, most commonly local donations, fundraisers, grant funding, and corporate funding.

Figure 2: Indiana State Level EMS Provider Organization Funding Sources



Total Providers Reporting: 353, 95.4%

Staff and Vehicle Resources

EMS provider organizations were asked to specify their staffing and vehicle resources, considering the highest functioning level for each resource and using '0' to indicate no FTEs or vehicles and '999' for unavailable data. Statewide averages show a significant disparity and variation in FTE staffing levels, with 17 EMTs, 8 paramedics, 2 A-EMTs, and 3 EMR or non-EMS certified drivers per EMS organization. Additionally, when looking at both transport and non-transport vehicles, including those available daily, the average number across all categories is three vehicles per EMS organization. Tables 1 and 2 detail the staff and vehicle resources statewide and by IDHS district in a heatmap format. The heatmap uses a green-to-red color scale, where darker green indicates a higher number of staff or vehicles, and red indicates a lower number.

Table 1: Indiana EMS Staffing Resources Statewide & District Level:
Average EMS Staff per EMS Organization by Job Role

	Average number of FTE paramedics employed	Average number of FTE EMTs employed	Average number of FTE A-EMTs employed	Average number of FTE EMR or non-EMS certified drivers employed of FTE EMR
Statewide	8	17	2	3
District 1	12	21	0	2
District 2	8	13	4	2
District 3	9	18	5	4
District 4	5	11	1	4
District 5	16	42	1	3
District 6	3	7	1	3
District 7	9	11	1	2
District 8	9	11	2	0
District 9	3	7	2	2
District 10	8	18	2	2

**Heatmap: A color gradient that transitions from green to red, where darker shades of green represent higher values, and red indicates lower values.*

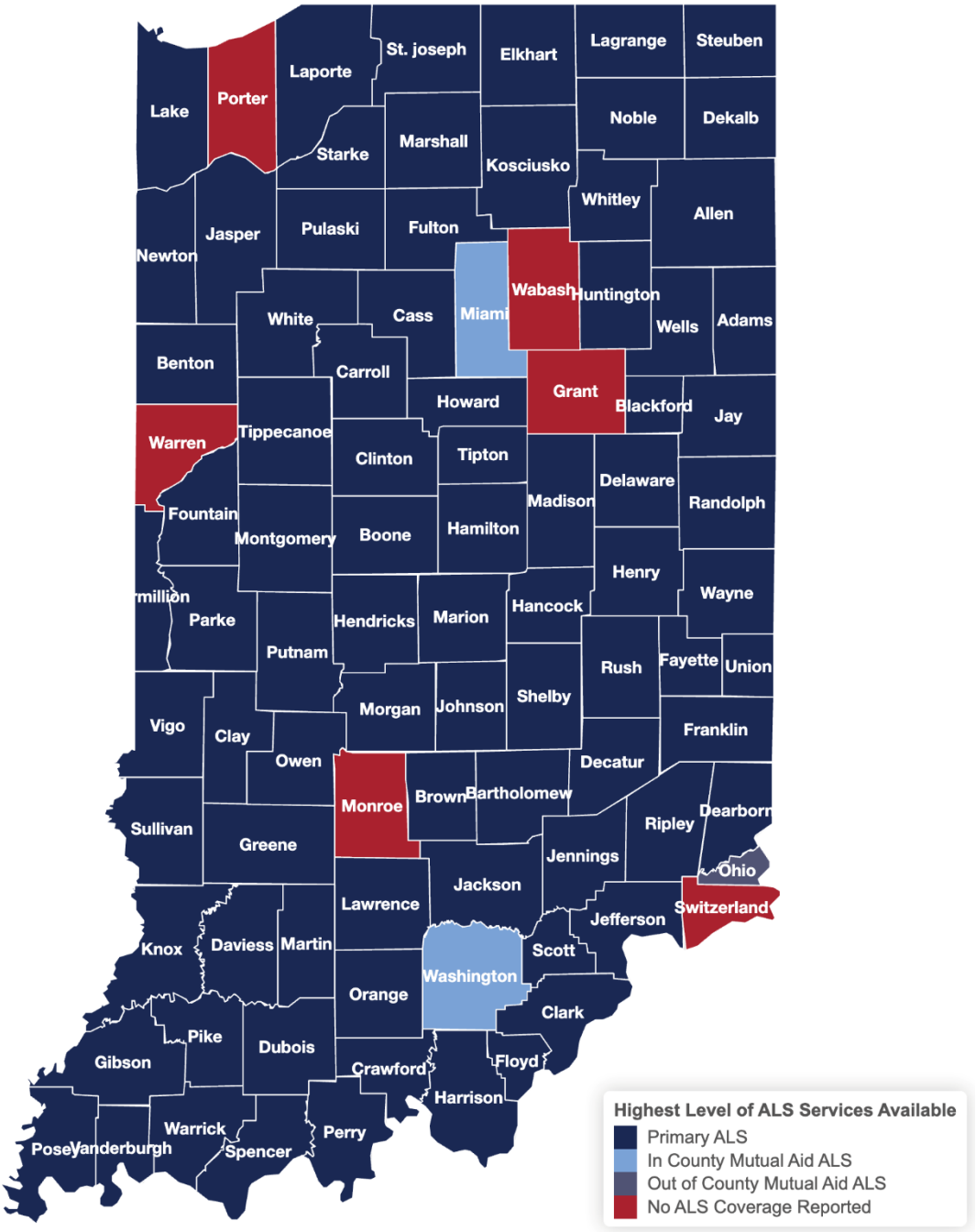
Table 2: Indiana Vehicle Resources Statewide & District Level:
Average Transport and Non-Transport Vehicle per EMS Organization

	Transport Vehicles		Non-Transport Vehicles	
	Average number of transport vehicles	Average number of transport vehicles available daily	Number of non-transport vehicles	Average number of non-transport vehicles available daily
Statewide	3	3	3	3
District 1	6	3	4	3
District 2	2	2	6	5
District 3	4	4	2	3
District 4	2	2	2	3
District 5	3	4	3	5
District 6	2	1	3	3
District 7	2	1	4	3
District 8	4	3	1	2
District 9	2	2	2	2
District 10	4	3	2	2

**Heatmap: A color gradient that transitions from green to red, where darker shades of green represent higher values, and red indicates lower values.*

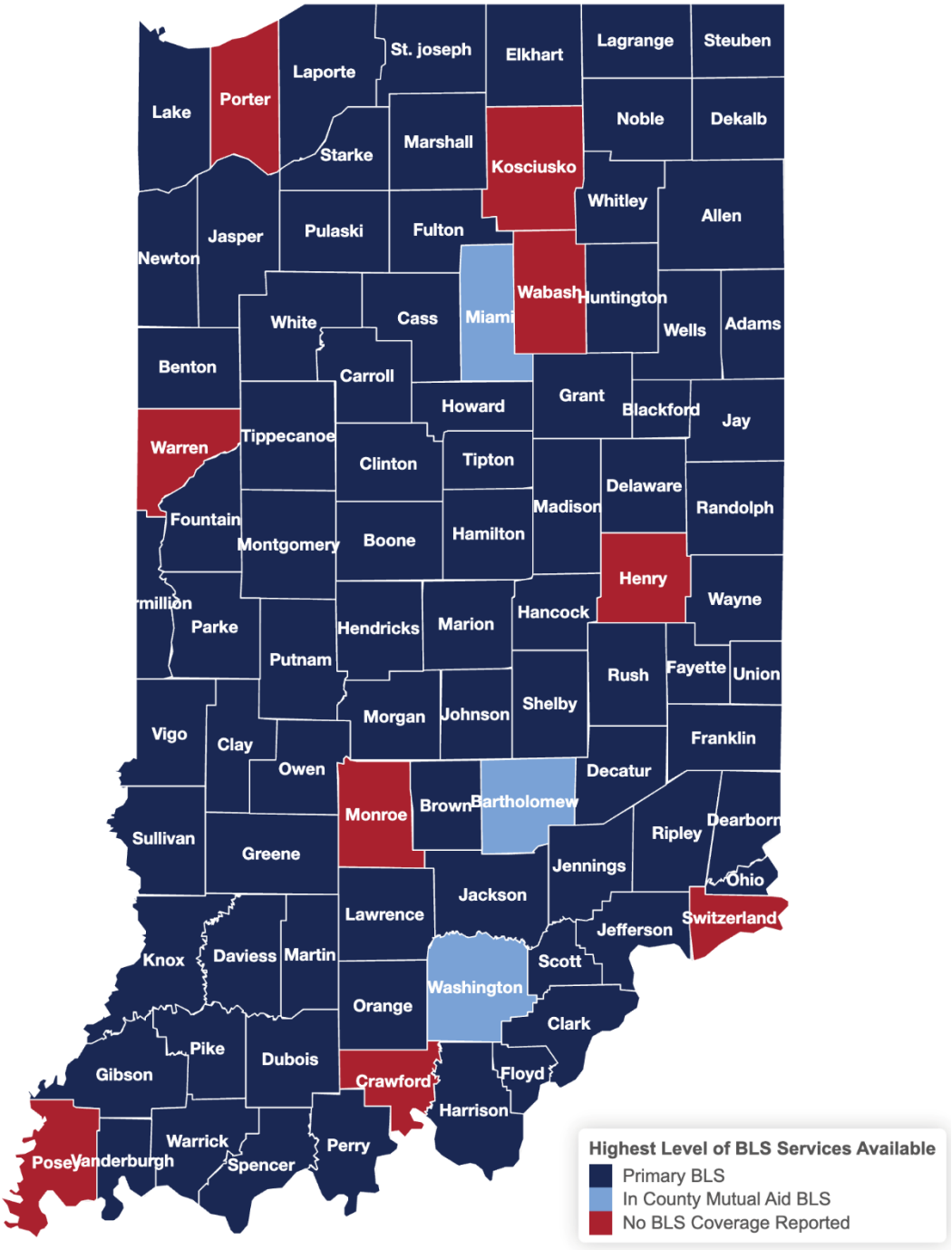
EMS Provider Coverage:

Figure 3: ALS Service Coverage by County



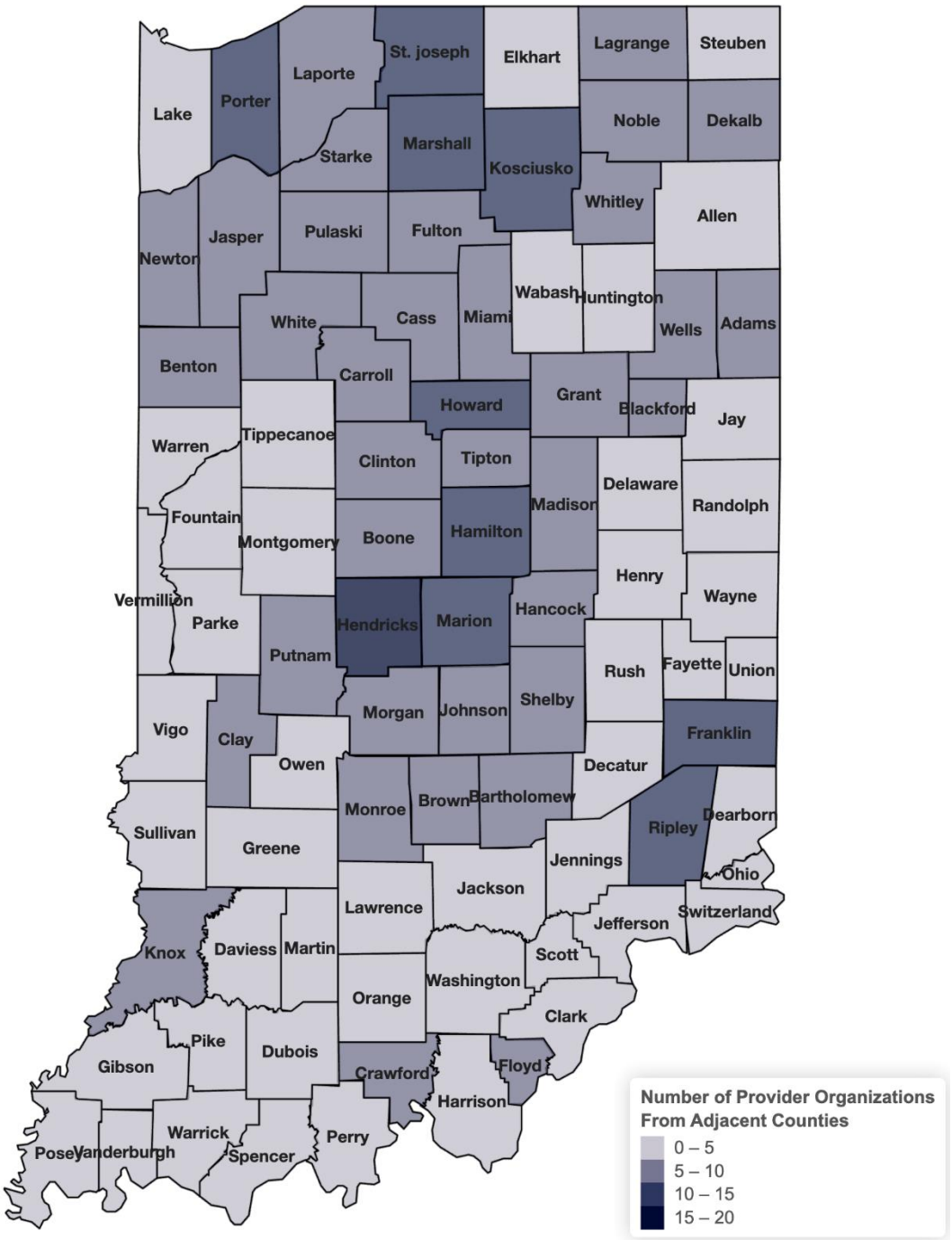
Note: Service coverage is determined based on reports from county commissioners rather than from specific EMS provider organization level of care reporting.

Figure 4: BLS Service Coverage by County



Note: Service coverage is determined based on reports from county commissioners rather than from specific EMS provider organization level of care reporting.

Figure 5: Counties Receiving Services From EMS Provider Organizations Located in an Adjacent County



Figures 3 and 4 illustrate ALS and BLS service coverage by county. Both maps indicate the highest level of service provided: primary agreement, within-county, out-of-county, or no coverage reported. An EMS Provider Organization within Switzerland County reported providing ALS, but the county did not submit township-level data, which is the source for the maps. Kosciusko and Posey counties did not submit BLS data for township service coverage. Counties Monroe, Porter, and Wabash did not complete the survey, which resulted in these counties being marked with no ALS or BLS coverage reported. Figure 5 depicts the number of EMS provider organizations from adjacent counties that indicated they provide service to that county.

BLS, ALS, and First Responder Services Provided

EMS providers were asked to identify the levels of care provided and expected response times for incidents at the furthest point within their service area. BLS and First Responder Services (BLS non-transport) were nearly equally prevalent, with 36.6% providing BLS and 35.2% offering first responder services. Only 14% of EMS providers (n=45) offered all three levels of care.

Figure 6: Level of Care Provided by EMS Provider Organizations

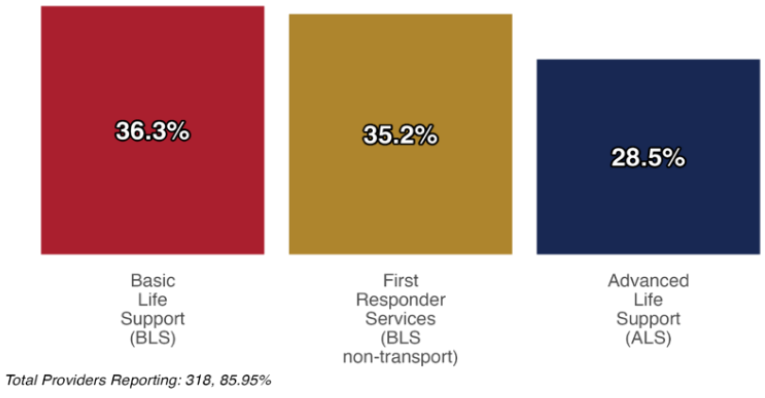
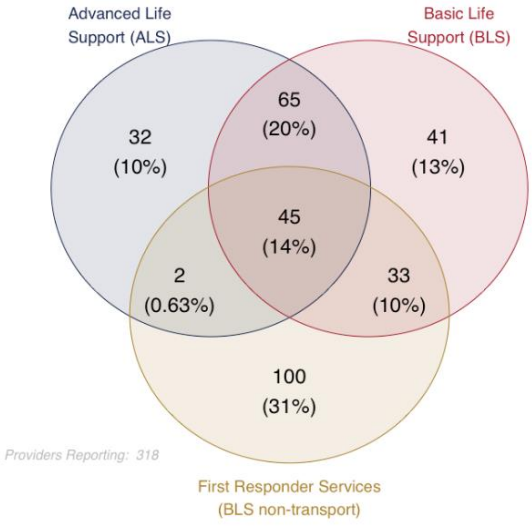


Figure 7: Combination of Care Provided by EMS Provider Organizations

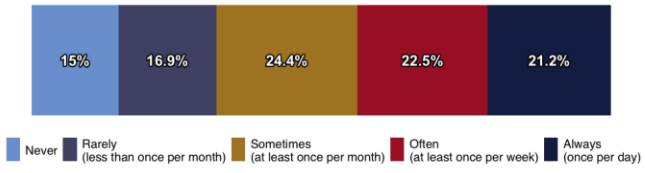
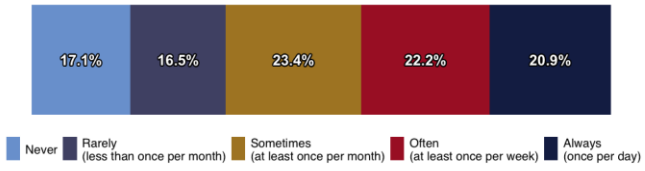


Mutual Aid Agreements

County Commissioners reported mutual aid practices within their county and how often it is needed, both from within and outside the county. Within a county, nearly half of providers rely on dispatch protocols (45%) as their primary mechanism, followed by written agreements (30%). Informal procedures were the least common method (17%). Approximately 20% of providers use a combination of these methods. Mutual aid needs within the county were evenly distributed across all frequency options at approximately 20%.

When achieving mutual aid with EMS provider organizations located outside of their county, the methods used mirrored those within the county. Dispatching protocols (46%) were cited as the primary method, followed by written agreements (31%).

Table 3: Statewide Mutual Aid Agreement Types & Frequency of EMS Incidents Requiring Mutual Aid Within and Outside County

Provider Location	Agreement Type	n (%)	Frequency of EMS Incidents Requiring Mutual Aid
Within County	Dispatch Protocols	72 (45%)	
	Written Agreements	48 (30%)	
	Informal Procedures	27 (17%)	
	Other	13 (8%)	
Outside County	Dispatch Protocols	69 (44%)	
	Written Agreements	48 (30%)	
	Informal Procedures	34 (22%)	
	Other	6 (4%)	

24/7 BLS and ALS Coverage to Primary Service Area

EMS provider organizations demonstrate a strong capacity to provide 24/7 BLS coverage within their primary service area, with 77.4% of those who reported indicating consistent availability every day of the week, as shown in Figure 8. However, Figure 9 reveals a significant disparity in ALS coverage. The data shows a polarized landscape: 54% of organizations that responded to this question report never providing 24/7 ALS coverage, while 42.4% state they always do.

A large majority of EMS providers (91%) reported responding to calls outside their primary service area. Figure 10 indicates that, among the EMS provider organizations that were reported by counties, regardless of whether they respond to calls outside their primary service area, the most frequent response regarding the frequency of such calls is 'rarely' (monthly), followed by “sometimes” (weekly) at 34%. Roughly 12% reported responding calls outside of their primary service area “often” (daily).

Figure 8: Statewide 24/7 BLS Coverage to Primary Service Area

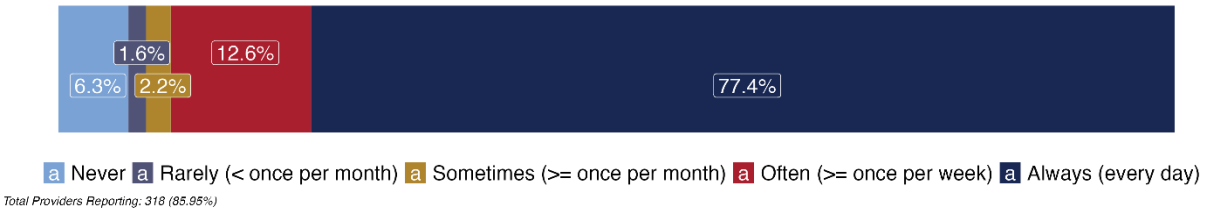


Figure 9: Statewide 24/7 ALS Coverage to Primary Service Area

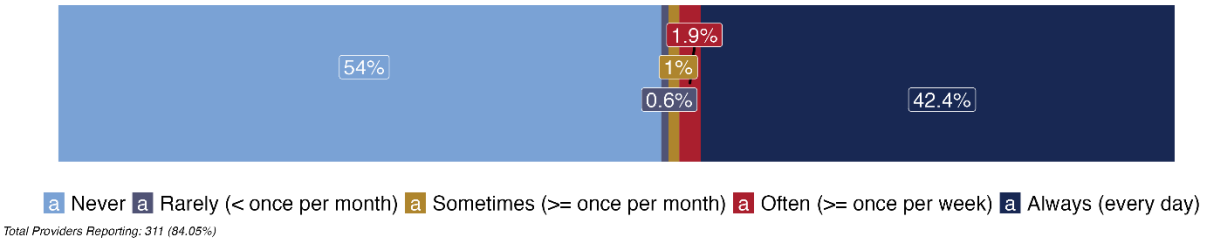


Figure 10: Statewide Time EMS Providers Respond to Calls Outside of Primary Service Area

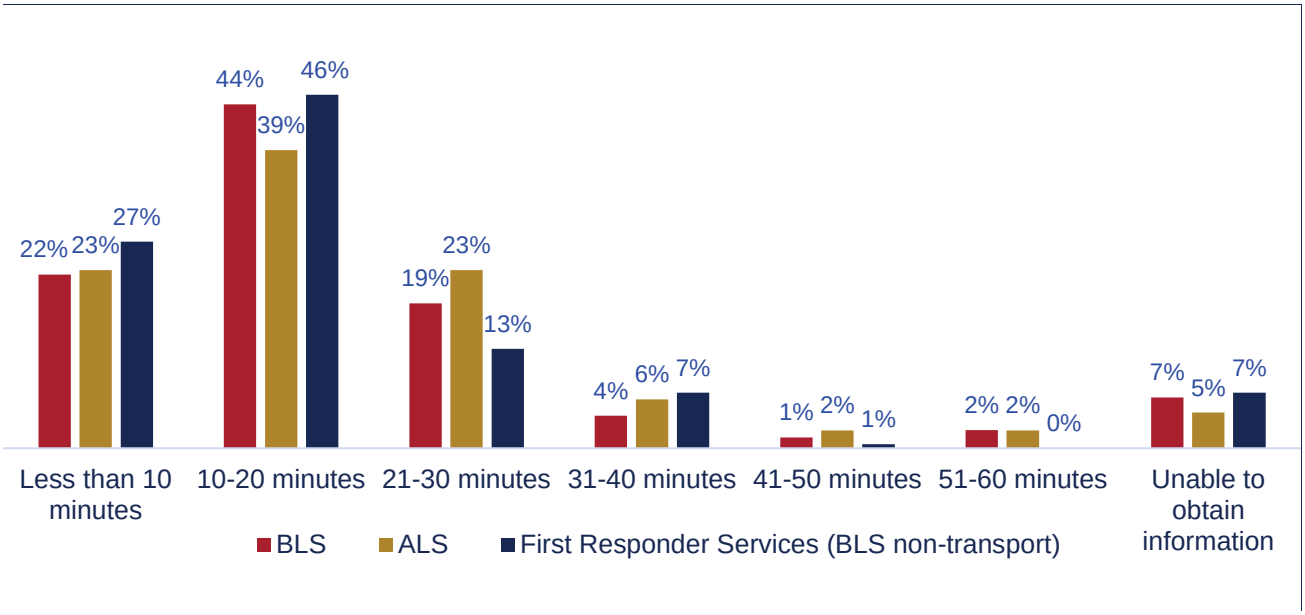
Average Response Time for EMS Units Among Non-Transport & Transport Units

Figure 11 illustrates the distribution of response times for Basic Life Support (BLS), Advanced Life Support (ALS), and First Responder Services (BLS non-transport) to the furthest point within their service area. The 10–20-minute interval emerged as the most reported response time across all levels of care. Notably, 44% of providers report this interval for BLS, and 46% for First Responder Services, indicating a strong alignment in response capabilities between these two service types. In contrast, ALS providers show a slightly lower concentration in this interval, with 39% reporting a 10–20-minute response time.

The data highlights a more varied distribution of response times for ALS services. While 39% of ALS providers fall within the 10–20-minute range, response times are equally divided between those achieving less than 10 minutes (23%) and those taking 21-30 minutes (23%). This indicates that ALS providers experience a broader range of response times, potentially reflecting variations in service capabilities or geographic challenges.

A relatively small percentage of providers report longer response times of 31-40 minutes (6-7%) and 41-50 minutes (1-2%), with minimal instances extending to 51-60 minutes (2%). Additionally, a notable portion of providers (5-7%) indicated that they were unable to obtain information on response times, suggesting gaps in data collection or reporting practices.

Figure 11: Expected Response Time to the Furthest Service Point for Each Level of Care at the State Level



Factors Contributing to Longer Average Response Times among Non-Transport and Transport Units

Figure 12 provides a detailed examination of factors that contribute to longer-than-average response times for EMS units across Indiana, as assessed by county commissioners. These factors were evaluated on a three-point scale: "always," "sometimes," and "never," offering insights into the frequency and severity of each issue across the state.

The most notable finding is the significant impact of hospital availability, with 12.5% of counties reporting it as an "always" present obstacle to timely EMS response. This suggests that access to hospital services is a critical bottleneck in the emergency response chain, potentially leading to delays in patient care. Additionally, limited availability of EMS units or staffing was cited by 6.8% of counties as "always" contributing to delays, highlighting a challenge in resource allocation within the EMS system.

On the other hand, several factors were predominantly rated as "sometimes" affecting response times, such as traffic congestion (71.9%) and high call volume (91%), reflecting common, yet not constant, issues that can fluctuate based on circumstances like time of day or local events. Road closures or construction also frequently impacted response times, with 95.5% of counties marking it as an occasional issue.

Counties reported certain factors were not considered significant obstacles. For instance, trained or appropriate staff arriving at the scene (BLS vs. ALS) was identified as "never" causing delays by 44.3% of counties, and hospital availability was similarly noted as a non-issue by 34.1% of

counties. These findings suggest that while certain factors are problematic in some areas, they are well-managed or less relevant in others. Figures 13 and 14 further examines response time by transport and non-transport EMS units, highlighting specific counties reporting a factor is “always” an issue.

Figure 12: Factors that Impact Longer Response Times

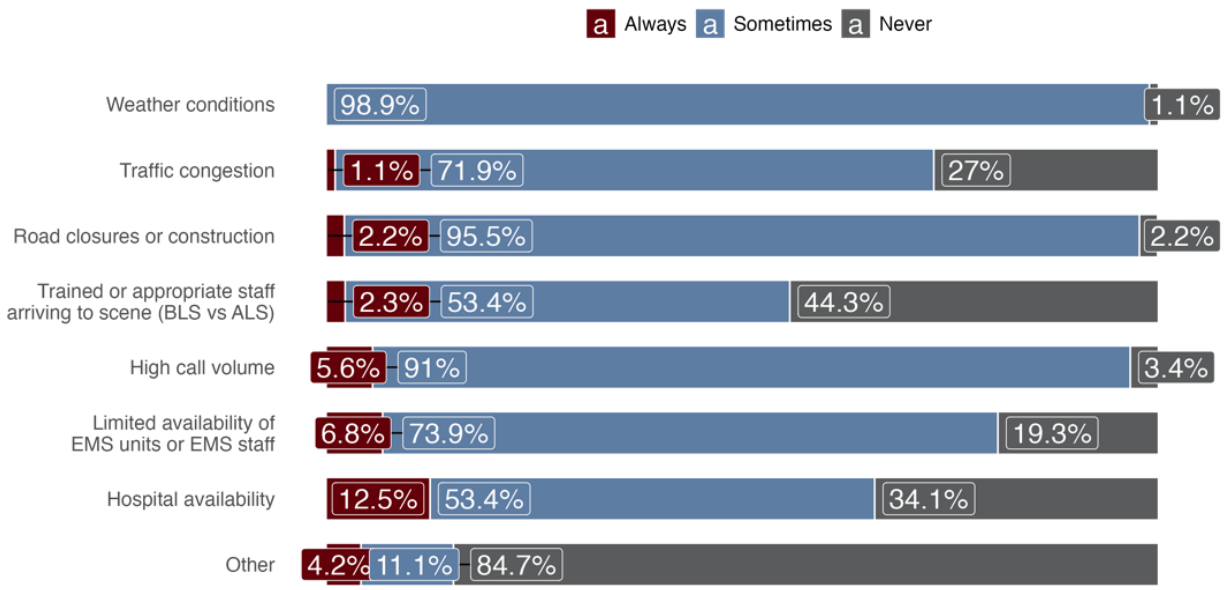
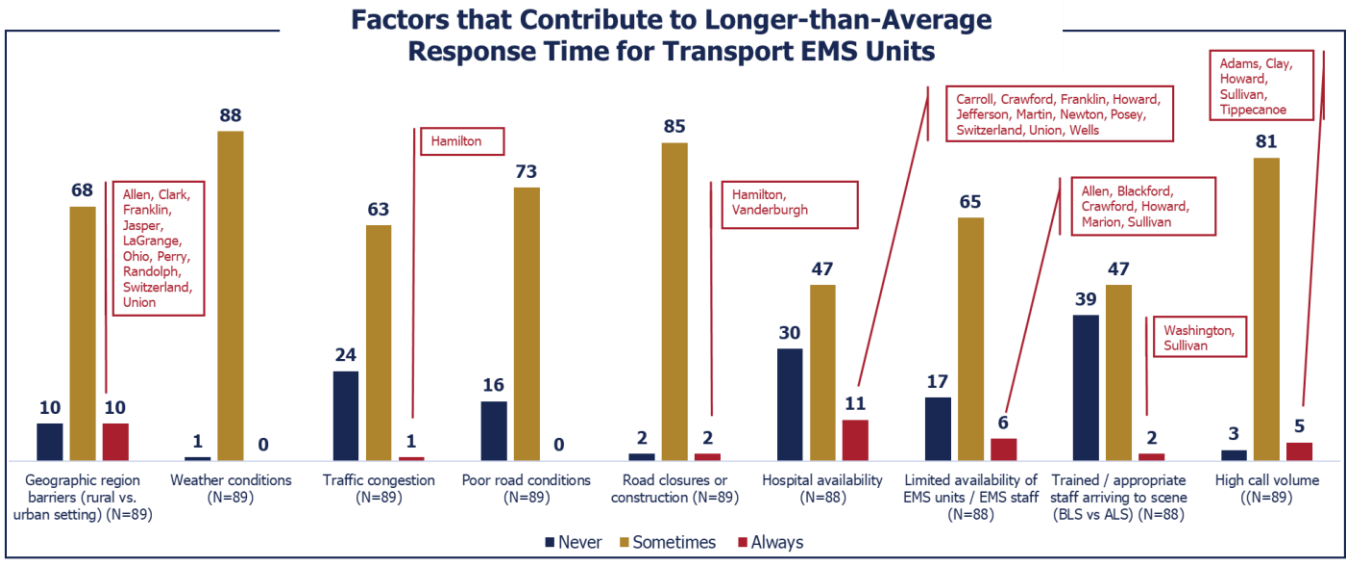
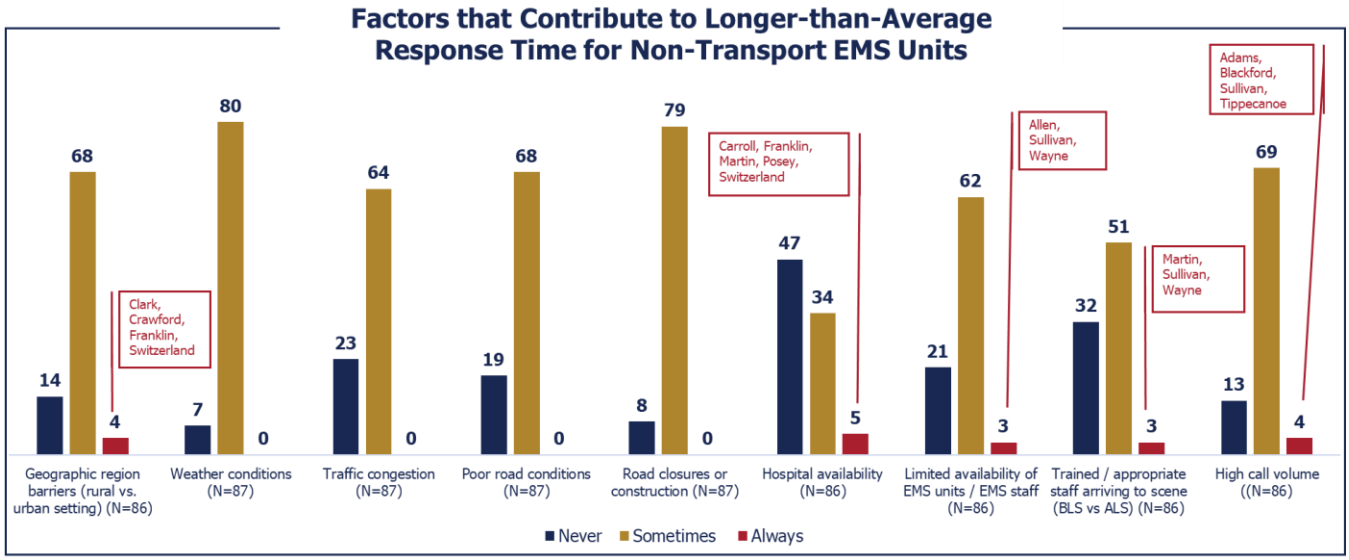


Figure 13: Frequency Count of EMS Provider Organizations for Factors that Contribute to Longer-than-Average Response Time for Transport Units



Other (N=6) Responses Include: Sometimes: Radio issues; trains; railroad crossing; distance from hospital; and inaccurate GPS / poor cell reception | Always: Inappropriate use of 911; low acuity EMS use

Figure 14: Frequency Count of EMS Provider Organizations for Factors that Contribute to Longer-than-Average Response Time for Non-Transport Units



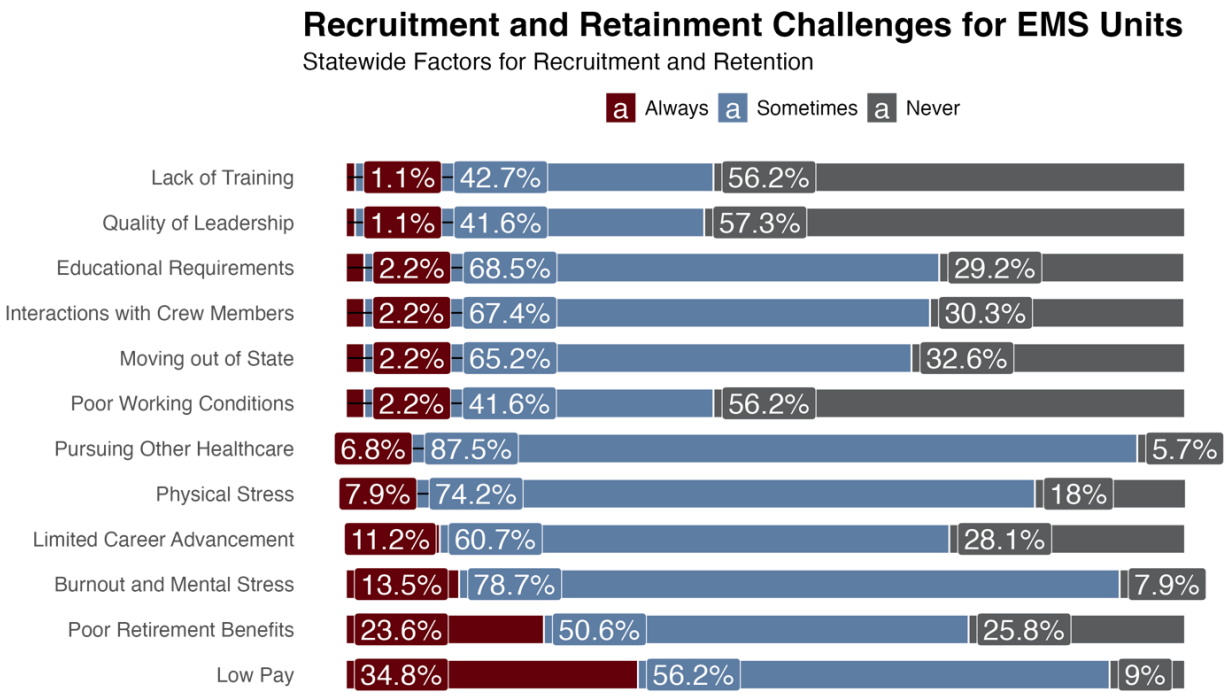
Other (N=7) Responses Include: Sometimes (N=5): Radio issues; Inappropriate use of 911; low acuity EMS use; Trains; Railroad Crossings; and Distance from Hospital | Never (N=2): We do not have non-transport units / agency (Daviess and Marion)

Challenges Faced for Retaining and Recruiting Emergency Medical Personnel

County commissioners analyzed individual provider organizations' submission reports to identify challenges in recruiting and retaining emergency medical personnel representative at a county level. The analysis in Figure 15 reveals that low pay is the most significant barrier, with 34.8% of respondents indicating that it "always" contributes to difficulties in recruitment and retention. This highlights a widespread concern that inadequate compensation is a primary factor driving workforce shortages in the EMS sector.

Beyond immediate compensation, long-term financial security was reported as a critical concern for EMS personnel, with 23.6% of respondents selecting poor retirement benefits as an "always" present challenge. Other common and related challenges include burnout and mental stress and limited career advancement opportunities, with 13.5% and 11.2% of respondents, respectively, identifying these as persistent issues. These factors underscore the high-pressure environment in which EMS personnel operate, as well as the need for more structured career paths and support systems to mitigate stress and promote job satisfaction. Collectively, these factors may impact personnel decision to stay in or leave the profession. Pursing other domains of healthcare presents a consistent barrier to retention within the Indiana EMS community, with 94% of counties reporting this factor as always (6.8%) or sometimes (87.5%) a challenge.

Figure 15: Factors that Impact Retainment and Recruitment

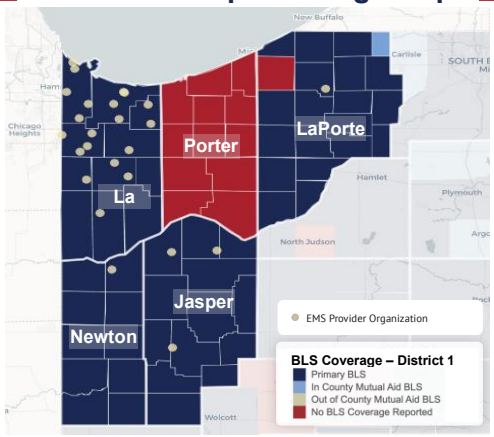


APPENDIX A

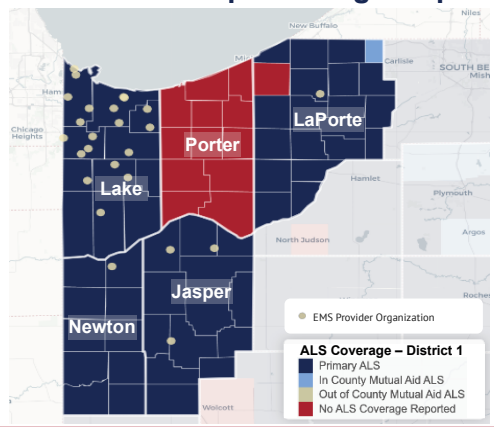
Appendix A includes a storyboard for each of the 10 districts used by the Indiana Department of Homeland Security to organize services and support across the state. Each storyboard provides maps of BLS and ALS township coverage, breakdowns of organization type, funding source allocation, level of care provided, and coverage within the primary service area.

DISTRICT 1

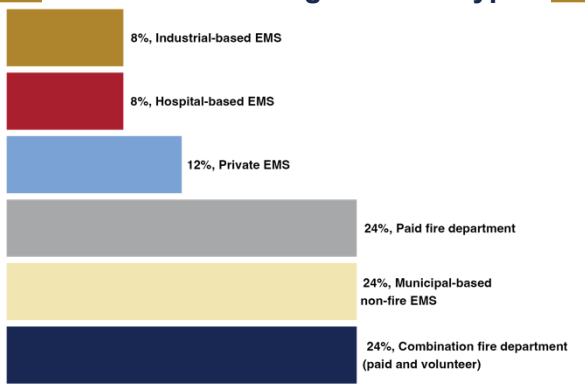
BLS Township Coverage Map



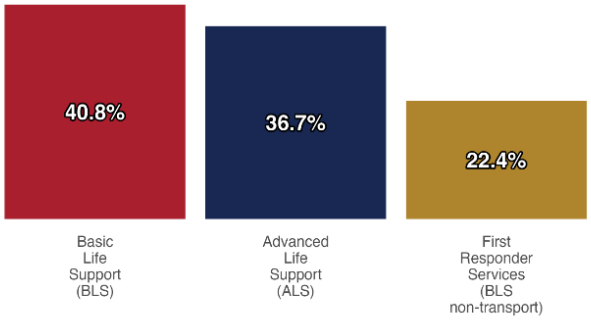
ALS Township Coverage Map



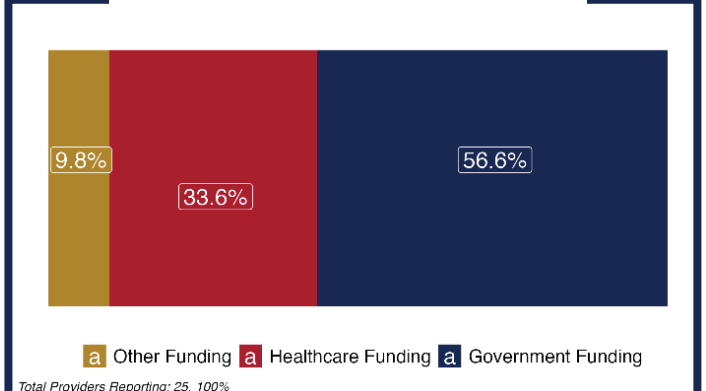
EMS Provider Organization Type



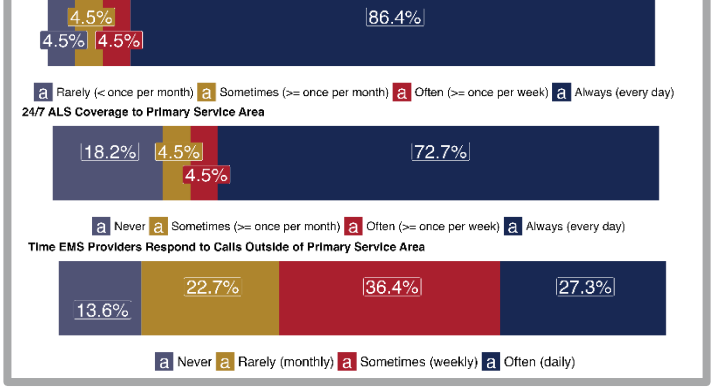
Level of Care Provided



Funding Sources

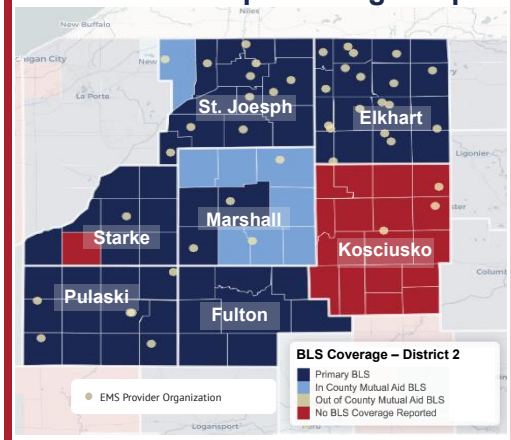


Coverage to Primary Service Area

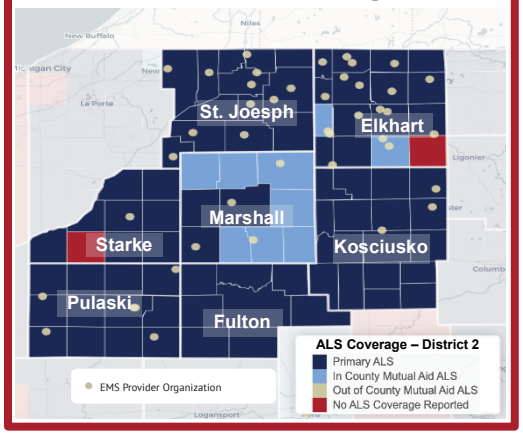


DISTRICT 2

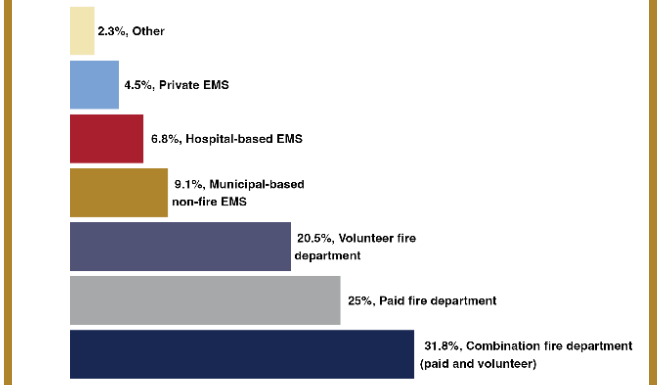
BLS Township Coverage Map



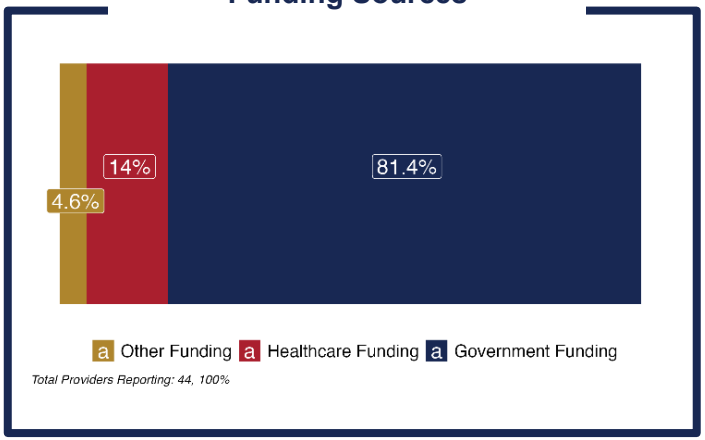
ALS Township Coverage Map



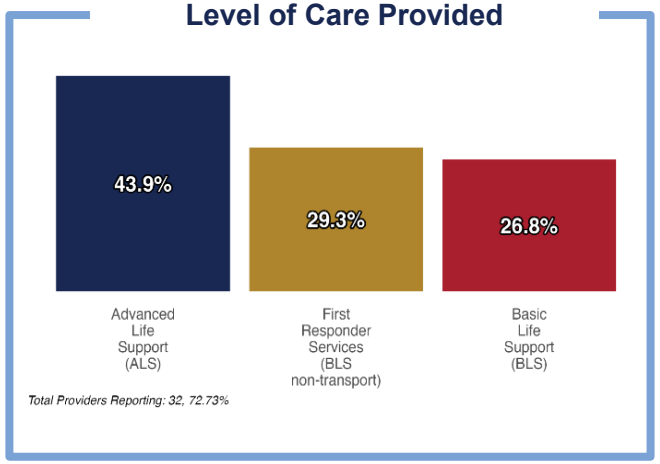
EMS Provider Organization Type



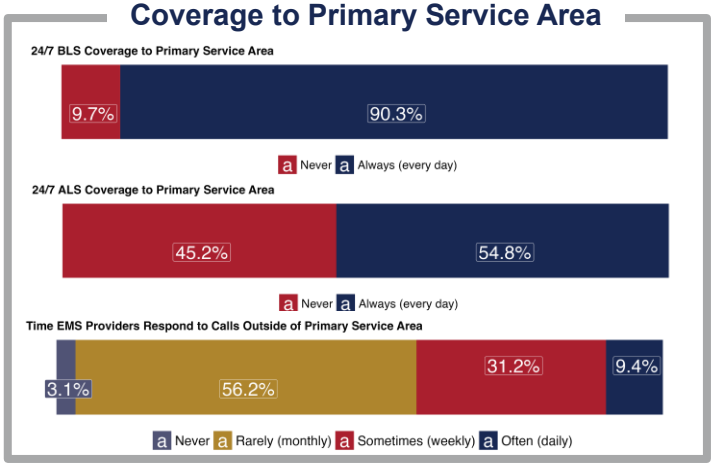
Funding Sources



Level of Care Provided

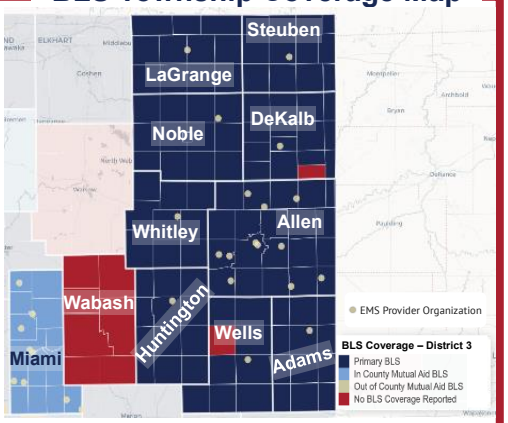


Coverage to Primary Service Area

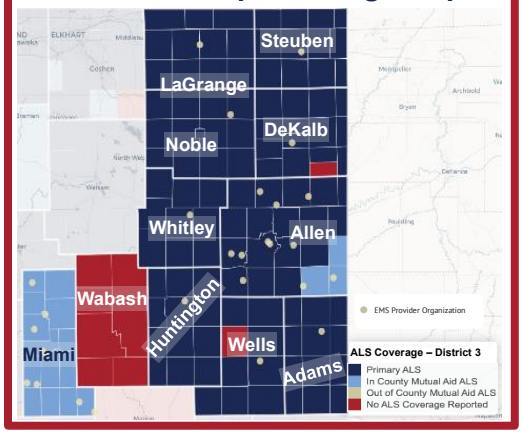


DISTRICT 3

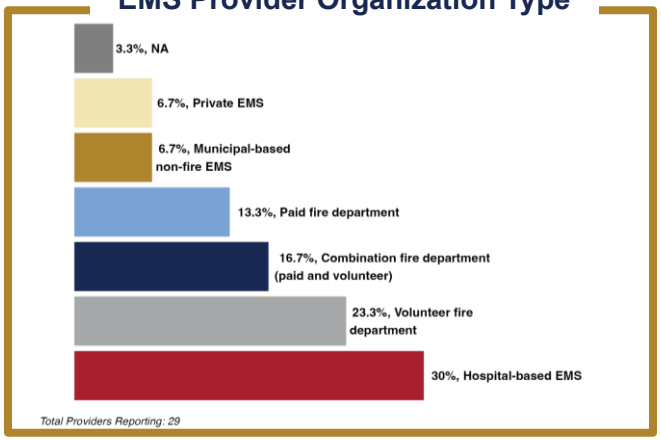
BLS Township Coverage Map



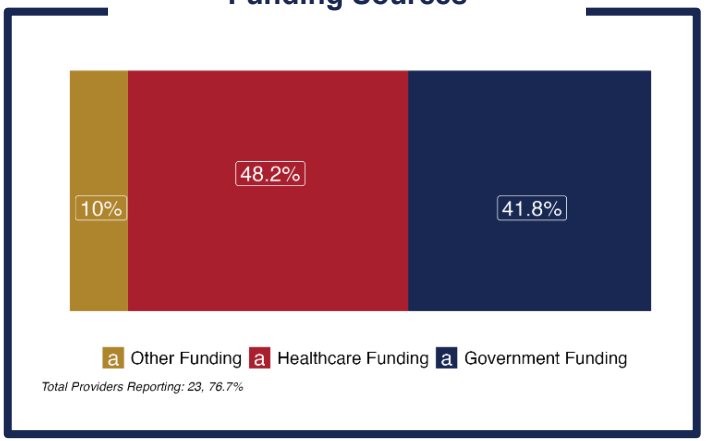
ALS Township Coverage Map



EMS Provider Organization Type



Funding Sources



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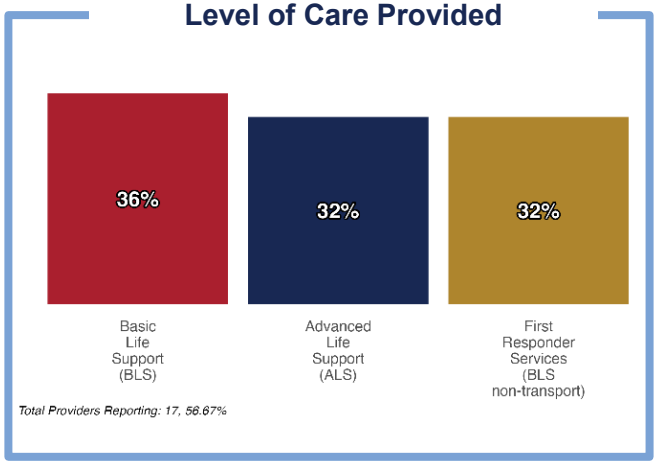
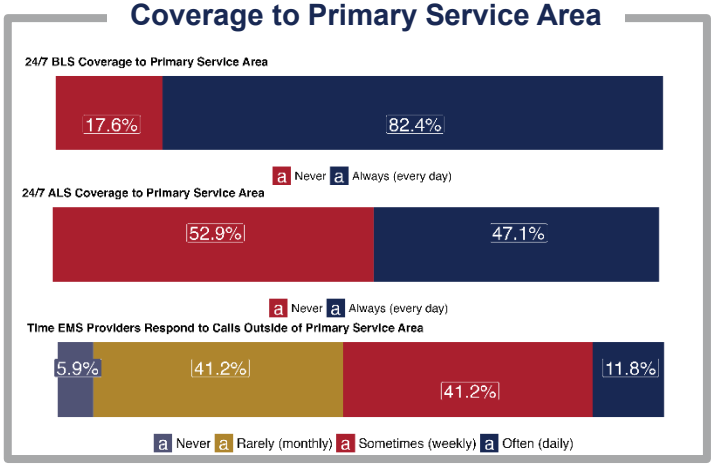
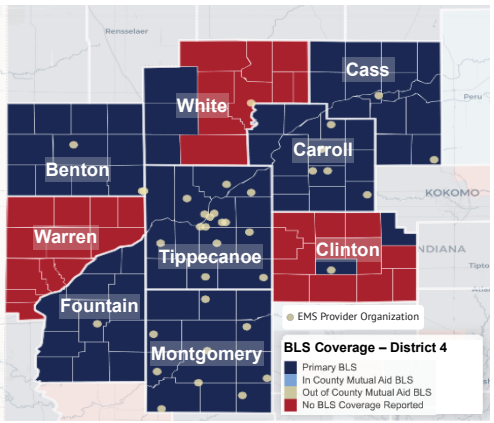


Coverage to Primary Service Area

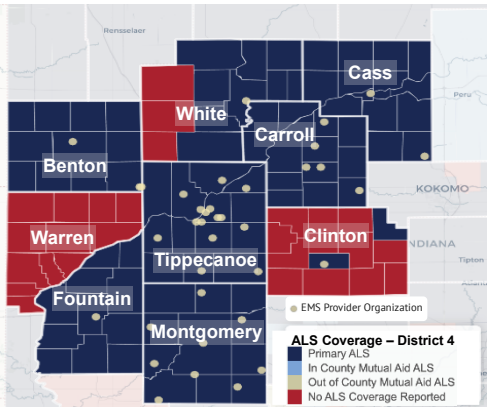


DISTRICT 4

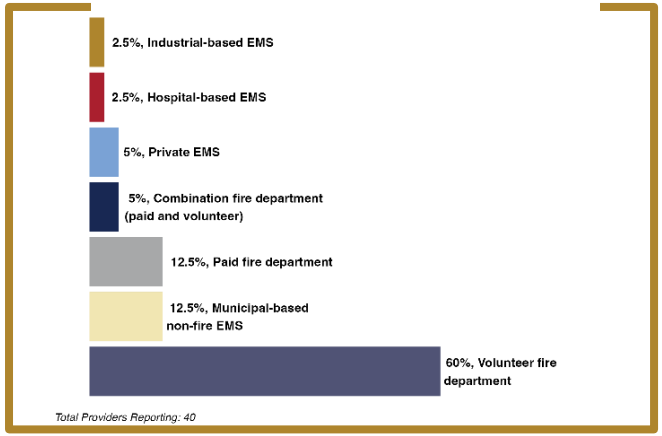
BLS Township Coverage Map



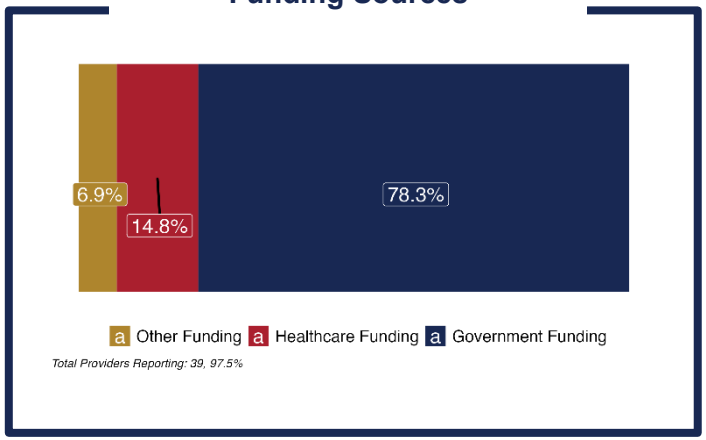
ALS Township Coverage Map



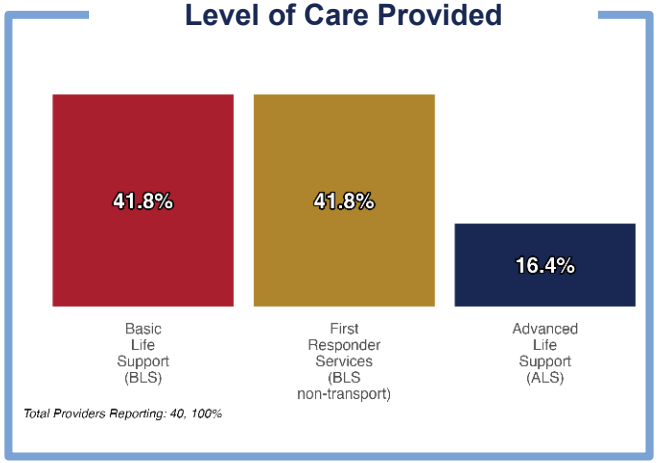
EMS Provider Organization Type



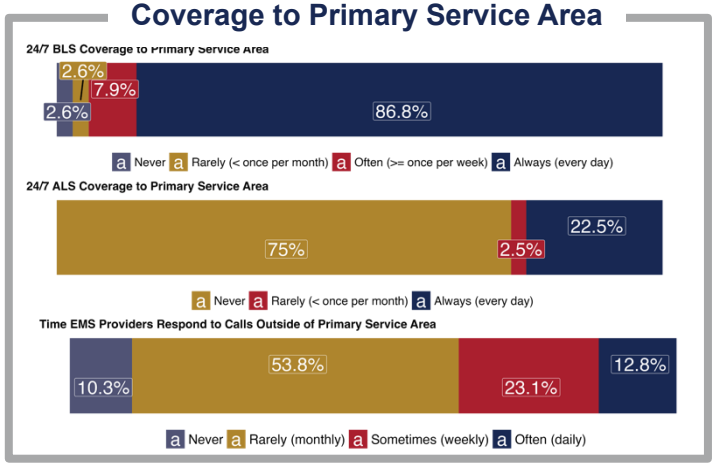
Funding Sources



Level of Care Provided

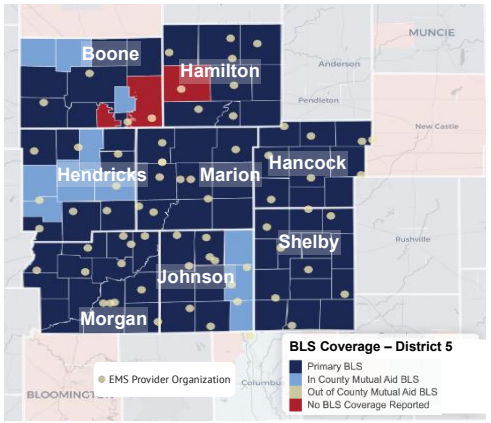


Coverage to Primary Service Area

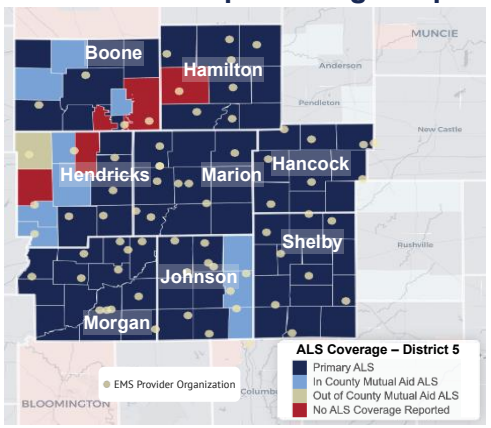


DISTRICT 5

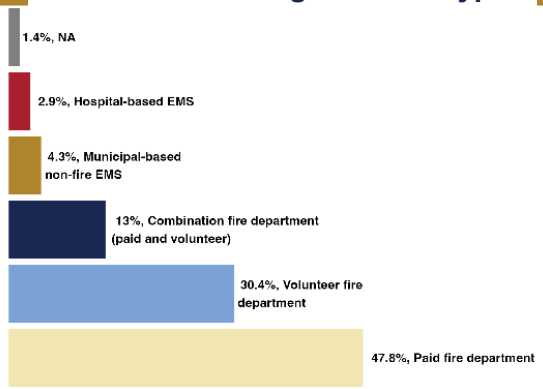
BLS Township Coverage Map



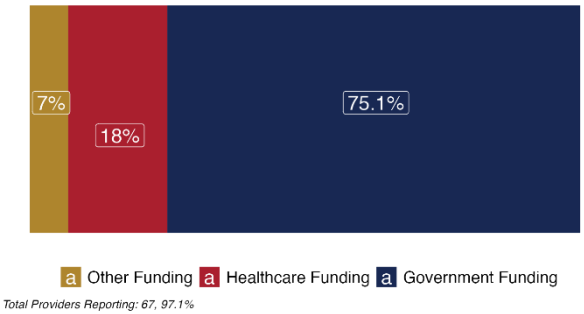
ALS Township Coverage Map



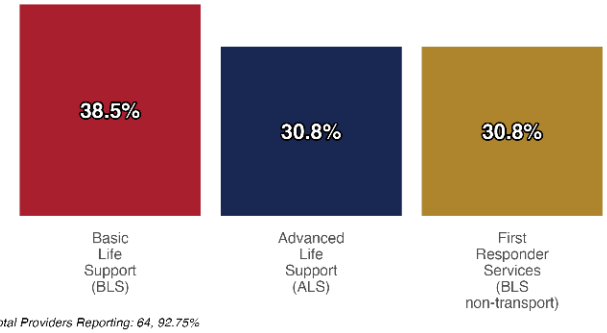
EMS Provider Organization Type



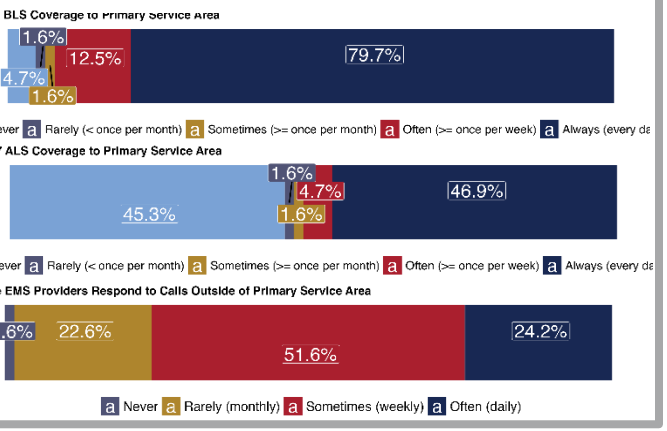
Funding Sources



Level of Care Provided

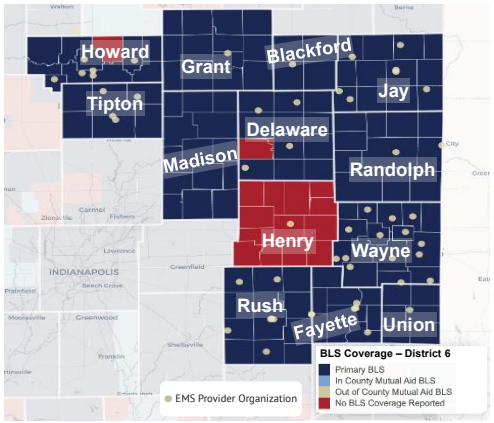


Coverage to Primary Service Area

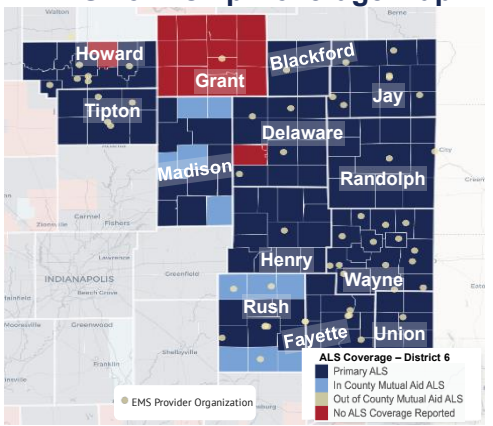


DISTRICT 6

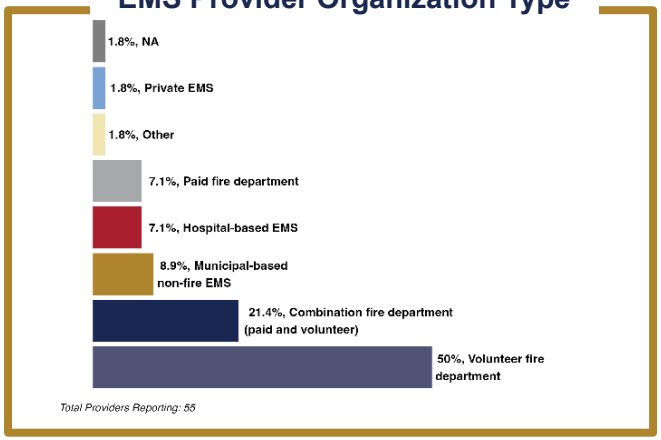
BLS Township Coverage Map



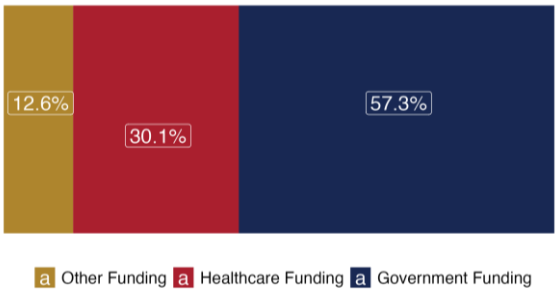
ALS Township Coverage Map



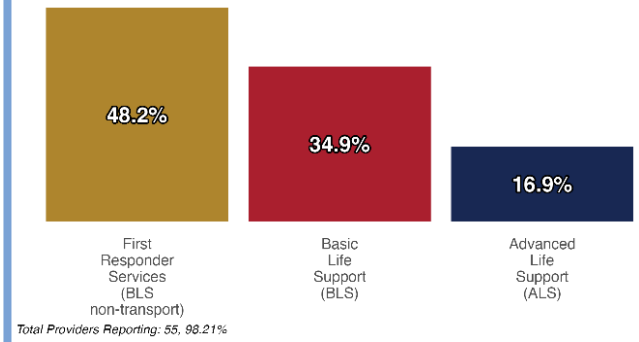
EMS Provider Organization Type



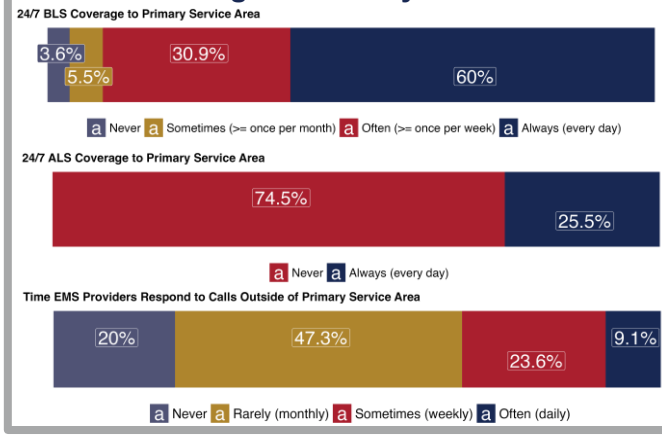
Funding Sources



Level of Care Provided

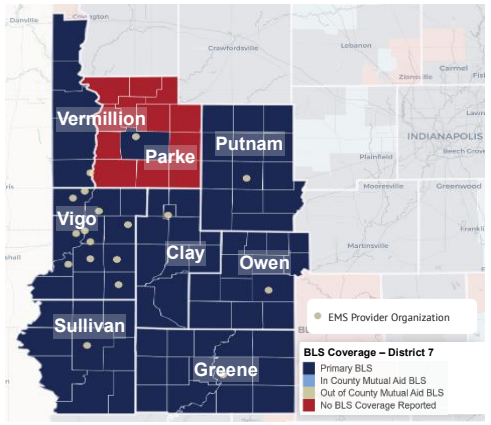


Coverage to Primary Service Area

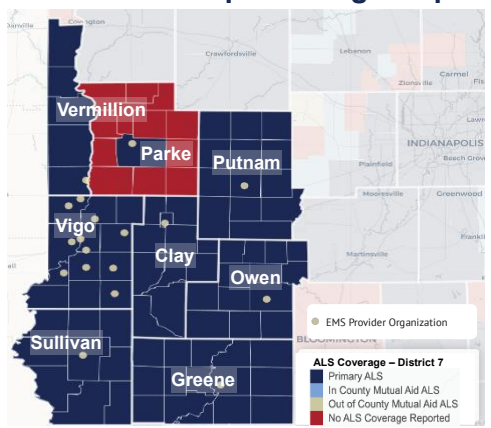


DISTRICT 7

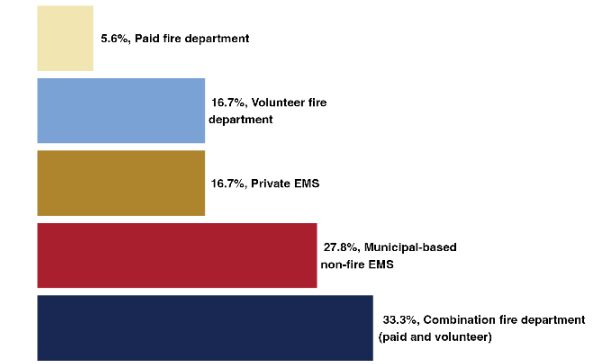
BLS Township Coverage Map



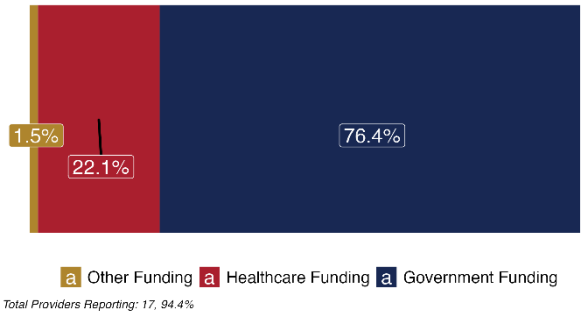
ALS Township Coverage Map



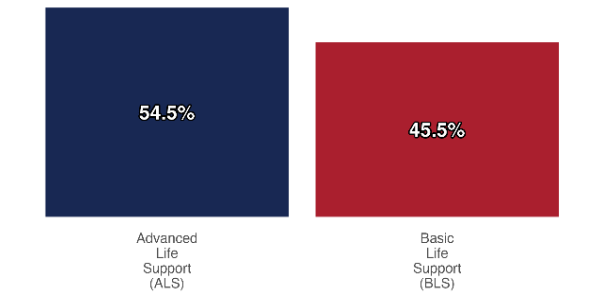
EMS Provider Organization Type



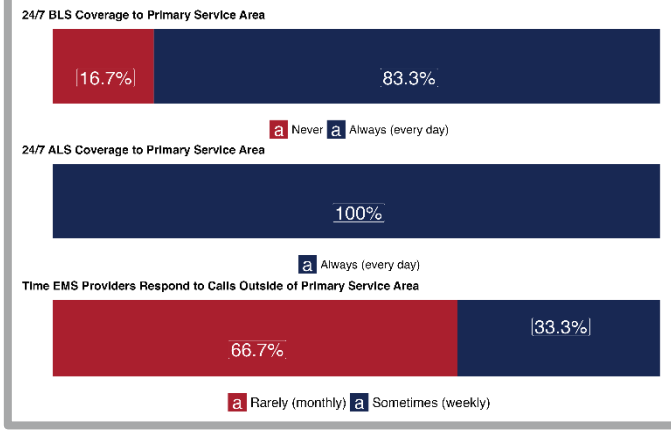
Funding Sources



Level of Care Provided

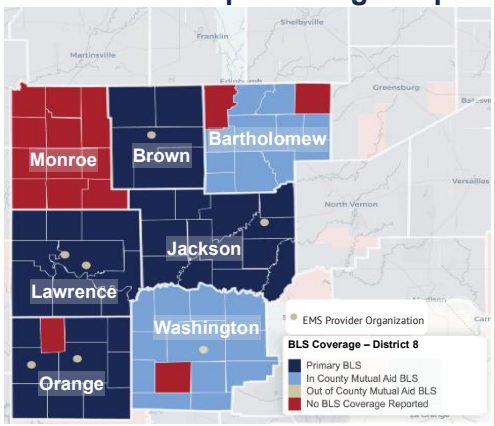


Coverage to Primary Service Area

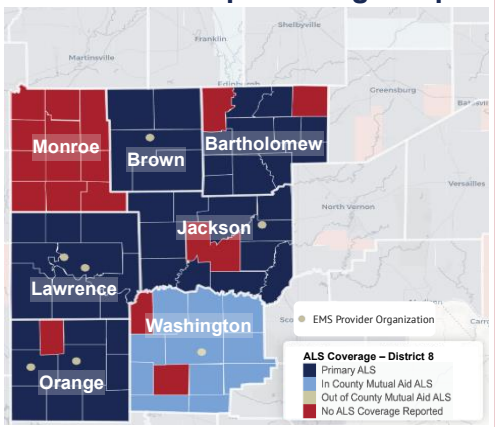


DISTRICT 8

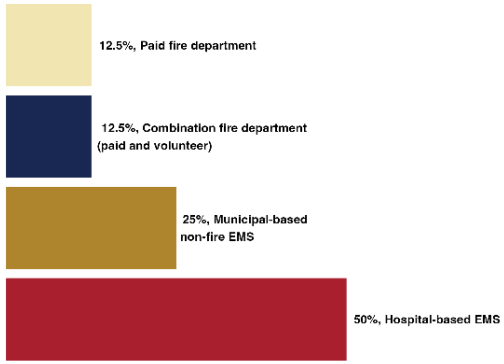
BLS Township Coverage Map



ALS Township Coverage Map

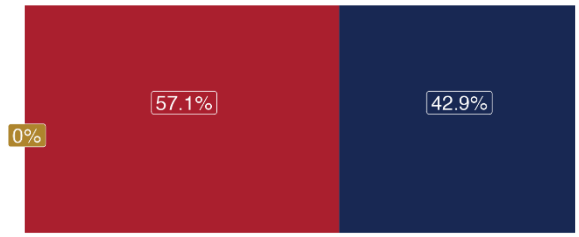


EMS Provider Organization Type



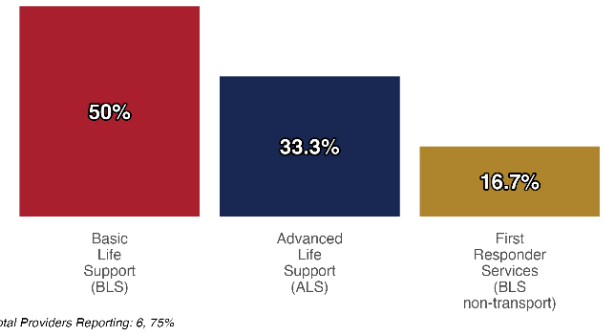
Total Providers Reporting: 8

Funding Sources



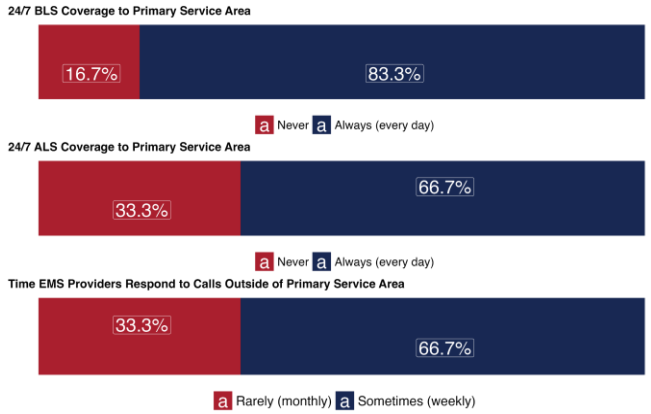
Total Providers Reporting: 7, 87.5%

Level of Care Provided



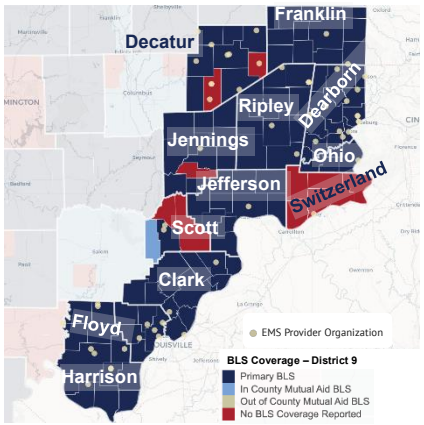
Total Providers Reporting: 6, 75%

Coverage to Primary Service Area

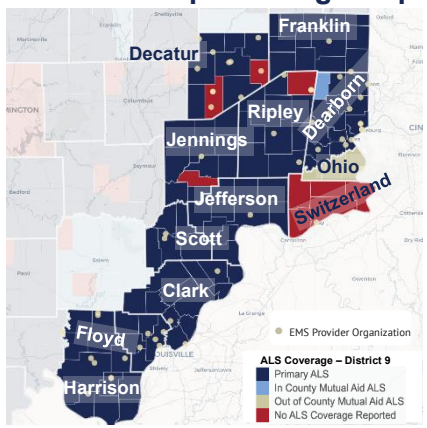


DISTRICT 9

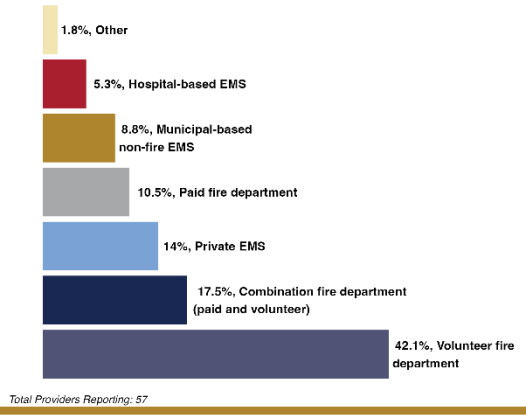
BLS Township Coverage Map



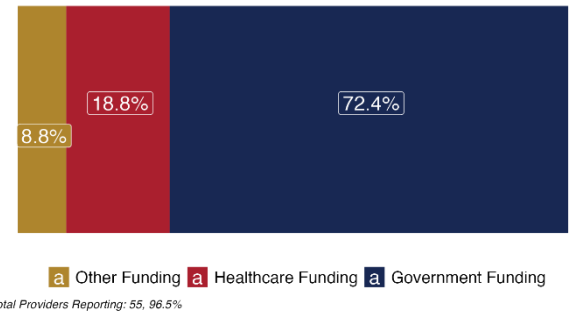
ALS Township Coverage Map



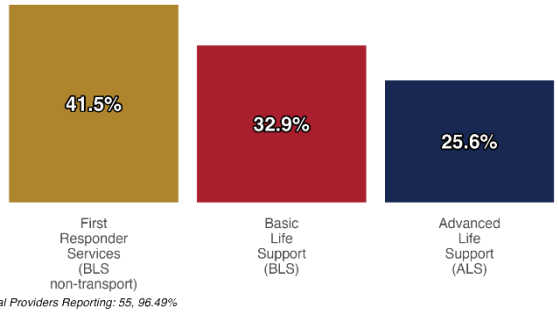
EMS Provider Organization Type



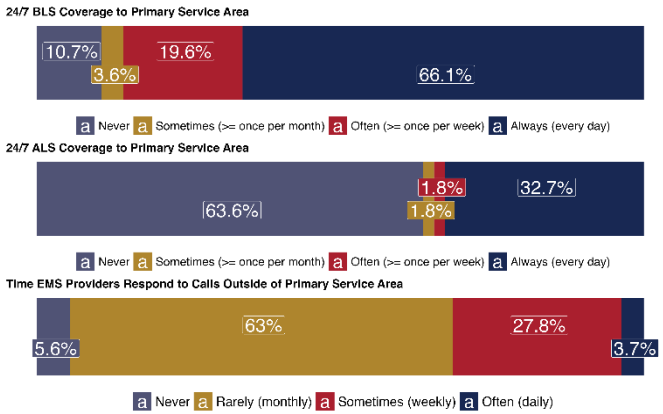
Funding Sources



Level of Care Provided

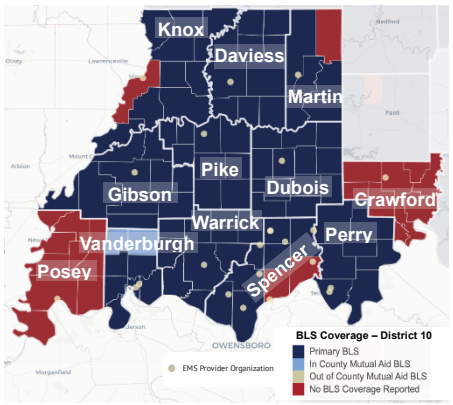


Coverage to Primary Service Area

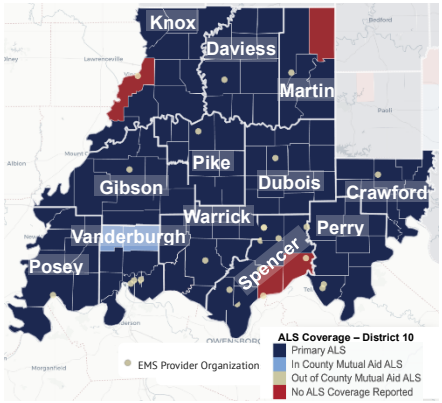


DISTRICT 10

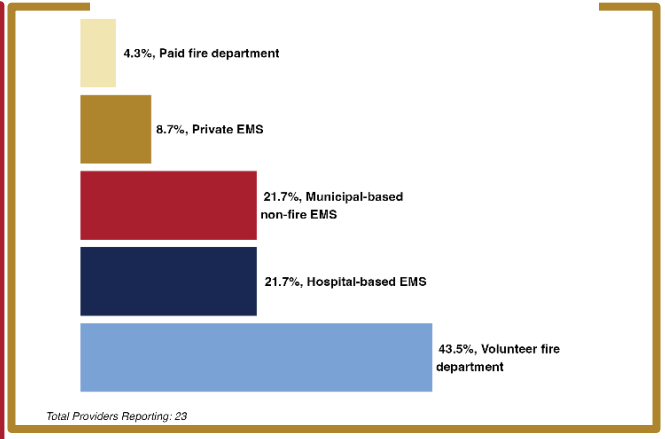
BLS Township Coverage Map



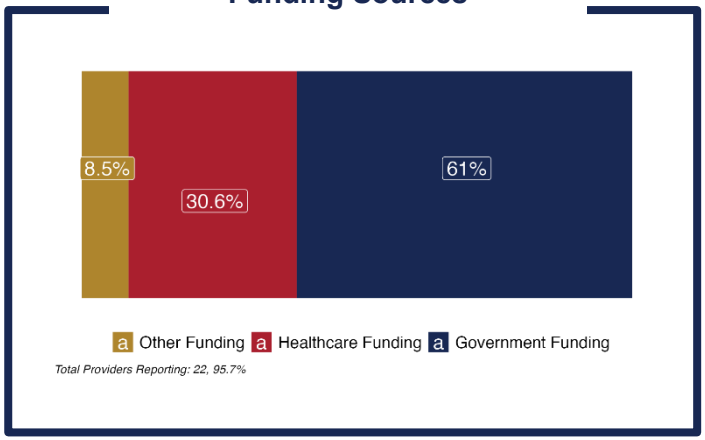
ALS Township Coverage Map



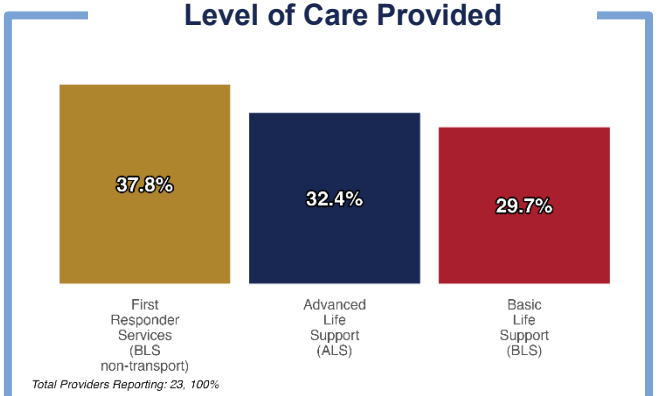
EMS Provider Organization Type



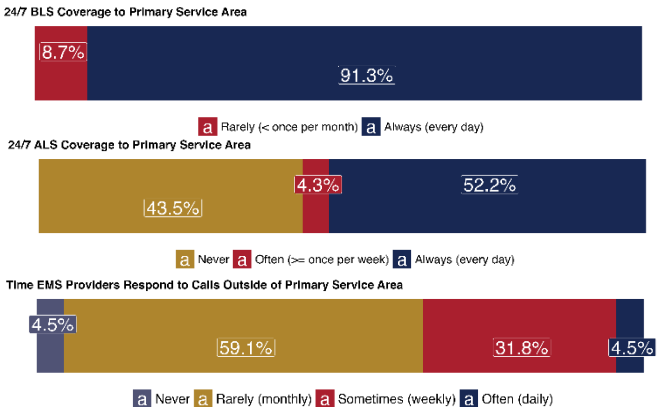
Funding Sources



Level of Care Provided

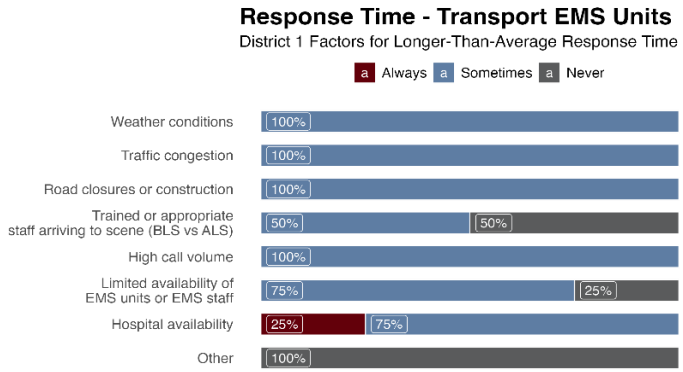


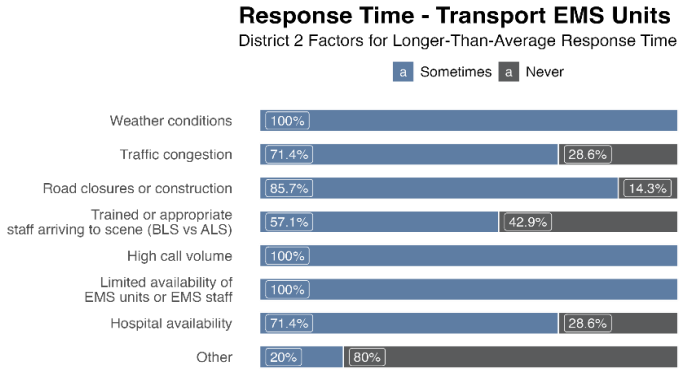
Coverage to Primary Service Area

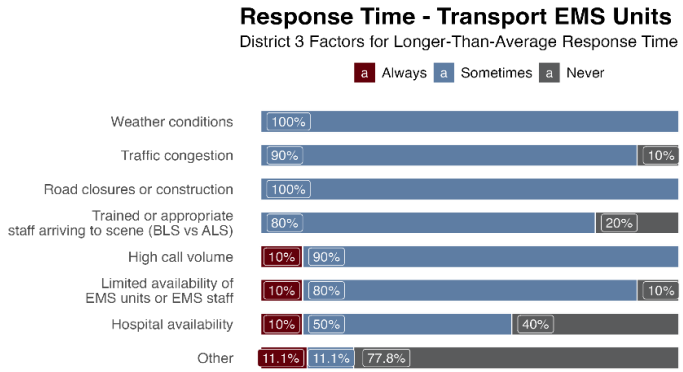


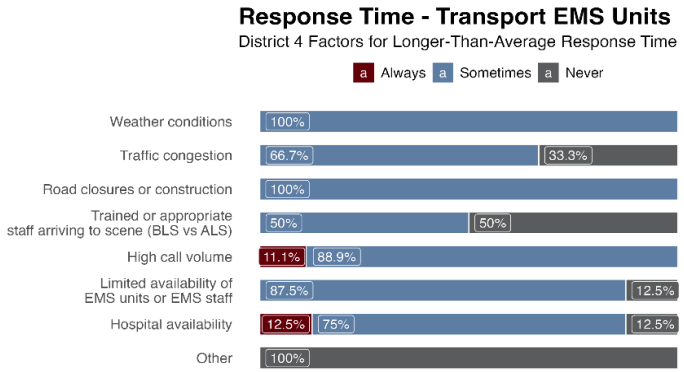
APPENDIX B

FACTORS THAT CONTRIBUTE TO LONGER-THAN-AVERAGE RESPONSE TIME DISTRICTS 1-4

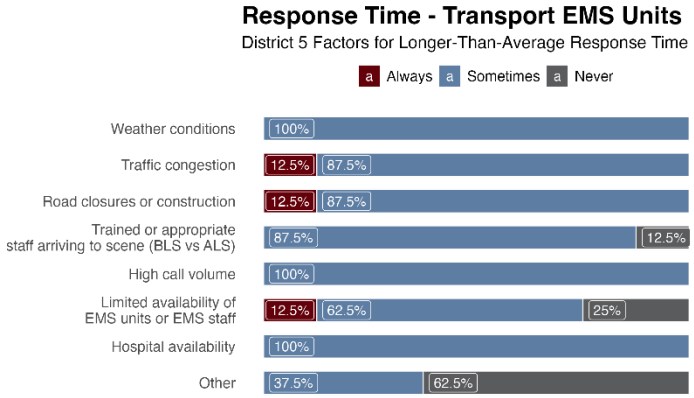


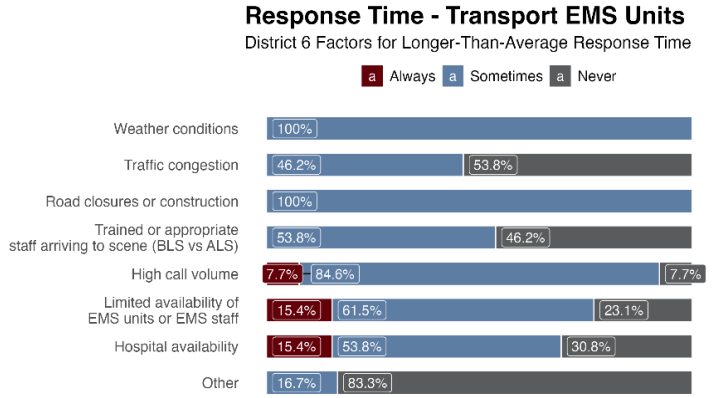


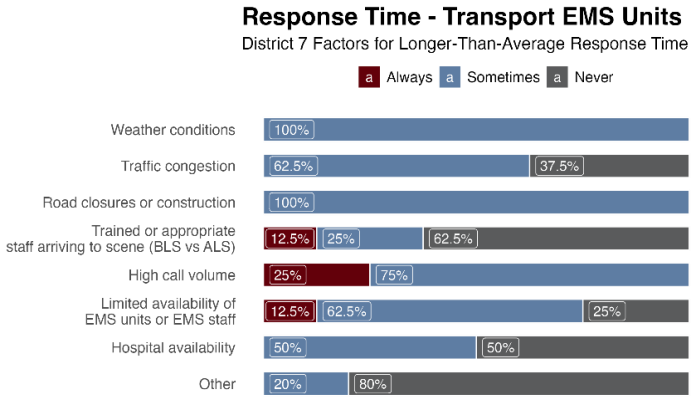


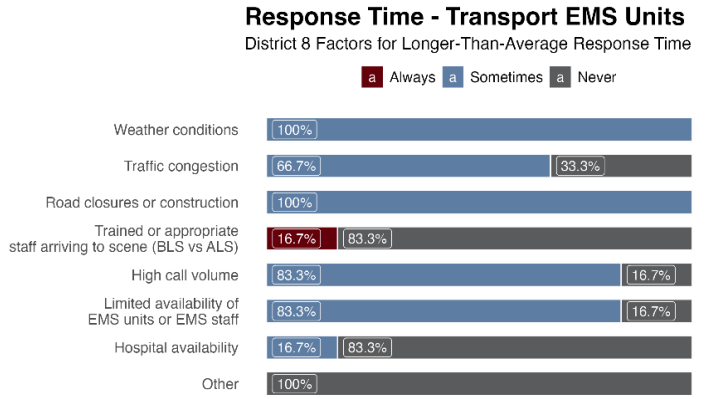


Factors that Contribute to Longer-Than-Average Response Time Districts 5-8

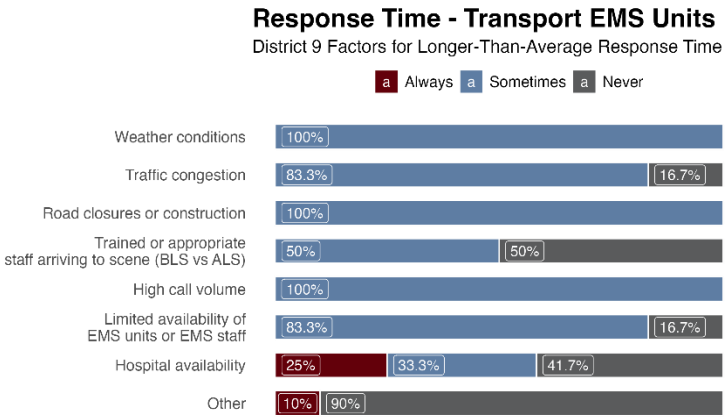


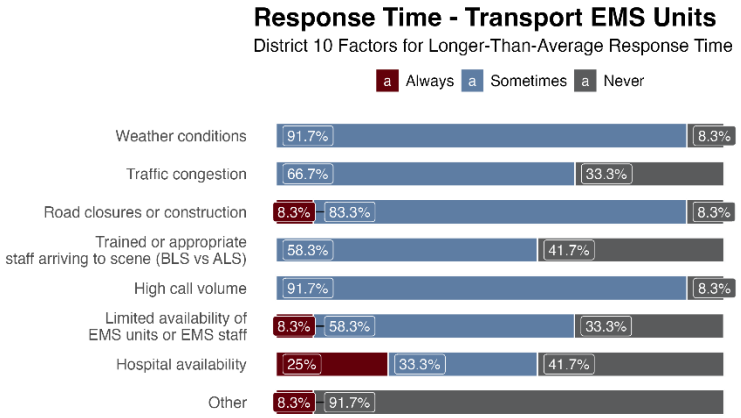






Factors that Contribute to Longer-Than-Average Response Time Districts 9-10





APPENDIX C

SURVEY USER GUIDE

PUBLIC LAW 67-2024 EMERGENCY MEDICAL SERVICES SURVEY USER GUIDE FOR COUNTY EXECUTIVES

SURVEY OVERVIEW AND PURPOSE

Public Law 67-2024 is aimed at enhancing the provision of emergency medical services (EMS) in Indiana. This law mandates the collection, analysis, and reporting of various data related to EMS providers operating within the state. Under this law, each county shall report data to the Indiana Department of Homeland Security (IDHS) by July 15, 2024. After data is collected, IDHS, in consultation with the Indiana Emergency Medical Services Commission, will prepare a report for the General Assembly. This report will include a summary of the data collected and recommendations for improving EMS across Indiana.

The survey will be conducted using Qualtrics, an online survey tool. A link for accessing the survey will be sent to all county commissioners. Please respond to the Qualtrics survey using a computer only. Responding on mobile will lead to incomplete surveys.

Each county should submit **one response only**, though county commissioners are encouraged to work together with each other and with EMS providers to gather all necessary data to complete the survey.

If you have any questions about the survey or how to collect the appropriate data, please email aschroeder1@dhs.in.gov.

INSTRUCTIONS

Detailed instructions for filling out the survey are included at the end of this document. Click here to go directly to the instructions. The section immediately below describes the questions within the survey.

DATA NEEDED FOR SURVEY

Public Law 67-2024 requires counties to provide information about each EMS provider operating within the county, as well as general information about emergency medical services in the county. The sections below explain the information county commissioners will need to gather before completing the survey.

At the beginning of the survey, users must select the county they represent. It is very important to select the correct county. Please make sure to select the correct county before moving into the rest of the survey. You cannot return to the county selection page after you have continued.

Data About Each EMS Provider

After selecting the appropriate county, users will be asked to identify all EMS provider organizations that operate within the county. This list is very important, as questions later in the survey will be dependent on this provider list.

After identifying each EMS provider organization in the county, county commissioners will be required to provide the following information **for each EMS provider organization**:

General Information

- EMS provider organization's primary operating address within the county (street address, city, zip code)
- EMS provider organization type
    - Options include: hospital-based EMS, industrial-based EMS, paid fire department, volunteer fire department, municipal-based non-fire EMS, private EMS, combination fire department (paid and volunteer), and other. If you select other, you will be prompted to provide an explanation.
- Identification of funding sources and portion of total funding
    - This question provides three options for funding sources: 1. Municipal budget and/or local taxes, 2. Insurance, Medicare, Medicaid, and other billing (reimbursement for services), and 3. Other. If you select other, you will be prompted to explain what the funding source is.
    - On this question, you will enter the percentage of total funding for each funding source. The total must be 100%. If the provider does not have one of the funding sources, please enter 0.

Resource Information

- Number of full-time equivalent paramedics employed
- Number of full-time equivalent emergency medical technicians (EMTs) employed
- Number of full-time equivalent advanced emergency medical technicians (A-EMTs) employed
- Number of full-time equivalent EMR or non-EMS certified drivers employed
- Number of transport vehicles
- Average number of transport vehicles available per day
- Number of non-transport vehicles
- Average number of non-transport vehicles available per day

    - For all the above questions where a number is required, please enter 0 if there are no FTEs or vehicles in that category. Please enter 999 if you are unable to obtain FTE or vehicle data for a given EMS provider.
- Frequency of 24/7 BLS staffing coverage for the EMS provider organization's primary service area
    - Options include: never, rarely (less than once per month), sometimes (at least once per month), often (at least once per week), and always (every day of the week)
- Frequency of 24/7 ALS staffing coverage for the EMS provider organization's primary service area
    - Options include: never, rarely (less than once per month), sometimes (at least once per month), often (at least once per week), and always (every day of the week)

Territory Information

- Indicate if the EMS provider organization ever responds to calls outside of their primary service area and how often this occurs.
    - If yes, options include: never, rarely (monthly), sometimes (weekly), often (daily).
- Throughout this survey, primary service area means the geographic area in which the EMS provider organization is primarily responsible for and/or compensated to provide emergency medical services.
    - Indicate if the EMS provider organization provides services to any adjacent counties and identify those counties.

Service Information

- Frequency that EMS provider organization transports a patient from one hospital to another higher-level-of-care hospital (interfacility transfer) when the patient has an emergent need.
    - Options include: always (100%), often (75-100%), sometimes (25-75%), rarely (0-25%), never (0%), unable to obtain information.
- Frequency that EMS provider organization transports a patient from one hospital to another higher-level-of-care hospital (interfacility transfer) when the patient does not have an emergent need.
    - Options include: always (100%), often (75-100%), sometimes (25-75%), rarely (0-25%), never (0%), unable to obtain information.
- Level of care provided
    - Options include: basic life support (BLS), advanced life support (ALS), first responder services
    - This is a multi-select question. You can choose multiple levels of care provided by a single EMS provider organization.

- If applicable, expected response time to the furthest service point in the county for basic life support.
    - Options include: less than 10 minutes, 10-20 minutes, 21-30 minutes, 31-40 minutes, 41-50 minutes, 51-60 minutes, more than 60 minutes, unable to obtain information.
- If applicable, expected response time to the furthest service point in the county for advanced life support.
    - Options include: less than 10 minutes, 10-20 minutes, 21-30 minutes, 31 40 minutes, 41-50 minutes, 51-60 minutes, more than 60 minutes, unable to obtain information.
- If applicable, expected response time to the furthest service point in the county for first responder services.
    - Options include: less than 10 minutes, 10-20 minutes, 21-30 minutes, 31 40 minutes, 41-50 minutes, 51-60 minutes, more than 60 minutes, unable to obtain information.

Data About County Overall

The survey also includes a few questions about emergency medical services across the county as a whole. These questions include:

1. Identifying which townships in your county are covered for **ALS services** under a **primary service agreement** with at least one EMS provider.

This question will populate with a checklist of townships in the selected county.

2. Identify townships in your county that receive **ALS mutual aid** from EMS providers located **within** your county.

This question will populate with a checklist of townships in the selected county.

3. Identify townships in your county that receive **ALS mutual aid** from EMS providers located **outside** your county.

This question will populate with a checklist of townships in the selected county.

4. Identifying which townships in your county are covered for **BLS services** under a **primary service agreement** with at least one EMS provider.

This question will populate with a checklist of townships in the selected county.

5. Identify townships in your county that receive **BLS mutual aid** from EMS providers located **within** your county.

This question will populate with a checklist of townships in the selected county.

6. Identify townships in your county that receive **BLS mutual aid** from EMS providers located **outside** your county.

This question will populate with a checklist of townships in the selected county.

7. How is mutual aid achieved amongst EMS provider organizations **within** your county?
    1. Options include: informal procedures, dispatch protocols/procedures, written agreements such as memorandums of understanding and mutual aid agreements, and other.
    2. If you select other, you will be asked to explain.
    3. This is a multi-select question. You can choose multiple methods of achieving mutual aid.
8. How often do EMS incidents require the use of mutual aid agreements from EMS provider organizations located **within** your county?
    1. Options include: never, rarely (less than once per month), sometimes (at least once per month), often (at least once per week), always (once per day).
9. How is mutual aid achieved amongst EMS provider organizations **outside** your county?
    1. Options include: informal procedures, dispatch protocols/procedures, written agreements such as memorandums of understanding and mutual aid agreements, and other.
    2. If you select other, you will be asked to explain.
    3. This is a multi-select question. You can choose multiple methods of achieving mutual aid.
10. How often do EMS incidents require the use of mutual aid agreements from EMS provider organizations located **outside** your county?
    1. Options include: never, rarely (less than once per month), sometimes (at least once per month), often (at least once per week), always (once per day).
11. Indicate whether each of factors listed below contribute to a longer-than-average response time for transport EMS units in the county based on the scale: *never, sometimes, or always*. Factor to evaluate:

- Geographic region barriers (rural vs. urban setting)
- Weather conditions
- Traffic congestion
- Poor road conditions
- Road closures or construction
- Hospital availability
- Distance from hospital
- Limited availability of EMS units or EMS staff
- Trained/appropriate staff arriving to scene (BLS vs. ALS)
- High call volume
- Other (you will be asked to specify)

12. Indicate whether each of the factors listed contributes to a longer-than-average response time for non-transport EMS units in the county based on the scale: *never, sometimes, or always*. Factor to evaluate: Same as the above question.

13. Indicate the severity of each difficulty faced by EMS providers within the county in retaining and recruiting emergency medical personnel based on the scale: *never, sometimes, or always*. Difficulties to evaluate:

    - Pay (i.e. low wages and lack of competitive pay)
    - Insufficient/lack of quality of retirement/pension benefits
    - Poor working conditions (i.e. long shifts, inadequate equipment)
    - Quality of agency leadership
    - High physical stress
    - Burnout/high mental stress
    - Educational requirements
    - Lack of adequate training
    - Limited opportunities for career advancement
    - Interest to pursue other healthcare opportunities
    - Interest in moving out of Indiana
    - Relationship and interaction with crew members
    - Other (you will be asked to specify)

INSTRUCTIONS FOR EMS PROVIDER ORGANIZATIONS

To assist county commissioners in complying with Public Law 67-2024, EMS provider organizations need to provide certain information regarding their organization to the county commissioners. EMS provider organizations can share their responses with the county commissioners using the EMS Provider Worksheet, or through any other method agreed upon by the EMS provider organization and the county commissioners.

1. EMS provider organizations can provide data about its operations to county commissioners via the EMS Provider Worksheet. The EMS Provider Worksheet is a Qualtrics form that allows EMS provider organizations to answer questions about their operations. EMS provider organizations can preview the survey questions by reviewing the sections above in this document.
2. When an EMS provider organization completes the worksheet form and submits the data, county commissioners for the selected county will automatically receive a copy of the EMS provider organization's responses.
3. County commissioners will compile that data from each EMS provider organization in their county into a single county-specific survey that will be submitted to IDHS.

Instructions For County Commissioners

To comply with Public Law 67-2024, county commissioners need to:

1. Obtain data from the EMS provider organizations or dispatch centers that operate in their county.
2. Compile the data into a single, county-specific survey and submit to IDHS. **Only submit one survey per county.**

IDHS has created three links to assist county commissioners in this process:

- EMS Provider Worksheet
- This document, the Survey User Guide
- A unique survey for each county to compile its data and submit to IDHS
  - The unique survey for each county is embedded in the "Complete the Survey Now" button emailed to county commissioners from IDHS. Please contact aschroeder1@dhs.in.gov. if you have any issues accessing your unique survey link.

Step 1 – Obtain Data from EMS Provider Organizations in Your County

County commissioners need to obtain the necessary data from EMS provider organizations or dispatch centers using the EMS Provider Worksheet.

1. County Commissioners can send EMS provider organizations in their county the EMS Provider Worksheet. The EMS Provider Worksheet is a Qualtrics form that allows EMS provider organizations to answer questions about their operations.
2. When an EMS provider organization finishes the worksheet and submits its data, county commissioners for the selected county will automatically receive a copy of the EMS provider organization's responses. The automatic response will be sent to all county commissioners in the county served by the provider via Qualtrics. The email will come from the address EMS.data@qemailserver.com.The automated email will look like the photo below. **Reminder: please check your spam folder for these emails.**

Hello,

This is an automated email informing you of a recent data submission by an EMS provider organization in YOUR COUNTY . Please use this response to support reporting to the Indiana Department of Homeland Security (IDHS) under Public Law 67-2024. If you have questions about this process, please contact Alyssa Schroeder with IDHS at ASchroeder1@dhs.IN.gov.

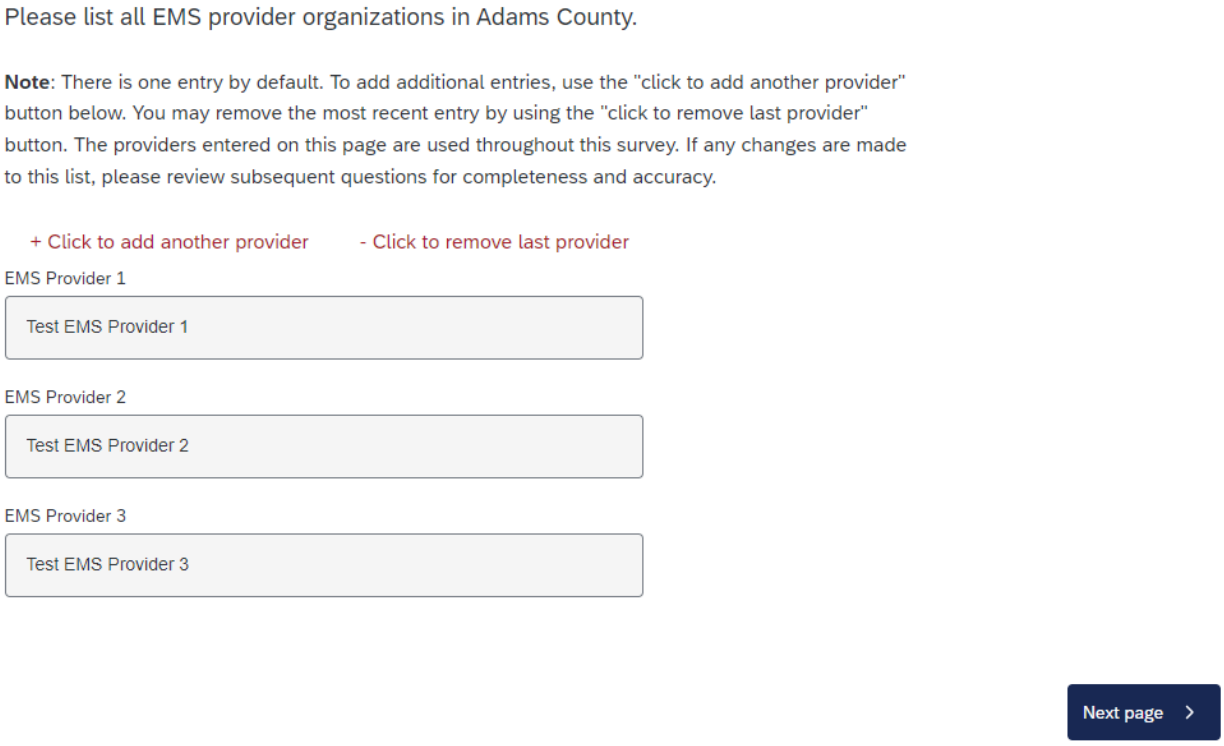
The individual EMS provider organization survey may be viewed below, by clicking the response url, or reviewing the attached .pdf document.

Step 2 – Compile EMS Provider Organization Data into a Single County-Specific Report

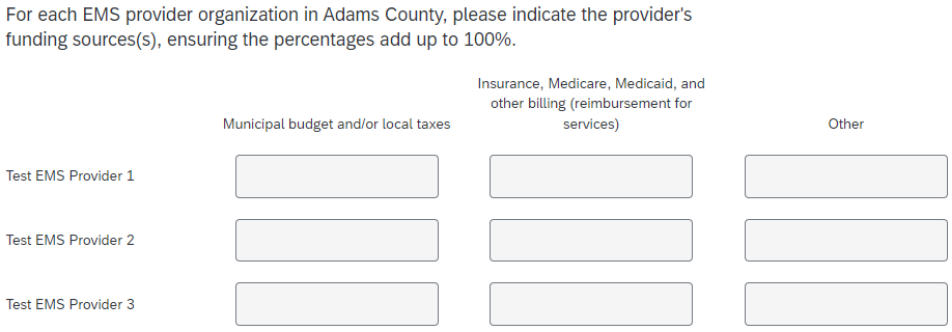
County commissioners need to compile all EMS provider organizations' responses into a single county-specific report to submit to IDHS. Only one submission per county.

1. **Enter the Names of Each EMS Provider Organization in Your County**

To complete the county-specific link for submission to IDHS, commissioners will enter the names and corresponding data for each EMS provider organization operating in their county. See the example below.



The names of EMS provider organizations will then auto-populate for each question throughout the survey. See the example below.

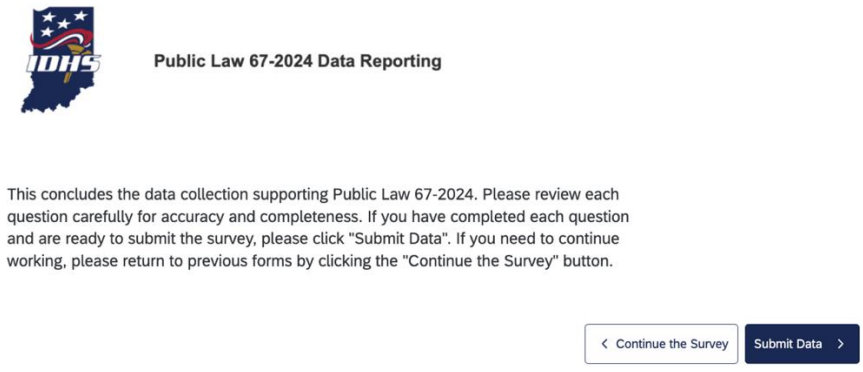

For each EMS provider organization in Adams County, please indicate the provider's funding sources(s), ensuring the percentages add up to 100%.

	Municipal budget and/or local taxes	Insurance, Medicare, Medicaid, and other billing (reimbursement for services)	Other
Test EMS Provider 1			
Test EMS Provider 2			
Test EMS Provider 3			

2. **Compile EMS Provider Organization Information**

Commissioners will enter their county's EMS provider organizations' responses to each question. Commissioners will use the answers each EMS provider organization submitted in the EMS Provider Worksheet, which are contained in the Qualtrics-generated-email county commissioners receive *after* an EMS provider organization submits the data. Helpful hint: commissioners can download a copy of the EMS provider organization's responses to reference as they enter the data. To do so, click the "Download PDF" button within the automated email.

3. **Submit to IDHS**



After county commissioners have entered all the data for each EMS provider organization in the county, commissioners will click "Submit Data," which will send the data to IDHS.