State of the State: EMS
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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
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 IDHSEMSMDS

- 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.
- NEMSIS 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 NEMSIS
WHERE IS THE V2 DATA FROM Q4-2017?????

V3 is looking better!!!

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
• Green for the first time!
• Submitting V3 Data
Naloxone Heat Mapping
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
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

Indiana EMS Treatment Guidelines
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 simply 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
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
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)
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.
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