



**EMERGENCY MEDICAL SERVICES
COMMISSION MEETING MINUTES**

DATE: January 18, 2018

TIME: 10:00am

LOCATION: Fishers City Hall
1 Municipal Drive
Fishers, IN 46038

MEMBERS PRESENT:

G. Lee Turpen II	(Private Ambulance)
John Zartman	(Training Institution)
Myron Mackey	(EMTs)
Mike Garvey	(Indiana State EMS Director)
Melanie Jane Craigin	(Hospital EMS)
Matthew McCullough	(Volunteer Fire and EMS)
Brandon Wood	(Director of Preparedness and Training)
Andrew Bowman	(RN)
Charles Valentine	(Municipal Fire)
Sara Brown	(Trauma Physician)
Darin Hoggatt	(Paramedics)
Terri Hamilton	(Volunteer EMS)
Stephen Champion	(Medical Doctor)

MEMBERS NOT PRESENT: Melanie Jane Craigin (Hospital EMS)

OTHERS PRESENT: Field Staff, Robin Stump, Tony Pagano, Candice Pope, and members of the EMS Community.

CALL TO ORDER AND ROLL CALL

Meeting called to order at 10:01am by Chairman Lee Turpen. Mrs. Candice Pope called roll and announced quorum.

ADOPTION OF MINUTES

a. Adoption of minutes from the November 17, 2017 session.

A motion was made by Commissioner Mackey to accept the minutes as written. The motion was seconded by Commissioner Brown. The motion passed.

NATIONAL ASSOCIATION OF EMS PHYSICIANS (NAEMSP)

Dr. Michael Kaufmann announced that in September of 2017 met at the Indiana Response Conference the group formed the Indian Chapter of the NAEMSP. They formed their board of directors. The chapter was accepted by in late October of 2017. The membership is opened to physicians as well as EMS personnel. Director Michael Garvey recognized Dr. Kaufmann for the announcement of his fellowship in the NAEMSP. Dr. Kaufmann and Dr. O'Donell are the first fellows in Indiana.

First Net

Ms. Andy Baughn talked about the First Net program. Ms. Baughn is from the Indiana Public Safety Commission. First Net gives priority to first responders during a disaster. First responders are whoever responds to 911 calls police, fire, or EMS. Several states have opted into the program. Ms Baughn's office has been designated as the first contact point for Indiana. More information can be obtained from firstnet.gov.

HONORARY CERTIFICATION

Mr. Jason Smith read into record the following honorary certification request:

January 18, 2018

Indiana Emergency Medical Services Commission
G. Lee Turpen, Chairman
c/o Indiana Department of Homeland Security
302 W Washington Street – Rm E241
Indianapolis, IN 46204

Dear Commission Members:

I am writing on behalf of myself, and on behalf of emergency medical services from Dearborn County, to request the Indiana Emergency Medical Services Commission honor Kevin J. Lynch, with an Honorary Emergency Medical Technician certification. Several years ago, Kevin served on his local volunteer fire department, earning first class and second class firefighter certifications, as well as first responder certification. As is the case with many, Kevin began devoting more time to work and to family, and eventually allowed his first responder certification to lapse, however his devotion to public safety did not diminish.

Fast forward to fifteen years later, and Kevin Lynch is elected Commissioner in Dearborn County. During his short tenure as Commissioner, Kevin received many accolades for doing what was right and what was best for Dearborn County. From being elected president of OKI (Ohio-Kentucky-Indiana), the local metropolitan planning organization for Southeast Indiana, Southwest Ohio, and Northern Kentucky, to being appointed a member of the Integrated Public Safety Commission, the list is long and distinguished.

Unfortunately, Kevin died on December 14th, following a little known five-year battle with cancer. Planning up until the very end, Kevin requested that memorials be made to Dearborn County EMS, through Dearborn County Government. What many who are not from the Dearborn County area do not know is that specific organization, with that specific name does not exist. The county contracts with several ambulance service providers to provide ambulance service to the county. However, for the last several years, Dearborn County government, and specifically the Dearborn County Commissioners, have earmarked additional funds that are used to benefit emergency medical services in Dearborn County, through training, etc. Kevin's devotion to public safety, specifically to EMS, will continue for many, many years to come.

Therefore I request that you consider posthumously honoring the life of this selfless public servant, and grant Kevin J. Lynch an Honorary Emergency Medical Technician certificate.

Respectfully submitted,



Jason Smith, EMT-PI, EMS District Manager

A motion was made by Commissioner Mackey to approve the honorary certification. The motion was seconded by Commissioner Hoggatt. The motion passed.

INDIANA DEPARTMENT OF HEALTH

Mrs. Katie Hokanson reported that two hospitals are in the process. As of this report there are only two hospitals in the verification process to become a trauma center: Crown Point had their site visit in December, should get notification soon that they have been verified and Memorial Hospital in Jasper is scheduled to have their site visit in May. Mrs. Hokanson announced that tomorrow the Injury Prevention Council meeting will be held. It will focus on older adult falls. The grant application have went out for the First Responder Comprehensive Addiction and Recovery Grant. Hopefully will have letters out in the next week or so. Save the date for the Medical Director's conference on April 27, 2018 registration will be opening soon. The Health Department has started opioid webcasts. We have had 3 webcasts so far. Next webcast scheduled for February 28th. Trauma Care Committee meeting location has changed to Indiana Government Center South. Mrs. Hokanson spoke about the Regional Trauma group meetings. It is important that EMS personnel attend these meetings. Mrs. Hokanson will work with IDHS to get meeting dates sent out to everyone.

EMS FOR CHILDREN

Ms. Margo Knepelkamp introduced Ms. Kimberly Meirs as the new Family Care Advocate. EMSC Day is May 13th nominations are being accepts from now until April 1st you can make a nomination through their website www.indianaemsc.org. EMSC is offering PEP instructor course. PEP instructors must have taken a PEP course. EMSC has submitted their grant application for the next 4 years.

TECHNICAL ADVISORY COMMITTEE (TAC)

No report given. The TAC did meet on Dec. 8th at 10:00am. Their next meeting will be February 9, 2018 at 10:00am.

INDIANA EMERGENCY MEDICAL SERVICES ASSOCIATION (IEMSA)

Mr. Nathan Metz reported that the legislative breakfast is coming up. IEMSA has met with representatives from Medicare/Medicaid they committed to discuss the issues that were presented. They discussed reimbursement for Community paramedicine. Mr. Metz turned the floor over to Mr. Tom Fentress. Mr. Fentress presented a paramedic reciprocity process. The process was discussed and questions were asked. Chairman Lee Turpen directed that a committee to be formed. The group will consist of Commissioner Zartman and Mr. Tom Fentress. Chairman Turpen would like for recommendations be brought back to the next Commission meeting.

EMS EDUCATION WORKING GROUP

Mr. George Schulp reported that the group will hold its next meeting on February 14, 2018. They are going to discuss the manual review, Instructor hybrid course, NREMT EMT updates and a possible redirection of the focus of the group.

PERSONNEL WAIVER REQUESTS

The following is requesting a waiver of Emergency Rule LSA Document #12-393(E) SECTION 58. (a) This SECTION supersedes 836 IAC 4-9-6. (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 then 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. Mr. Herrera is requesting an extension of his temporary paramedic license. The temporary was issued on June 01, 2017. Mr. Herrera is requesting this extension because of several issues. Staff recommends: approval to extend until February 28, 2018.

Geraldo Herrera

A motion was made by Commissioner Hoggatt to approve staff recommendation. The motion was seconded by Commissioner Mackey. The motion passed.

The following is requesting a waiver of Emergency Rule LSA Document #12-393(E) SECTION 58. (a) This SECTION supersedes 836 IAC 4-9-6. (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. Ms. Walczak is requesting an extension of her temporary paramedic license. The temporary was issued on August 11, 2017 and will expire on February 11, 2018. Ms. Walczak is requesting this extension to be able to complete her testing with National Register. Staff recommends: approval to extend for 30 days.

Jennel Walczak

A motion was made by Commissioner Zartman to approve staff recommendation. The motion was seconded by Commissioner Valentine. The motion passed.

The following is requesting a waiver of 836 IAC 4-5-2 Certification and recertification; general Sec. 2. (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. Ms. Apple is requesting a waiver of successfully passing the Indiana basic EMT written and practical skills examinations. Staff recommends: Approve based on Commission approval of the new PI process at the September 20, 2017 meeting.

Kelly Apple

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

The following is requesting a waiver of 836 IAC 4-5-2 Certification and recertification; general Sec. 2. (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. Mr. Booker is requesting a waiver of successfully passing the Indiana basic EMT written and practical skills examinations. Staff recommends: Approve based on Commission approval of the new PI process at the September 20, 2017 meeting.

Shawn Booker

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

The following is requesting a waiver of 836 IAC 4-5-2 Certification and recertification; general Sec. 2. (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. Mr. Dick is requesting a waiver based on his previous field experience. Staff recommends: Deny

Richard Dick

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

The following is requesting a waiver of 836 IAC 4-5-2 Certification and recertification; general Sec. 2. (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. Ms. Hefling is requesting a waiver of successfully passing the Indiana basic EMT written and practical skills examinations. Staff recommends: Approve based on Commission approval of the new PI process at the September 20, 2017 meeting.

Destiny Hefling

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

The following is requesting a waiver of 836 IAC 4-5-2 Certification and recertification; general Sec. 2. (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. Mr, Longerich is requesting a waiver of successfully passing the Indiana basic EMT written and practical skills examinations. Staff recommends: Approve based on Commission approval of the new PI process at the September 20, 2017 meeting.

Justin Longerich

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

The following is requesting a waiver of 836 IAC 4-5-2 Certification and recertification; general Sec. 2. (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. Mr. Nicoson is requesting a waiver of successfully passing the Indiana basic EMT written and practical skills examinations. Staff recommends: Approve based on Commission approval of the new PI process at the September 20, 2017 meeting.

Robin Nicoson

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

The following is requesting a waiver of 836 IAC 4-5-2 Certification and recertification; general Sec. 2. (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. Ms. Robinson is requesting a waiver to allow her NAEMSE Primary Instructor Level 1 course and certification to account for her training, count her NAEMSE written exam for the PI exam and to waive the EMT practical and written exam. Staff recommends: Approve based on Commission approval of the new PI process at the September 20, 2017 meeting.

Emily Robinson

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

The following is requesting a waiver of 836 IAC 4-5-2 Certification and recertification; general Sec. 2. (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. Ms. Sass is requesting a waiver to not take EMT written exam, or the EMT practical. She has taken a NAEMSE level 1 instructor course. Staff recommends: Approve based on Commission approval of the new PI process at the September 20, 2017 meeting.

Dana Sass

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

The following is requesting a waiver of 836 IAC 4-5-2 Certification and recertification; general Sec. 2. (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. Mr. Sherard is requesting a waiver of successfully passing the Indiana basic EMT written and practical skills examinations. Staff recommends: Approve based on Commission approval of the new PI process at the September 20, 2017 meeting.

Jason Sherard

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

The following is requesting a waiver of 836 IAC 4-5-2 Certification and recertification; general Sec. 2. (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: (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 Ms. Smith is requesting a waiver of successfully passing the Indiana basic EMT written and practical skills examinations. Staff recommends: Approve based on Commission approval of the new PI process at the September 20, 2017 meeting.

Jillian Smith

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

The following is requesting a waiver of 836 IAC 4-5-2 Certification and recertification; general Sec. 2. (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 Mr. Sparks is requesting a waiver of successfully passing the Indiana basic EMT written and practical skills examinations. Staff recommends: Approve based on Commission approval of the new PI process at the September 20, 2017 meeting.

Nathan L. Sparks

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

The following is requesting a waiver of Emergency Rule LSA Document #12-393(E) Section 49 (f) Advanced emergency medical technicians shall: (1) not perform a procedure for which the advanced emergency medical technician has not been specifically trained: (A) in the Indiana emergency medical technician basic and the Indiana advanced emergency medical technician curriculums; or (B) that has not been approved by the commission as being within the scope and responsibility of the advanced emergency medical technician; The following individuals are requesting a waiver to use the Morgan lens, CPAP and the following medications while working at the United States Steel facility: Cyanokit , Epinephrine 1:10,000, Toradol, Zofran ODT, Atrovent. Staff Recommends: Approval based on previous Commission action.

Rachel Peyovich 6596-5311
James Saunders 1792-3532
Daniel Vasilak 8556-2545
James White 8591-4927

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

The following a waiver of 836 IAC 4-4-1 General certification provisions Authority: IC 16-31-2-7 Affected: IC 16-31-3 (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.

Dale Daniels 1569-9025
Cody Penfold 5748-3519
George Tagler 5148-7974

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

PROVIDER WAIVER REQUESTS

The following is requesting a waiver of 836 IAC 2-2-1 General requirements for paramedic provider organizations (g) Each paramedic provider organization shall do the following:(1) Maintain an adequate number of trained personnel and emergency response vehicles to provide continuous, twenty-four (24) hour advanced life support services. Batesville Fire and EMS are requesting a waiver of the 24/7 rule to maintain an adequate number of trained personnel at the paramedic level. The department currently has 7 part –time paramedics, 1 full – time paramedics, 1 EMT in paramedic class currently, and 2 more EMTs that are going to apply to paramedic class. The department plans on hiring to bring more on staff. They also currently have mutual aid from Ripley County EMS as a paramedic provider.

Batesville Fire and EMS

Discussion followed the reading of the waiver. Commission members asked Scott Reynolds, who was there to speak on behalf of Batesville Fire and EMS, several questions. Commissioner Brown requested that the number of hours, and the number of runs that the waiver is used on be included in the report. A motion was made by Commissioner Hoggatt to approve the waiver for one (1) year and require more detailed report to their district manager every time the waiver is used. The motion was seconded by Commissioner Zartman. The motion passed.

EMS PROVIDER WAIVER REPORT

Spencer County EMS reported their usage of their waiver. Information submitted to the Commission for members review no action required. None taken.

OLD BUSINESS

- a. Tables Business and/or waivers – none of this time
- b. Current ongoing studies
 - a. Superior Ambulance reciprocity process pilot study
 - i. Mr. George Schulp reported on the progress of the study. There were about 10 inquires, 3 actually started the program, 9 individuals currently moving through the process. 1 of the 3 that have started the program has completed the program, 2 still have a few tests to complete. Mr. Schulp went over the equipment and competences that are tested during the pilot study.
 - b. CPAP use at the BLS level
 - i. Mr. Chris McFarland reported that he has sent the education piece to Commissioner Zartman for review. They are moving forward with completing the education piece so it can be rolled out to start the study. Commissioner Brown and Commissioner Zartman commented tere will be an update at the next Commission meeting.

NEW BUSINESS

- a. The following information was presented to the Commission regarding Physicians Assistance assisting EMS in the field by Keri Wingler:

My name is Keri Wingler. I held an EMT certification during 2001-2005, and I am currently a Physician Assistant in rural southern Indiana. We relocated from Indianapolis to Washington County one year ago where I work as a PA-C as Schneck Medical Center. I am also a member of Northwest Washington Volunteer Fire Department and Southern Indiana Search and Rescue. During my short time here, I have seen the critical shortage of trained emergency personnel. In Dec 2016 an article in The Journal of Emergency Medical Services reported "...several estimates in the state of Indiana that say we may be as high as 600 paramedics short state-wide."(1) This estimate was reinforced again in the Dec 2017 edition of the IDHS: The Hoosier Responder which goes on to describe Gov. Holcomb's initiative, NextLevel Jobs that "will reimburse EMS employers up to

\$2,500 for the cost of training new EMS professionals, with a cap of \$25,000 per employer". (2) The EMS shortage is not only a problem for Washington County, Indiana but also Indianapolis and Nationwide.

As of 2010, the population of Washington County was 28,262. It is the 7th largest county in Indiana at 514 miles. At any given time, the county only operates 2 staffed ambulances. Until they arrive, there is a great reliance on our numerous volunteer fire departments, EMR and EMTs to provide patient care.

In researching ways to help serve my community, I discovered that while there are provisions in place for medical providers to become paramedics; I also learned that RNs are the only healthcare professionals to whom this provision applies. This provision only applies if the RN meets certain requirements that include successfully completing and obtaining a valid EMT certification, finding a paramedic class that will allow him/her to test out of each module, pass the class and then successfully pass the NREMT. Under current law, there is no provision for qualified Physician Assistants or other medical providers to follow similar tracks without completing the entire EMT and Paramedic course. This places a huge financial and time burden on qualified healthcare providers who want to help their community. Many of whom are already certified in BLS, ACLS, ATLS and PALS; whom have already undergone numerous hours in Anatomy, Physiology, Pharmacology, Emergency Medicine, and Critical Care, to name a few. These providers can bring valuable experience and patient evaluation skills to the field. All of which only serve to improve the prehospital care provided to our citizens.

Several other states in the US provide either bridge, refresher courses or even permit licensed providers to operate under their medical license to help bridge this gap and increase the number of EMS providers serving their community. My request is simple, I ask for your consideration in being added to the agenda of your January meeting for consideration in revising the current Indiana Law to allow for the expansion in the level of QUALIFIED healthcare providers permitted to either obtain EMT/Paramedic certifications or allow provisions for working in EMS under their current license. I believe this change in policy would serve to increase access to the number of providers who want to help their community while providing better and timelier access to treatment for our citizens.

Thank you for your time. I look forward to hearing your response.

1. "National Shortage of Emergency Medical Professionals has Tri-State Officials Taking Notice" The Journal of Emergency Medical Services. 12 2016. 12 2017 <<http://www.jems.com/articles/news/2016/12/national-shortage-of-emergency-medical-professionals-has-tri-state-officials-taking-notice.html>>.
2. "EMS Going to the NextLevel" DHS: Hoosier Responder Newsletter - IN.gov. 12 2017. 12 2017 <[http://www.in.gov/dhs/files/HR December 17.pdf](http://www.in.gov/dhs/files/HR%20December%2017.pdf)>.

Chairman Turpen directed that a study group be put together. The study group will be Commissioner Bowman, Commissioner Zartman, Commissioner Champion, and Commissioner McCullough. Chairman Turpen requested that a draft of their findings be presented at the next Commission meeting.

- b. Legislative update – Mr. Kraig Kinney went over the bills that are currently being looked at this legislative session (see attachment #1)

SUB COMMITTEE REPORTS

- A. Suicide Prevention work group
 - a. Mr. Mikel Fort reported that he has found some courses and they have been sent to the Commission for review. The legislation has changed during this session. Mr. Fort requested a couple of Commission members volunteer to be a part of the work group. Chairman Turpen and Commissioner McCullough volunteered.

- B. Stroke work group
 - a. Mr. Stan Frank reported that the group has come up with a draft of the destination protocol. The protocol was discussed.

A motion was made by Commissioner Valentine to move forward with the protocol by submitting it to IDHS legal staff for them to draft the legal language for the actual rule changes that will be needed. The motion was seconded by Commissioner Hoggatt. The motion passed.

- C. Air Ambulance work group
 - a. Mr. Jason Smith reported that the group has come up with a draft of the guidelines. The guidelines were presented to the Commission. Discussion followed. There will be an update at the next Commission meeting.

ASSIGNMENTS

- a. Past Assignments
- b. Today's Assignments
 - i. Path way for certification for out of state non-accredited group consisting of Commissioner Zartman and Mr. Tom Fentress. Commissioner Zartman was assigned to take the lead.
 - ii. Commissioner Bowman was assigned to take the lead for the PA, NP nurse bridge programs.
 - iii. Mr. Fort to take the lead in contacting Commissioner McCullough and Chairman Turpen on dates and times for the Suicide Prevention group.

ADMINISTRATIVE PROCEEDINGS

Legal Counsel Michelle Allen notified the Commission that ALJ Chelsie Smith is on leave at this time and they will need to approve the Deputy Attorney General to serve as ALJ in Ms. Smith's absence.

A motion was made by Mr. John Brown as follows: Move to authorize a Deputy Attorney General from the Indiana Office of Attorney General to serve as administrative law judge under IC 4-21.5 for the Emergency Medical Services Commission, including, without limitation, the authority to: 1. Assume all pending administrative cases before the Commission with ultimate authority for these actions resting with the Commission; 2. Act as administrative law judge for all new cases to come before the Commission with the ultimate authority for these actions resting with the Commission; 3. Hear and rule upon petitions for stays of enforcement as the ultimate authority for the Commission; and 4. Hear and decide appeals to Emergency Orders issued with respect to one or more violations of the Commission statutes or rules as ultimate authority for the Commission. This authorization would be effective from January 8, 2018 through May 7, 2018 while the IDHS Administrative Law Judge, Chelsea Smith, is out of the office on military leave. The motion was seconded by Commissioner Mackey. The motion was approved.

- 1. Administrative Orders Issued
 - a. Personnel Orders
 - i. Revocation

Order No. 0011-2017 Talkington, Justin L.
No action required, none taken.

STAFF REPORTS

- A. Data Report – Ms. Robin Stump reported that version 3 is active and live. Ms. Stump reported that the schema Tron for 3rd party vendors is still in the process of being completed. Ms. Stump stated that the following letter has been sent out to all providers for a data collection update:

To: All Emergency Medical Service Provider Organizations
From: Indiana Department of Homeland Security
Re: Emergency Medical Services Data Collection Update
Date: December 18, 2017

As of December 18, 2017, the State of Indiana has completed its implementation of ImageTrend Elite data collection system. The update to Elite will allow Indiana Emergency Medical Services (EMS) providers to remain in compliance with National Emergency Medical Services Information System (NEMSIS) version 3 data reporting standards.

EMS Medical providers currently using ImageTrend are encouraged to visit <https://indianaems.isdh.in.gov/Elite> to register. Note: The Organization ID is Indiana and your login credentials will remain the same. Those that may be interested in using ImageTrend for their reporting needs need to contact IDHS data manager Angie Biggs at abiggs@dhs.in.gov or 317-509-4157. IDHS can provide ImageTrend Elite, free of charge, to any provider in need of a data collection program. The program also includes a field bridge component that allows for offline, mobile reporting capabilities. For assistance in securing a copy of the program, please contact IDHS data manager Angie Biggs or your EMS district manager can also provide you with any information you may need.

By using ImageTrend Elite, Indiana will begin collecting 225 data elements, as opposed to the 83 data elements currently collected, in an effort to evaluate and guide advances in Indiana's EMS community. For an updated list of the 225 data elements and their definitions, please visit the Indiana Data Dictionary at:

<http://www.in.gov/dhs/files/2017%20Data%20Dictionary.pdf>

Beginning February 1, 2018, the State of Indiana will no longer accept run data submissions from reporting providers via email, DFBS, or IGMS. ALL run data must be reported and imported to the appropriate database using Indiana ImageTrend Elite or another NEMSIS/NFIRS-approved third party vendor. Third party vendors are encouraged to contact Angie Biggs (contact information is listed below) to request a web services account.

Finally, Indiana Administrative Code (836 IAC 1-1-5) requires all EMS provider organizations to participate in the EMS system review by collecting and reporting data elements in a NEMSIS-compliant software form. Note, the EMS Commission has waived the reporting requirement for providers that are only certified as Basic Life Support nontransport providers. Also note:

- If you are currently collecting data through a third party software vendor you will be required to submit the data to the state in the approved format.

- If you are utilizing an EMS billing company to submit data, it is still the provider's responsibility to ensure full compliance. We encourage all providers to work with their software company or billing service to ensure they are capable of uploading the data in the format and means approved by IDHS.

If you have any other questions concerning the State's transition to ImageTrend Elite or EMS data reporting requirements or procedures, please do not hesitate to contact Angie Biggs at the email address listed above or the IDHS EMS staff at 317-232-6425.

Other Resources and Information

We recommend that all EMS administrators using ImageTrend Elite complete the introductory trainings webinars located on the ImageTrend University website, <https://www.indianaems.isdh.in.gov/University/>. Note: you must be logged into your ImageTrend account to access the link. IDHS recommends the following training modules:

- ▮ Introduction: Elite System Tour
- ▮ System / Agency setup
 - o Agency Information Overview
 - o Editing Agency Details
 - o Managing Agency Service Areas
 - o Managing Agency Statistical Year Information
 - o Managing No Incidents to report
- ▮ The Elite Dashboard

▮ Incident Settings: Using Incident Lists

Frequently Asked Questions

1. How do I access ImageTrend Elite?

- a. <https://indianaems.isdh.in.gov/Elite>
- b. Organization ID is **Indiana**

2. How can I set up my department so that it will auto generate an EMS/Fire incident number?

- a. Select you agency's name at the top of the screen. Then select "Configuration" and then "Auto Number." From there, the program will prompt you for information. After completing all of the required fields, select "Save."

3. How do I enter information about a new staff member (user) or edit information about an existing user?

- a. After logging in, on click on your agency's name. A drop down list should appear. Select "Users" > "New." Enter the employee's information > "Save."
- b. Select the "Certifications" tab and go to scroll down to "State Licensure ID" field. Here, enter the user's Public Safety Identification Number (PSID) > "Save."
- c. Select the "Employment" tab. go to scroll down to "Personnel ID" field. Here, enter the user's unique, internal personnel identifier, if applicable. If the agency does not use unique, internal personnel identifier's enter the user's Public Safety Identification Number (PSID) > "Save."
- d. Select "Account details" tab. You will be prompted to create a new user ID and password. Once entered, select "Save." Upon the user's initial logon, ImageTrend will prompt them to update their password again.
- e. Select the user's appropriate permission group based on the agency's standard operating procedures or internal policies. Select "Save."

4. Why can't I see my staff on apparatus list?

- a. It is important to first ensure the State Licensure ID field and Personnel ID field are complete within the user's profile. If these two voids are void of information, the user will not appear on the apparatus list within the run forms.

5. How do I print an incident report?

- a. Within the incident click the "Print" button at top of screen. The next screen will allow you to select the specific information to be printed. After making your selections, select "OK."

6. How do I add another station?

a. Select "Resources" > "Agency Locations." It will allow you to select "New" and prompt you to fill in the relevant station information.

7. How do I delete a staff member?

a. Never delete a user from ImageTrend. If you delete a user from the database, it will also delete all of the run information associated with that individual. Rather, you will need to change that person's status to inactive. After making a user inactive, you will no longer have the option to add them into a run form.

b. To put a user in Inactive Status, select "Agency" > "Users. Click on the staff member's name whom you'd like to update. Select "Account details" and scroll down "Agency Status." Here, it will allow you to change that user's status to "Inactive."

c. Select "Save."

8. Why can't my staff log into the system?

a. You will need to verify the user's username and password. Or, the user may need to update their password because it has expired.

b. To update a password for a staff member: the user must contact their Agency Administrator.

i. The agency Administrator may update a user's password by:

1. Selecting "Users" > "Account Details." Enter the appropriate username and update the password field > "Save."

2. Upon the user's next logon, ImageTrend will prompt them to update their password again.

9. Why can't I access all of the incidents captured in ImageTrend?

a. This is likely because of the permissions settings. In order to access all of the run data entered by your agency, you must have "Agency Administrator" access permission. To gain this access or alter your permission levels, you must speak with your Agency's leadership team or current Agency Administrator.

b. IDHS will not alter user permission groups or access levels unless it is requested by an Agency's Administrator.

10. Will ImageTrend save all run data entered into the run form even if we lack connectivity or internet access?

a. If you are using an iPad or other tablet to enter the data into the form, you will be able to access the ImageTrend app through a field bridge. It will allow you to enter the information necessary and it will automatically save the information until you regain connectivity and sync the iPad/tablet used to the computer registered.

b. You should never clear your browsing history or delete your cache until you have synced your iPad/tablet with the registered computer.

c. If you preemptively delete your history or cache, you will lose all of your incident data entered into the run form.

- B. Operations Report – Ms. Robin Stump reported that district managers are assisting services with ImageTrend and they are out doing provider audits.
- C. Compliance Report- Mrs. Candice Pope asked everyone not to wait til the last minute to renew their certification especially if they need to check the box that they have to report a violation. Mrs. Pope reminded everyone that the PSID request form is not for portal updated or name changes.
- D. Certifications report – (see attachment #2) Director Garvey stated that there will be changes made to the certification report to give the Commission more useful information.
- E. Training Report – (see attachment #3) – Mr. Tony Pagano went through his report.

STATE EMS DIRECTOR'S REPORT - Director Garvey talked about the progress being made with data collection. Director Garvey also stated that the agency is nearing a decision on a new State Medical Director. He also commented that there are two vacancies on the Commission one for General Public and the other for Air Ambulance if anyone knows of someone that is interested have them go to the state website to apply. Director Garvey also stated that staff is working with legal to try to get the TAC appointments moved forward with the Governor's office. Director Garvey also talked about that there is a shortage on some IV fluids.

CHAIRMAN'S REPORT AND DIRECTION- Chairman Turpen thanked the working groups for their work. Chairman Turpen also commented on the IV fluid shortage as well as other medication shortages. Everyone needs to look at alternatives with their medical directors. Chairman Turpen spoke about the NEASP conference was in November it is a good conference but is

pricey. The EAGLES conference will take place in March. Chairman Turpen stated that both conferences have very good evidence based information. He encourages anyone that can attend to do so. Chairman Turpen also talked about credentialing and the importance of it.

NEXT MEETING

Chairman Turpen read the following into record:

EMS Commission meeting dates for 2018

- i. Thursday March 15, 2018
- ii. Thursday May 17, 2018
- iii. Thursday July 19, 2018
- iv. September 2018 – exact date and time TBS
- v. Thursday November 15, 2018

All meetings will be held at Fishers City Hall except for the September meeting. All meetings will start at 10am except for the September meeting.

ADJOURNMENT

A motion was made by Commissioner Mackey to adjourn the meeting. The motion was seconded by Commissioner Hoggatt. The meeting was adjourned at 12:19pm.

Approved G. Lee Turpen 
G Lee Turpen, Chairman

Attachment #1

HOUSE BILL No. 1180

DIGEST OF INTRODUCED BILL

Citations Affected: IC 16-31.

Synopsis: EMT use of injectable medications. Requires the emergency medical services commission to establish training and certification standards for the administration of epinephrine through a prefilled syringe and a syringe and ampule by an emergency medical technician (EMT). Requires the emergency medical services commission to establish training and certification standards for the administration of an overdose intervention drug through an auto-injector, a prefilled syringe, and a syringe and ampule by a person licensed or certified to provide emergency medical services. Allows an EMT who has been certified to administer epinephrine and an overdose intervention drug through an auto-injector, a prefilled syringe, and a syringe and ampule.

Effective: July 1, 2018.

**Mahan, Davisson, Brown T,
Hatfield**

January 8, 2018, read first time and referred to Committee on Public Health.



Introduced

Second Regular Session of the 120th General Assembly (2018)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in **this style type**.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or *this style type* reconciles conflicts between statutes enacted by the 2017 Regular Session of the General Assembly.

HOUSE BILL No. 1180

A BILL FOR AN ACT to amend the Indiana Code concerning health.

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

- 1 SECTION 1. IC 16-31-2-9, AS AMENDED BY P.L.164-2014,
2 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2018]: Sec. 9. The commission shall establish the following:
4 (1) Standards for persons who provide emergency medical
5 services and who are not licensed or regulated under IC 16-31-3.
6 (2) Training standards for the administration of antidotes,
7 vaccines, and antibiotics to prepare for or respond to a terrorist or
8 military attack.
9 (3) Training and certification standards for the administration of
10 epinephrine through an auto-injector, **a prefilled syringe, and a**
11 **syringe and ampule** by an emergency medical technician.
12 (4) Training standards to permit the use of antidote kits containing
13 atropine and pralidoxime chloride for the treatment of exposure
14 to nerve agents by an emergency medical technician or an
15 emergency medical responder.
16 (5) Standards for distribution, administration, use, and training in
17 the use of an overdose intervention drug **through an**



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auto-injector, a prefilled syringe, and a syringe and ampule by a person licensed or certified to provide emergency medical services under IC 16-31-3.

(6) Protocols for persons who provide emergency medical services to notify law enforcement officials when services have been provided to an individual who has attempted to commit suicide and who has indicated that the attempt was due in part to bullying.

SECTION 2. IC 16-31-3-23, AS AMENDED BY P.L.77-2012, SECTION 40, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 23. (a) An emergency medical technician who is certified under this article may administer epinephrine through an auto-injector, a prefilled syringe, and a syringe and ampule to an individual who is experiencing symptoms of an allergic reaction or anaphylaxis.

(b) An emergency medical technician who is certified under this article may administer an overdose intervention drug through an auto-injector, a prefilled syringe, and a syringe and ampule to an individual who is experiencing symptoms of a drug overdose.



HOUSE BILL No. 1119

DIGEST OF INTRODUCED BILL

Citations Affected: IC 16-18-2; IC 16-36.

Synopsis: Physician order for scope of treatment and consent. Provides that the definition of "cardiopulmonary resuscitation" (CPR) that applies to a do not resuscitate declaration also applies to a physician order for scope of treatment (POST) form. Adds licensed dentists, home health aides, and physician assistants to the definition of "health care provider" for purposes of a POST form. Establishes a priority order for who may provide consent if an adult is incapable of providing consent to health care. Provides exceptions to the priority order. Provides that if the individuals at the same priority level disagree as to the health care decisions on behalf of the patient, a majority of the available individuals at the same priority level controls. Provides that if an individual is incapable of consenting to the individual's own health care, the health care provider shall make a reasonable inquiry as to the availability of individuals who are able to provide health care consent. Specifies that the POST laws do not create a duty for a person to perform CPR on a declarant if the declarant's POST form indicates the declarant is not to be resuscitated. Allows a treating physician, advanced practice nurse, or physician assistant to execute and exercise certain responsibilities concerning a POST form. Allows a qualified person or representative to use an electronic signature on the POST form. Permits a representative to revoke a POST form if the declarant is incapable of making health care decisions and the representative acts: (1) in good faith; and (2) in accordance with the qualified person's intentions, if known, or in the qualified person's best interests, if the intentions are not known. Allows a POST document that was executed in another state and that meets certain conditions to be honored in Indiana. Requires the state department of health to maintain on the department's Internet web site a list of, or a link to the Internet web sites of, other states that may honor an Indiana POST form.

Effective: July 1, 2018.

Kirchhofer

January 4, 2018, read first time and referred to Committee on Public Health.



Introduced

Second Regular Session of the 120th General Assembly (2018)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in this style type. Also, the word NEW will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in this style type or this style type reconciles conflicts between statutes enacted by the 2017 Regular Session of the General Assembly.

HOUSE BILL No. 1119

A BILL FOR AN ACT to amend the Indiana Code concerning health.

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

1 SECTION 1. IC 16-18-2-48.5 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 48.5.
3 "Cardiopulmonary resuscitation" or "CPR", for purposes of IC 16-36-5
4 has the meaning set forth in ~~IC 16-36-5-1~~ and IC 16-36-6, means
5 **cardiopulmonary resuscitation or a component of**
6 **cardiopulmonary resuscitation, including:**
7 (1) cardiac compression;
8 (2) endotracheal intubation and other advanced airway
9 management;
10 (3) artificial ventilation;
11 (4) defibrillation;
12 (5) administration of cardiac resuscitation medications; and
13 (6) related procedures.
14 The term does not include the Heimlich maneuver or a similar
15 procedure used to expel an obstruction from the throat.
16 SECTION 2. IC 16-18-2-163, AS AMENDED BY P.L.117-2015,
17 SECTION 31, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

2018

IN 1119—LS 6652/DI 77



1 JULY 1, 2018]; Sec. 163. (a) "Health care provider", for purposes of
2 IC 16-21 and IC 16-41, means any of the following:

3 (1) An individual, a partnership, a corporation, a professional
4 corporation, a facility, or an institution licensed or legally
5 authorized by this state to provide health care or professional
6 services as a licensed physician, a psychiatric hospital, a hospital,
7 a health facility, an emergency ambulance service (IC 16-31-3),
8 a dentist, a registered or licensed practical nurse, a midwife, an
9 optometrist, a pharmacist, a podiatrist, a chiropractor, a physical
10 therapist, a respiratory care practitioner, an occupational therapist,
11 a psychologist, a paramedic, an emergency medical technician, an
12 advanced emergency medical technician, an athletic trainer, or a
13 person who is an officer, employee, or agent of the individual,
14 partnership, corporation, professional corporation, facility, or
15 institution acting in the course and scope of the person's
16 employment.

17 (2) A college, university, or junior college that provides health
18 care to a student, a faculty member, or an employee, and the
19 governing board or a person who is an officer, employee, or agent
20 of the college, university, or junior college acting in the course
21 and scope of the person's employment.

22 (3) A blood bank, community mental health center, community
23 intellectual disability center, community health center, or migrant
24 health center.

25 (4) A home health agency (as defined in IC 16-27-1-2).

26 (5) A health maintenance organization (as defined in
27 IC 27-13-1-19).

28 (6) A health care organization whose members, shareholders, or
29 partners are health care providers under subdivision (1).

30 (7) A corporation, partnership, or professional corporation not
31 otherwise qualified under this subsection that:

32 (A) provides health care as one (1) of the corporation's,
33 partnership's, or professional corporation's functions;

34 (B) is organized or registered under state law; and

35 (C) is determined to be eligible for coverage as a health care
36 provider under IC 34-18 for the corporation's, partnership's, or
37 professional corporation's health care function.

38 Coverage for a health care provider qualified under this subdivision is
39 limited to the health care provider's health care functions and does not
40 extend to other causes of action.

41 (b) "Health care provider", for purposes of IC 16-35, has the
42 meaning set forth in subsection (a). However, for purposes of IC 16-35,



1 the term also includes a health facility (as defined in section 167 of this
2 chapter).

3 (c) "Health care provider", for purposes of IC 16-36-5 and
4 IC 16-36-6, means an individual licensed or authorized by this state to
5 provide health care or professional services as:

- 6 (1) a licensed physician;
- 7 (2) a registered nurse;
- 8 (3) a licensed practical nurse;
- 9 (4) an advanced practice nurse;
- 10 (5) a certified nurse midwife;
- 11 (6) a paramedic;
- 12 (7) an emergency medical technician;
- 13 (8) an advanced emergency medical technician; or
- 14 (9) an emergency medical responder, as defined by section 109.8
15 of this chapter;
- 16 (10) a licensed dentist;
- 17 (11) a home health aide, as defined by section 174 of this
18 chapter; or
- 19 (12) a licensed physician assistant.

20 The term includes an individual who is an employee or agent of a
21 health care provider acting in the course and scope of the individual's
22 employment.

23 (d) "Health care provider", for purposes of section 1.5 of this
24 chapter and IC 16-40-4, means any of the following:

- 25 (1) An individual, a partnership, a corporation, a professional
26 corporation, a facility, or an institution licensed or authorized by
27 the state to provide health care or professional services as a
28 licensed physician, a psychiatric hospital, a hospital, a health
29 facility, an emergency ambulance service (IC 16-31-3), an
30 ambulatory outpatient surgical center, a dentist, an optometrist, a
31 pharmacist, a podiatrist, a chiropractor, a psychologist, or a
32 person who is an officer, employee, or agent of the individual,
33 partnership, corporation, professional corporation, facility, or
34 institution acting in the course and scope of the person's
35 employment.
- 36 (2) A blood bank, laboratory, community mental health center,
37 community intellectual disability center, community health
38 center, or migrant health center.
- 39 (3) A home health agency (as defined in IC 16-27-1-2).
- 40 (4) A health maintenance organization (as defined in
41 IC 27-13-1-19).
- 42 (5) A health care organization whose members, shareholders, or



1 partners are health care providers under subdivision (1).

2 (6) A corporation, partnership, or professional corporation not
3 otherwise specified in this subsection that:

4 (A) provides health care as one (1) of the corporation's,
5 partnership's, or professional corporation's functions;

6 (B) is organized or registered under state law; and

7 (C) is determined to be eligible for coverage as a health care
8 provider under IC 34-18 for the corporation's, partnership's, or
9 professional corporation's health care function.

10 (7) A person that is designated to maintain the records of a person
11 described in subdivisions (1) through (6).

12 (e) "Health care provider", for purposes of IC 16-45-4, has the
13 meaning set forth in 47 CFR 54.601(a).

14 SECTION 3. IC 16-36-1-5, AS AMENDED BY P.L.54-2017,
15 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
16 JULY 1, 2018]: Sec. 5. (a) If an ~~individual~~ **adult** incapable of
17 consenting under section 4 of this chapter has not appointed a health
18 care representative under section 7 of this chapter or the health care
19 representative appointed under section 7 of this chapter is not
20 reasonably available or declines to act, **except as provided in sections**
21 **9 and 9.5 of this chapter**, consent to health care may be given in the
22 **following order of priority:**

23 (1) by A judicially appointed guardian of the person or a
24 representative appointed under section 8 of this chapter. or

25 (2) by A spouse. a parent;

26 (3) An adult child.

27 (4) A parent. an adult grandchild;

28 (5) An adult sibling. or

29 (6) A grandparent. unless disqualified under section 9 of this
30 chapter; if:

31 (A) there is no guardian or other representative described in
32 subdivision (1);

33 (B) the guardian or other representative is not reasonably
34 available or declines to act; or

35 (C) the existence of the guardian or other representative is
36 unknown to the health care provider; or

37 (3) by

38 (7) An adult grandchild.

39 (8) The nearest other adult relative in the next degree of
40 kinship who is not listed in subdivisions (2) through (7).

41 (9) A friend who:

42 (A) is an adult;



- 1 **(B) has maintained regular contact with the individual;**
 2 **and**
 3 **(C) is familiar with the individual's activities, health, and**
 4 **religious or moral beliefs.**
 5 (10) The individual's religious superior, if the individual is a
 6 member of a religious order, and:
 7 (A) there is no guardian or other representative described in
 8 subdivision (1);
 9 (B) the guardian or other representative is not reasonably
 10 available or declines to act; or
 11 (C) the existence of the guardian or other representative is
 12 unknown to the health care provider.
 13 (b) Consent to health care for a minor not authorized to consent
 14 under section 3 of this chapter may be given by any of the following:
 15 (1) A judicially appointed guardian of the person or a
 16 representative appointed under section 8 of this chapter.
 17 (2) A parent or an individual in loco parentis if:
 18 (A) there is no guardian or other representative described in
 19 subdivision (1);
 20 (B) the guardian or other representative is not reasonably
 21 available or declines to act; or
 22 (C) the existence of the guardian or other representative is
 23 unknown to the health care provider.
 24 (3) An adult sibling of the minor if:
 25 (A) there is no guardian or other representative described in
 26 subdivision (1);
 27 (B) a parent or an individual in loco parentis is not reasonably
 28 available or declines to act; or
 29 (C) the existence of the parent or individual in loco parentis
 30 is unknown to the health care provider after reasonable efforts
 31 are made by the health care provider to determine whether the
 32 minor has a parent or an individual in loco parentis who is able
 33 to consent to the treatment of the minor.
 34 (4) A grandparent of the minor if:
 35 (A) there is no guardian or other representative described in
 36 subdivision (1);
 37 (B) a parent, an individual in loco parentis, or an adult sibling
 38 is not reasonably available or declines to act; or
 39 (C) the existence of the parent, individual in loco parentis, or
 40 adult sibling is unknown to the health care provider after
 41 reasonable efforts are made by the health care provider to
 42 determine whether the minor has a parent, an individual in



1 loco parentis, or an adult sibling who is able to consent to the
2 treatment of the minor.

3 (c) A representative delegated authority to consent under section 6
4 of this chapter has the same authority and responsibility as the
5 individual delegating the authority.

6 (d) An individual authorized to consent for another under this
7 section shall act in good faith and in the best interest of the individual
8 incapable of consenting.

9 (e) **If there are multiple individuals at the same priority level**
10 **under this section, those individuals shall make a reasonable effort**
11 **to reach a consensus as to the health care decisions on behalf of the**
12 **individual who is unable to provide health care consent. If the**
13 **individuals at the same priority level disagree as to the health care**
14 **decisions on behalf of the individual who is unable to provide**
15 **health care consent, a majority of the available individuals at the**
16 **same priority level controls.**

17 SECTION 4. IC 16-36-1-6, AS AMENDED BY P.L.81-2015,
18 SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
19 JULY 1, 2018]: Sec. 6. (a) A representative authorized to consent to
20 health care for another under section 5(a)(2), 5(a)(3), 5(a)(4), 5(a)(5),
21 5(a)(6), 5(b)(2), or 5(b)(3) of this chapter who for a time will not be
22 reasonably available to exercise the authority may delegate the
23 authority to consent during that time to another representative not
24 disqualified under section 9 or 9.5 of this chapter. The delegation:

- 25 (1) must be in writing;
26 (2) must be signed by the delegate;
27 (3) must be witnessed by an adult; and
28 (4) may specify conditions on the authority delegated.

29 (b) Unless the writing expressly provides otherwise, the delegate
30 may not delegate the authority to another representative.

31 (c) The delegate may revoke the delegation at any time by notifying
32 orally or in writing the delegate or the health care provider.

33 SECTION 5. IC 16-36-1-9.5 IS ADDED TO THE INDIANA CODE
34 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
35 1, 2018]: Sec. 9.5. **The following individuals may not provide health**
36 **care consent under section 5(a) of this chapter:**

- 37 (1) A spouse who:
38 (A) is legally separated; or
39 (B) has a petition for dissolution, legal separation, or
40 annulment of marriage that is pending in a court;
41 **from the individual who is incapable of providing consent.**
42 (2) An individual who is subject to a protective order or other



1 court order that directs that individual to avoid contact with
2 the individual who is incapable of providing consent.

3 (3) An individual who is subject to a pending criminal charge
4 in which the individual who is incapable of providing consent
5 was the alleged victim.

6 SECTION 6. IC 16-36-1-17 IS ADDED TO THE INDIANA CODE
7 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
8 1, 2018]: Sec. 17. If an individual is incapable of consenting to the
9 individual's own health care, the health care provider shall make
10 a reasonable inquiry as to the availability of individuals who are
11 able to provide health care consent under section 5 of this chapter.
12 Reasonable inquiry includes examining the medical records and
13 personal effects of the individual who is incapable of providing
14 health care consent. The health care provider shall attempt to
15 contact individuals who are high in the priority level and able to
16 provide health care consent under section 5 of this chapter by
17 telephone or other means after a determination is made that the
18 individual is incapable of providing health care consent.

19 SECTION 7. IC 16-36-5-1 IS REPEALED [EFFECTIVE JULY 1,
20 2018]. Sec. 1: As used in this chapter, "cardiopulmonary resuscitation"
21 or "CPR" means cardiopulmonary resuscitation or a component of
22 cardiopulmonary resuscitation, including:

- 23 (1) cardiac compression;
- 24 (2) endotracheal intubation and other advanced airway
25 management;
- 26 (3) artificial ventilation;
- 27 (4) defibrillation;
- 28 (5) administration of cardiac resuscitation medications; and
- 29 (6) related procedures.

30 The term does not include the Heimlich maneuver or a similar
31 procedure used to expel an obstruction from the throat.

32 SECTION 8. IC 16-36-6-2, AS ADDED BY P.L.164-2013,
33 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
34 JULY 1, 2018]: Sec. 2. As used in this chapter, "declarant" means a
35 qualified person:

- 36 (1) who has completed a POST form under section 7(a)(1) of this
37 chapter; or
- 38 (2) for whom a representative has completed a POST form under
39 section 7(a)(2) of this chapter;

40 and whose treating physician, advanced practice nurse, or physician
41 assistant has executed a POST form under section 8 of this chapter.

42 SECTION 9. IC 16-36-6-6.5 IS ADDED TO THE INDIANA CODE



1 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
2 1, 2018]: **Sec. 6.5. This chapter does not create a duty for a person
3 to perform cardiopulmonary resuscitation on a declarant if the
4 declarant's POST form indicates the declarant is not to be
5 resuscitated.**

6 SECTION 10. IC 16-36-6-7, AS AMENDED BY P.L.141-2014,
7 SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
8 JULY 1, 2018]: **Sec. 7. (a) The following individuals may complete a
9 POST form:**

10 (1) A qualified person who is:

11 (A) either:

- 12 (i) at least eighteen (18) years of age; or
13 (ii) less than eighteen (18) years of age but authorized to
14 consent under IC 16-36-1-3(a)(2); and

15 (B) of sound mind.

16 (2) A qualified person's representative, if the qualified person:

17 (A) is less than eighteen (18) years of age and is not authorized
18 to consent under IC 16-36-1-3(a)(2); or

19 (B) has been determined to be incapable of making decisions
20 about the qualified person's health care by a treating physician,
21 **advanced practice nurse, or physician assistant** acting in
22 good faith and the representative has been:

23 (i) appointed by the individual under IC 16-36-1-7 to serve
24 as the individual's health care representative;

25 (ii) authorized to act under IC 30-5-5-16 and IC 30-5-5-17
26 as the individual's attorney in fact with authority to consent

27 to or refuse health care for the individual;

28 (iii) appointed by a court as the individual's health care
29 representative under IC 16-36-1-8; or

30 (iv) appointed by a court as the guardian of the person with
31 the authority to make health care decisions under IC 29-3.

32 (b) In order to complete a POST form, a person described in
33 subsection (a) and the qualified person's treating physician, **advanced
34 practice nurse, or physician assistant** or the physician's, **advanced
35 practice nurse's, or physician assistant's** designee must do the
36 following:

37 (1) Discuss the qualified person's goals and treatment options
38 available to the qualified person based on the qualified person's
39 health.

40 (2) Complete the POST form, to the extent possible, based on the
41 qualified person's preferences determined during the discussion
42 in subdivision (1).



1 (c) When completing a POST form on behalf of a qualified person,
2 a representative shall act:

3 (1) in good faith; and

4 (2) in:

5 (A) accordance with the qualified person's express or implied
6 intentions, if known; or

7 (B) the best interest of the qualified person, if the qualified
8 person's express or implied intentions are not known.

9 (d) A copy of the executed POST form shall be maintained in the
10 qualified person's medical file.

11 SECTION 11. IC 16-36-6-8, AS ADDED BY P.L.164-2013,
12 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
13 JULY 1, 2018]: Sec. 8. (a) A POST form may be executed only by an
14 individual's treating physician, **advanced practice nurse, or physician**
15 **assistant** and only if:

16 (1) the treating physician, **advanced practice nurse, or**
17 **physician assistant** has determined that:

18 (A) the individual is a qualified person; and

19 (B) the medical orders contained in the individual's POST
20 form are reasonable and medically appropriate for the
21 individual; and

22 (2) the qualified person or representative has completed the POST
23 form in accordance with section 7 of this chapter.

24 (b) **A POST form is effective if the following conditions are met:**

25 (1) **The POST form contains the qualified person's name and**
26 **code status orders.**

27 ~~(1)~~ (2) **The treating physician, advanced practice nurse, or**
28 **physician assistant and the (2) qualified person or representative**
29 **must sign have signed and date dated the POST form for the**
30 **POST form to be effective:**

31 (3) **The POST form is in English.**

32 (c) **A qualified person who is unable to sign the POST form may**
33 **direct another person, in the presence of the treating physician,**
34 **advanced practice nurse, or physician assistant and the qualified**
35 **person, to sign the POST form on the qualified person's behalf.**

36 SECTION 12. IC 16-36-6-9, AS AMENDED BY P.L.81-2015,
37 SECTION 13, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
38 JULY 1, 2018]: Sec. 9. (a) The state department shall develop a
39 standardized POST form and distribute the POST form.

40 (b) The POST form developed under this section must include the
41 following:

42 (1) A medical order specifying whether cardiopulmonary



- 1 resuscitation (CPR) should be performed if the qualified person
 2 is in cardiopulmonary arrest.
- 3 (2) A medical order concerning the level of medical intervention
 4 that should be provided to the qualified person, including the
 5 following:
- 6 (A) Comfort measures.
 7 (B) Limited additional interventions.
 8 (C) Full intervention.
- 9 (3) A medical order specifying whether antibiotics should be
 10 provided to the qualified person.
- 11 (4) A medical order specifying whether artificially administered
 12 nutrition should be provided to the qualified person.
- 13 (5) A signature line for the treating physician, **advanced practice**
 14 **nurse, or physician assistant**, including the following
 15 information:
- 16 (A) The physician's, **advanced practice nurse's, or physician**
 17 **assistant's** printed name.
 18 (B) The physician's, **advanced practice nurse's, or physician**
 19 **assistant's** telephone number.
 20 (C) The physician's medical license number, **advanced**
 21 **practice nurse's nursing license number, or physician**
 22 **assistant's state license number.**
 23 (D) The date of the physician's, **advanced practice nurse's, or**
 24 **physician assistant's** signature.
- 25 As used in this subdivision, "signature" includes an electronic or
 26 physician, **advanced practice nurse, or physician assistant**
 27 controlled stamp signature.
- 28 (6) A signature line for the qualified person or representative,
 29 including the following information:
- 30 (A) The qualified person's or representative's printed name.
 31 (B) The relationship of the representative signing the POST
 32 form to the qualified person covered by the POST form.
 33 (C) The date of the signature.
- 34 As used in this subdivision, "signature" includes an **electronic**
 35 **signature.**
- 36 (7) A section presenting the option to allow a declarant to appoint
 37 a representative (as defined in IC 16-36-1-2) under IC 16-36-1-7
 38 to serve as the declarant's health care representative.
- 39 (c) The state department shall place the POST form on its Internet
 40 web site.
- 41 (d) The state department is not liable for any use or misuse of the
 42 POST form.



1 SECTION 13. IC 16-36-6-10, AS ADDED BY P.L.164-2013,
 2 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 3 JULY 1, 2018]: Sec. 10. (a) The declarant or representative shall keep
 4 the original executed POST form. The POST form is considered the
 5 personal property of the declarant. The treating physician, **advanced**
 6 **practice nurse, or physician assistant** who executes the POST form
 7 shall maintain a copy of the POST form in the declarant's medical
 8 records. If the POST form is executed at a health care facility (as
 9 defined in IC 16-18-2-161), a copy of the POST form shall be
 10 maintained in the health care facility's medical records.

11 (b) A health care provider or health care facility shall treat a
 12 facsimile, paper, or electronic copy of a valid POST form as an original
 13 document.

14 (c) A health care provider, a health care facility, or an entity acting
 15 in good faith may not be considered to have knowledge of a POST form
 16 solely on the basis of the POST form's entry into a medical record that
 17 can be accessed by a person described in this subsection.

18 SECTION 14. IC 16-36-6-11, AS ADDED BY P.L.164-2013,
 19 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 20 JULY 1, 2018]: Sec. 11. (a) A declarant or representative subject to
 21 subsection (b) may at any time revoke a POST form by any of the
 22 following:

- 23 (1) A signed and dated writing.
 24 (2) Physical cancellation or destruction of the POST form by:
 25 (A) the declarant;
 26 (B) the representative; or
 27 (C) another individual at the direction of the declarant or
 28 representative.
 29 (3) An oral expression by the declarant or representative of an
 30 intent to revoke the POST form.
 31 (b) A representative may revoke the POST form only if:
 32 (1) the declarant is incapable of making decisions regarding the
 33 declarant's health care; and
 34 (2) the representative acts:
 35 (A) in good faith; and
 36 (B) in:
 37 (i) accordance with the qualified person's express or
 38 implied intentions, if known; or
 39 (ii) the best interests of the qualified person, if the
 40 qualified person's express or implied intentions are not
 41 known.
 42 (c) A revocation of a POST form under this section is effective upon



1 communication of the revocation to a health care provider.

2 (d) Upon communication of the revocation of a POST form under
3 this section, the health care provider shall immediately notify the
4 declarant's treating physician, **advanced practice nurse, or physician**
5 **assistant**, if known, of the revocation.

6 (e) Upon notification of the revocation of a POST form to the
7 treating physician, **advanced practice nurse, or physician assistant**
8 under subsection (d), the declarant's treating physician, **advanced**
9 **practice nurse, or physician assistant** shall as soon as possible do the
10 following:

11 (1) Add the revocation to the declarant's medical record with the
12 following information:

13 (A) The time, date, and place of revocation of the POST form
14 by the declarant, representative, or other individual at the
15 direction of the declarant or representative.

16 (B) The time, date, and place the treating physician, **advanced**
17 **practice nurse, or physician assistant** was notified of the
18 revocation of the POST form.

19 (2) Cancel the POST form that is being revoked by conspicuously
20 noting in the declarant's medical records that the declarant's POST
21 form has been voided.

22 (3) Notify any health care personnel responsible for the care of
23 the declarant of the revocation of the POST form.

24 (4) Notify the physician, **advanced practice nurse, or physician**
25 **assistant** who signed the POST form of the revocation through
26 the contact information for the physician, **advanced practice**
27 **nurse, or physician assistant** indicated on the form.

28 SECTION 15. IC 16-36-6-12, AS ADDED BY P.L.164-2013,
29 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
30 JULY 1, 2018]: Sec. 12. (a) A declarant, or, subject to subsection (b),
31 a representative, may, at any time, request alternative treatment to the
32 treatment specified on the POST form.

33 (b) A representative may request alternative treatment only if the
34 declarant is incapable of making decisions concerning the declarant's
35 health care.

36 (c) A health care provider to whom a request for alternative
37 treatment is communicated shall, as soon as possible, notify the
38 declarant's treating physician, **advanced practice nurse, or physician**
39 **assistant**, if known, of the request.

40 (d) The treating physician, **advanced practice nurse, or physician**
41 **assistant** who is notified under subsection (c) of a request for
42 alternative treatment shall do the following as soon as possible:



1 (1) Include a written, signed note of the request in the declarant's
2 medical records with the following information:

3 (A) The time, date, and place of the request by the declarant or
4 representative.

5 (B) The time, date, and place that the treating physician,
6 **advanced practice nurse, or physician assistant** was notified
7 of the request.

8 (2) Review the POST form with the declarant or representative
9 and execute a new POST form, if needed.

10 SECTION 16. IC 16-36-6-15, AS ADDED BY P.L.164-2013,
11 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
12 JULY 1, 2018]: Sec. 15. (a) Except as otherwise provided in this
13 chapter, the medical orders included in a POST form executed under
14 this chapter are effective in all settings. A health care provider shall
15 comply with a declarant's POST form that is apparent and immediately
16 available to the provider unless the provider:

17 (1) believes the POST form was not validly executed under this
18 chapter;

19 (2) believes in good faith that the declarant, the representative, or
20 another individual at the request of the declarant or representative
21 has revoked the POST form as provided in section 11 of this
22 chapter;

23 (3) believes in good faith that the declarant or representative has
24 made a request for alternative treatment as provided in section 12
25 of this chapter;

26 (4) believes it would be medically inappropriate to provide the
27 intervention included in the declarant's POST form; or

28 (5) has religious or moral beliefs that conflict with the POST
29 form.

30 (b) A health care provider is not required to provide medical
31 treatment that is contrary to a declarant's POST form that has been
32 executed in accordance with this chapter.

33 (c) If a declarant is capable of making health care decisions, the
34 declarant's treating physician, **advanced practice nurse, or physician**
35 **assistant**, before carrying out or implementing a medical order
36 indicated in the declarant's POST form, shall discuss the order with the
37 declarant to reaffirm or amend the order on the POST form. For
38 purposes of this subsection, a minor who is not authorized to consent
39 to health care under IC 16-36-1-3(a)(2) is not capable of consenting to
40 health care. This subsection applies regardless of whether the POST
41 form was signed by the declarant or representative.

42 (d) A health care provider who is unable to implement or carry out



1 the orders of a POST form shall transfer care of the declarant to another
 2 health care provider who is able to implement or carry out the orders.
 3 However, a health care provider who refuses to implement the medical
 4 orders included in an executed POST form is not required to transfer
 5 care of the declarant if any of the circumstances in subsection (a)(1)
 6 through (a)(4) have occurred.

7 (e) The treating physician, **advanced practice nurse, or physician**
 8 **assistant** is responsible for coordinating the transfer of care of a
 9 declarant in the circumstances in subsection (d). If the treating
 10 physician, **advanced practice nurse, or physician assistant**, after a
 11 reasonable attempt, is unable to find a physician, **advanced practice**
 12 **nurse, or physician assistant** willing to implement or carry out the
 13 medical orders included in the declarant's POST form, the treating
 14 physician, **advanced practice nurse, or physician assistant** may
 15 decline to implement or carry out the medical orders.

16 (f) If, under this section, the treating physician, **advanced practice**
 17 **nurse, or physician assistant** does not transfer a declarant or
 18 implement the medical orders included in the declarant's POST form
 19 and the declarant is competent, the treating physician, **advanced**
 20 **practice nurse, or physician assistant** shall attempt to ascertain the
 21 declarant's preferences for medical care by discussing the preferences
 22 with the declarant. If the declarant is incompetent to act, the treating
 23 physician, **advanced practice nurse, or physician assistant** shall
 24 attempt to ascertain the declarant's preferences for medical care by
 25 consulting with the following individuals:

26 (1) The treating physician, **advanced practice nurse, or**
 27 **physician assistant** shall consult with any representative who is
 28 available, willing, and competent to act.

29 (2) If the declarant does not have a representative or if a
 30 representative is not available, willing, and competent to act, the
 31 treating physician, **advanced practice nurse, or physician**
 32 **assistant** shall consult with any of the following individuals who
 33 are available, willing, and competent to act:

34 (A) The declarant's spouse.

35 (B) An adult child of the declarant, or, if the declarant has
 36 more than one (1) adult child, a majority of the children who
 37 are reasonably available for consultation.

38 (C) A parent of the declarant.

39 (D) An adult sibling of the declarant, or, if the declarant has
 40 more than one (1) adult sibling, a majority of the siblings who
 41 are reasonably available for consultation.

42 (E) An individual with firsthand knowledge of the declarant's



1 intentions.

2 (g) An individual described in subsection (f) shall act according to
3 the declarant's intentions, if known, or in the best interest of the
4 declarant.

5 (h) The physician, advanced practice nurse, or physician
6 assistant shall list the names of the individuals described in subsection
7 (f) who were consulted and the information received by the individuals
8 in the declarant's medical record.

9 SECTION 17. IC 16-36-6-21 IS ADDED TO THE INDIANA
10 CODE AS A NEW SECTION TO READ AS FOLLOWS
11 [EFFECTIVE JULY 1, 2018]: Sec. 21. (a) A physician order for
12 scope of treatment document that was executed by a qualified
13 person in another state may be honored if the following conditions
14 are met:

15 (1) The physician order for scope of treatment document is on
16 a form prepared by a state agency and was executed
17 according to the laws and rules of that state.

18 (2) A:

19 (A) licensed physician, advanced practice nurse, or
20 physician assistant; and

21 (B) qualified person or representative;

22 have signed and dated the physician order for scope of
23 treatment document.

24 (3) The physician order for scope of treatment document is in
25 English.

26 (b) The state department shall maintain on the state
27 department's Internet web site a list of, or a web site link to, each
28 state that may honor a POST form that meets the requirements
29 under this chapter.



ATTACHMENT

#2

Emergency Medical Services Provider Certification Report

Date : January 11, 2018

January 18, 2018

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 **January 18, 2018** Commission meeting, the following report of agencies who have meet the requirements for certification as Emergency Medical Service Providers and their vehicles.

<u>Provider Level</u>	<u>Counts</u>
Rescue Squad Organization	3
Basic Life Support Non-Transport	466
Ambulance Service Provider	99
EMT Basic-Advanced Organization	6
EMT Basic-Advanced Organization non-transport	8
EMT Intermediate Organization	16
EMT Intermediate Organization non-transport	0
Paramedic Organization	199
Paramedic Organization non-transport	20
Rotorcraft Air Ambulance	15
Fixed Wing Air Ambulance	3
Total Count:	835

New Providers Since 14-NOV-17

Mecca-Wabash Twp Fire Department

**Basic Certification:
11/16/2017**

ATTACHMENT

#3

National Registry Pass Rates, January 1, 2015 to December 31, 2017

National or State	Level of Certification	Initial	3d Attempt	6 th Attempt	Total Attempts
National	EMT	68%	80%	81%	208,842
State	EMT	62%	72%	72%	1541
National	Adv EMT	57%	72%	74%	14,421
State	Adv EMT	50%	64%	66%	275
National	Paramedic	73%	86%	88%	29,017
State	Paramedic	68%	80%	84%	595

National Registry Pass Rates, January 1, 2017 to December 31, 2017

National or State	Level of Certification	Initial	3d Attempt	6 th Attempt	Total Attempts
National	EMT	72%	80%	80%	59,761
State	EMT	60%	68%	69%	654
National	Adv EMT	57%	69%	70%	4120
State	Adv EMT	56%	65%	65%	85
National	Paramedic	75%	86%	86%	8866
State	Paramedic	67%	75%	77%	163

National Registry Pass Rates, July 1, 2017 to December 31, 2017

Level of Certification	Initial	3d Attempt	6th Attempt	Total Attempts
EMT	62% (181)	71% (207)	72% (209)	291

National Registry Pass Rates, October 1, 2017 to December 31, 2017

Level of Certification	Initial	3d Attempt	6th Attempt	Total Attempts
EMT	75% (40)	75% (40)	75% (40)	53

Report Date: 1/2/2018 8:11:58 AM
Report Type: Program Report (IN)
Registration Level: EMT
Course Completion Date: 4th Quarter 2017 to 1st Quarter 2018

Program Name	Program Code	Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
Community Health Network EMS	IN-4063	1	100% (1)	100% (1)	100% (1)	0% (0)	0% (0)	0% (0)
Emergency Services Education Center	IN-4960	10	60% (6)	60% (6)	60% (6)	0% (0)	40% (4)	0% (0)
Franciscan St Elizabeth Health	IN-4068	4	100% (4)	100% (4)	100% (4)	0% (0)	0% (0)	0% (0)
Indiana University	IN-4495	1	100% (1)	100% (1)	100% (1)	0% (0)	0% (0)	0% (0)
Ivy Tech Community College Northeast	IN-4169	1	100% (1)	100% (1)	100% (1)	0% (0)	0% (0)	0% (0)
Ivy Tech Community College-Evansville	IN-4141	1	0% (0)	0% (0)	0% (0)	0% (0)	100% (1)	0% (0)
Otter Creek Fire Emergency Education	IN-5929	1	0% (0)	0% (0)	0% (0)	0% (0)	100% (1)	0% (0)
Pelham Training	IN-4668	11	82% (9)	82% (9)	82% (9)	0% (0)	18% (2)	0% (0)

Saint John's Health System	IN-4588	6	33% (2)	33% (2)	33% (2)	0% (0)	67% (4)	0% (0)
St Francis Hospital	IN-4080	9	89% (8)	89% (8)	89% (8)	0% (0)	11% (1)	0% (0)
St Vincent Hospital	IN-4081	4	100% (4)	100% (4)	100% (4)	0% (0)	0% (0)	0% (0)
Wishard Health Services	IN-4083	4	100% (4)	100% (4)	100% (4)	0% (0)	0% (0)	0% (0)

Attempted the exam: Number of graduates that make at least one attempt at the exam.

First attempt pass: Number and percent of those who attempt the exam that pass on the first attempt.

Cumulative pass within 3 attempts: Number and percent of those who attempt the exam who pass on the first, second, or third attempt.

Cumulative pass within 6 attempts: Number and percent of those who attempt the exam who pass on the first, second, third, fourth, fifth, or sixth attempt.

Failed all 6 attempts: Number and percent of those who fail the exam six times.

Eligible for retest: Number and percent of those who failed their last attempt, but remain eligible for retest (less than six attempts, less than two years from course completion.)

Did not complete within 2 years: Number and percent of those who fail their last attempt and are no longer eligible for retest (more than two years from course completion.)

Pass/Fail Report

Report Date: 1/2/2018 8:18:12 AM
 Report Type: Program Report (IN)
 Registration Level: EMT
 Course Completion Date: 1st Quarter 2017 to 1st Quarter 2018
 Training Program: All

Program Name	Program Code	Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
Ball Memorial Hospital	IN-4369	10	40% (4)	40% (4)	40% (4)	0% (0)	60% (6)	0% (0)
Brownsburg Fire Territory	IN-4061	1	0% (0)	0% (0)	0% (0)	0% (0)	100% (1)	0% (0)
Cameron Memorial Hospital	IN-4534	3	67% (2)	67% (2)	67% (2)	0% (0)	33% (1)	0% (0)
Central Nine Career Center	IN-5026	4	50% (2)	50% (2)	50% (2)	0% (0)	50% (2)	0% (0)
City of Fishers Fire & Emergency Service	IN-5953	3	67% (2)	100% (3)	100% (3)	0% (0)	0% (0)	0% (0)
Clay Fire Territory	IN-4756	15	67% (10)	87% (13)	87% (13)	0% (0)	13% (2)	0% (0)
Clinton County Emergency Medical Service	IN-5863	5	20% (1)	40% (2)	40% (2)	0% (0)	60% (3)	0% (0)
Columbus Regional Hospital	IN-4355	5	80% (4)	80% (4)	80% (4)	0% (0)	20% (1)	0% (0)
Community Health Network EMS	IN-4063	5	80% (4)	80% (4)	80% (4)	0% (0)	20% (1)	0% (0)

Community							
Howard Regional Health	IN-5804 3	67% (2)	67% (2)	67% (2)	0% (0)	33% (1)	0% (0)
Deaconess Hospital	IN-4516 12	67% (8)	75% (9)	75% (9)	0% (0)	25% (3)	0% (0)
Dearborn County Hospital	IN-4065 3	67% (2)	67% (2)	67% (2)	0% (0)	33% (1)	0% (0)
DePauw University	IN-4580 3	0% (0)	0% (0)	0% (0)	0% (0)	100% (3)	0% (0)
Dukes Memorial Hospital	IN-4912 5	60% (3)	60% (3)	60% (3)	0% (0)	40% (2)	0% (0)
Elkhart Area Career Center	IN-5816 4	0% (0)	0% (0)	0% (0)	0% (0)	100% (4)	0% (0)
Emergency Services Education Center	IN-4960 13	69% (9)	69% (9)	69% (9)	0% (0)	31% (4)	0% (0)
Franciscan Saint Anthony Health	IN-4079 12	42% (5)	58% (7)	58% (7)	0% (0)	42% (5)	0% (0)
Crown Point Franciscan St Elizabeth Health	IN-4068 17	71% (12)	76% (13)	76% (13)	0% (0)	24% (4)	0% (0)
Franciscan St. Margaret Health EMS Acade	IN-5267 13	54% (7)	54% (7)	54% (7)	0% (0)	46% (6)	0% (0)
Grant County EMS	IN-4732 1	100% (1)	100% (1)	100% (1)	0% (0)	0% (0)	0% (0)
Greenfield Fire Territory	IN-5732 2	50% (1)	50% (1)	50% (1)	0% (0)	50% (1)	0% (0)
Hancock Regional Hospital	IN-4577 1	100% (1)	100% (1)	100% (1)	0% (0)	0% (0)	0% (0)
Harrison County Hospital EMS	IN-4336 7	86% (6)	86% (6)	86% (6)	0% (0)	14% (1)	0% (0)

Harrison Township Vol Fire Department	IN-5919 2	0% (0)	50% (1)	50% (1)	0% (0)	50% (1)	0% (0)
Hendricks Regional Health	IN-4380 7	86% (6)	100% (7)	100% (7)	0% (0)	0% (0)	0% (0)
Hendricks Regional Health EMS Program	IN-5773 9	67% (6)	78% (7)	78% (7)	0% (0)	22% (2)	0% (0)
Howard Regional Health System	IN-4069 8	38% (3)	38% (3)	38% (3)	0% (0)	63% (5)	0% (0)
IHM Academy of EMS	IN-5864 10	60% (6)	80% (8)	80% (8)	0% (0)	20% (2)	0% (0)
Indiana University	IN-4495 8	63% (5)	75% (6)	75% (6)	0% (0)	25% (2)	0% (0)
Indiana University Health Goshen Hospital	IN-4162 6	67% (4)	67% (4)	67% (4)	0% (0)	33% (2)	0% (0)
IU Arnett Hospital EMS Program	IN-5936 5	20% (1)	40% (2)	40% (2)	0% (0)	60% (3)	0% (0)
Ivy Tech Bloomington	IN-4071 12	50% (6)	67% (8)	67% (8)	0% (0)	33% (4)	0% (0)
Ivy Tech Community College	IN-4864 6	33% (2)	33% (2)	33% (2)	0% (0)	67% (4)	0% (0)
Ivy Tech Community College - Northwest	IN-4979 1	0% (0)	0% (0)	100% (1)	0% (0)	0% (0)	0% (0)
Ivy Tech Community College - Valparaiso	IN-5747 23	43% (10)	61% (14)	65% (15)	0% (0)	35% (8)	0% (0)
Ivy Tech Community College	IN-4073 1	0% (0)	0% (0)	0% (0)	0% (0)	100% (1)	0% (0)

College Columbus							
Ivy Tech Community College Northeast	IN-4169 13	54% (7)	62% (8)	62% (8)	0% (0)	38% (5)	0% (0)
Ivy Tech Community College Terre Haute	IN-4612 3	33% (1)	67% (2)	67% (2)	0% (0)	33% (1)	0% (0)
Ivy Tech Community College- Evansville	IN-4141 14	71% (10)	93% (13)	93% (13)	0% (0)	7% (1)	0% (0)
Ivy Tech Community College- Kokomo	IN-4362 4	25% (1)	50% (2)	50% (2)	0% (0)	50% (2)	0% (0)
Ivy Tech South Bend	IN-4070 11	82% (9)	91% (10)	91% (10)	0% (0)	9% (1)	0% (0)
Jennings County EMS Training Institution	IN-5887 6	0% (0)	17% (1)	17% (1)	0% (0)	83% (5)	0% (0)
Memorial Hospital/Jasp er	IN-5271 5	60% (3)	80% (4)	80% (4)	0% (0)	20% (1)	0% (0)
Methodist Hospitals	IN-4072 13	46% (6)	62% (8)	62% (8)	0% (0)	38% (5)	0% (0)
Mill Township Fire Dept Training Institu	IN-5779 2	0% (0)	0% (0)	0% (0)	0% (0)	100% (2)	0% (0)
New Castle Career Center	IN-5718 13	38% (5)	46% (6)	46% (6)	0% (0)	54% (7)	0% (0)
New Haven EMS Training Institute	IN-5653 12	58% (7)	58% (7)	58% (7)	0% (0)	42% (5)	0% (0)
Ohio County Training Academy	IN-5801 8	75% (6)	75% (6)	75% (6)	0% (0)	25% (2)	0% (0)

Otter Creek Fire Emergency Education	IN-5929 6	17% (1)	17% (1)	17% (1)	0% (0)	83% (5)	0% (0)
Parkview Huntington Hospital EMS	IN-5269 7	43% (3)	86% (6)	86% (6)	0% (0)	14% (1)	0% (0)
Parkview Regional Medical Center	IN-5296 1	100% (1)	100% (1)	100% (1)	0% (0)	0% (0)	0% (0)
Pelham Training	IN-4668 108	77% (83)	83% (90)	84% (91)	0% (0)	16% (17)	0% (0)
Perry County Memorial Hospital	IN-4931 5	80% (4)	100% (5)	100% (5)	0% (0)	0% (0)	0% (0)
Prompt Ambulance Central	IN-5138 2	0% (0)	50% (1)	50% (1)	0% (0)	50% (1)	0% (0)
Prompt Institute of Paramedicine	IN-5971 3	67% (2)	67% (2)	67% (2)	0% (0)	33% (1)	0% (0)
Richmond Fire Department EMS Education	IN-5707 15	67% (10)	73% (11)	73% (11)	0% (0)	27% (4)	0% (0)
Riley Fire Department	IN-5965 4	25% (1)	25% (1)	25% (1)	0% (0)	75% (3)	0% (0)
Riverview Hospital	IN-4077 3	100% (3)	100% (3)	100% (3)	0% (0)	0% (0)	0% (0)
Saint Clare Medical Center	IN-4935 5	20% (1)	20% (1)	20% (1)	0% (0)	80% (4)	0% (0)
Saint John's Health System	IN-4588 25	28% (7)	32% (8)	32% (8)	0% (0)	68% (17)	0% (0)
Scott County EMS	IN-4078 3	33% (1)	33% (1)	33% (1)	0% (0)	67% (2)	0% (0)
St Francis Hospital	IN-4080 18	94% (17)	94% (17)	94% (17)	0% (0)	6% (1)	0% (0)

St Joseph's Regional Med Ctr- Plymouth	IN-5001	1	100%	100%	100%	0%	0%	0%
			(1)	(1)	(1)	(0)	(0)	(0)
St Mary Medical Center/Hobar t	IN-4943	18	83%	89%	89%	0%	11%	0%
			(15)	(16)	(16)	(0)	(2)	(0)
St Mary's Medical Center	IN-4096	8	63%	75%	75%	0%	25%	0%
			(5)	(6)	(6)	(0)	(2)	(0)
St Vincent Hospital	IN-4081	30	60%	63%	63%	0%	37%	0%
			(18)	(19)	(19)	(0)	(11)	(0)
Vincennes University	IN-4153	4	25%	25%	25%	0%	75%	0%
			(1)	(1)	(1)	(0)	(3)	(0)
Wishard Health Services	IN-4083	36	83%	89%	92%	0%	8%	0%
			(30)	(32)	(33)	(0)	(3)	(0)
Witham Memorial Hospital	IN-4140	3	0%	0%	0%	0%	100%	0%
			(0)	(0)	(0)	(0)	(3)	(0)

Attempted the exam: Number of graduates that make at least one attempt at the exam.

First attempt pass: Number and percent of those who attempt the exam that pass on the first attempt.

Cumulative pass within 3 attempts: Number and percent of those who attempt the exam who pass on the first, second, or third attempt.

Cumulative pass within 6 attempts: Number and percent of those who attempt the exam who pass on the first, second, third, fourth, fifth, or sixth attempt.

Failed all 6 attempts: Number and percent of those who fail the exam six times.

Eligible for retest: Number and percent of those who failed their last attempt, but remain eligible for retest (less than six attempts, less than two years from course completion.)

Did not complete within 2 years: Number and percent of those who fail their last attempt and are no longer eligible for retest (more than two years from course completion.)

Pass/Fail Report

Report Date: 1/2/2018 8:23:58 AM
 Report Type: Program Report (IN)
 Registration Level: EMT
 Course Completion Date: 1st Quarter 2015 to 1st Quarter 2018
 Training Program: All

Program Name	Program Code	Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
Academy of Prehospital Medicine, LLC	IN-5471	2	100% (2)	100% (2)	100% (2)	0% (0)	0% (0)	0% (0)
Ball Memorial Hospital	IN-4369	13	38% (5)	38% (5)	38% (5)	0% (0)	62% (8)	0% (0)
Blue River Career Programs	IN-5603	1	100% (1)	100% (1)	100% (1)	0% (0)	0% (0)	0% (0)
Brownsburg Fire Territory	IN-4061	1	0% (0)	0% (0)	0% (0)	0% (0)	100% (1)	0% (0)
Cameron Memorial Hospital	IN-4534	4	75% (3)	75% (3)	75% (3)	0% (0)	25% (1)	0% (0)
Central Nine Career Center	IN-5026	10	20% (2)	20% (2)	20% (2)	0% (0)	50% (5)	30% (3)
City of Fishers Fire & Emergency Service	IN-5953	3	67% (2)	100% (3)	100% (3)	0% (0)	0% (0)	0% (0)
Clay Fire Territory	IN-4756	15	67% (10)	87% (13)	87% (13)	0% (0)	13% (2)	0% (0)
Clinton County Emergency Medical Service	IN-5863	5	20% (1)	40% (2)	40% (2)	0% (0)	60% (3)	0% (0)

Columbus Regional Hospital	IN-4355 6	83% (5)	83% (5)	83% (5)	0% (0)	17% (1)	0% (0)
Community Health Network EMS	IN-4063 24	88% (21)	96% (23)	96% (23)	0% (0)	4% (1)	0% (0)
Community Howard Regional Health	IN-5804 4	75% (3)	75% (3)	75% (3)	0% (0)	25% (1)	0% (0)
Deaconess Hospital	IN-4516 24	67% (16)	79% (19)	79% (19)	0% (0)	21% (5)	0% (0)
Dearborn County Hospital	IN-4065 3	67% (2)	67% (2)	67% (2)	0% (0)	33% (1)	0% (0)
DePauw University	IN-4580 8	0% (0)	0% (0)	0% (0)	0% (0)	63% (5)	38% (3)
Dukes Memorial Hospital	IN-4912 5	60% (3)	60% (3)	60% (3)	0% (0)	40% (2)	0% (0)
Elkhart Area Career Center	IN-5816 4	0% (0)	0% (0)	0% (0)	0% (0)	100% (4)	0% (0)
Elkhart General Hospital	IN-4067 6	50% (3)	50% (3)	50% (3)	0% (0)	0% (0)	50% (3)
Emergency Services Education Center	IN-4960 22	73% (16)	73% (16)	73% (16)	0% (0)	18% (4)	9% (2)
Franciscan Saint Anthony Health	IN-4079 15	40% (6)	53% (8)	53% (8)	0% (0)	33% (5)	13% (2)
Crown Point Franciscan St Elizabeth Health	IN-4068 20	75% (15)	80% (16)	80% (16)	0% (0)	20% (4)	0% (0)
Franciscan St. Margaret Health EMS Acade	IN-5267 16	63% (10)	63% (10)	63% (10)	0% (0)	38% (6)	0% (0)

Grant County EMS	IN-4732 2	50% (1)	50% (1)	50% (1)	0% (0)	0% (0)	50% (1)
Greenfield Fire Territory	IN-5732 6	33% (2)	33% (2)	33% (2)	0% (0)	33% (2)	33% (2)
Hancock Regional Hospital	IN-4577 1	100% (1)	100% (1)	100% (1)	0% (0)	0% (0)	0% (0)
Harrison County Hospital EMS	IN-4336 10	90% (9)	90% (9)	90% (9)	0% (0)	10% (1)	0% (0)
Harrison Township Vol Fire Department	IN-5919 2	0% (0)	50% (1)	50% (1)	0% (0)	50% (1)	0% (0)
Hendricks Regional Health	IN-4380 7	86% (6)	100% (7)	100% (7)	0% (0)	0% (0)	0% (0)
Hendricks Regional Health EMS Program	IN-5773 9	67% (6)	78% (7)	78% (7)	0% (0)	22% (2)	0% (0)
Howard Regional Health System	IN-4069 18	56% (10)	56% (10)	56% (10)	0% (0)	44% (8)	0% (0)
IHM Academy of EMS	IN-5864 10	60% (6)	80% (8)	80% (8)	0% (0)	20% (2)	0% (0)
Indiana University	IN-4495 21	62% (13)	67% (14)	67% (14)	0% (0)	19% (4)	14% (3)
Indiana University Health Goshen Hospital	IN-4162 15	80% (12)	87% (13)	87% (13)	0% (0)	13% (2)	0% (0)
IU Arnett Hospital EMS Program	IN-5936 5	20% (1)	40% (2)	40% (2)	0% (0)	60% (3)	0% (0)
Ivy Tech Bloomington	IN-4071 31	48% (15)	58% (18)	58% (18)	0% (0)	35% (11)	6% (2)

Ivy Tech Community College	IN-4864	13	31% (4)	54% (7)	54% (7)	0% (0)	38% (5)	8% (1)
Ivy Tech Community College - Madison	IN-4542	1	100% (1)	100% (1)	100% (1)	0% (0)	0% (0)	0% (0)
Ivy Tech Community College - Northwest	IN-4979	16	25% (4)	31% (5)	38% (6)	0% (0)	56% (9)	6% (1)
Ivy Tech Community College - Valparaiso	IN-5747	40	43% (17)	63% (25)	65% (26)	0% (0)	33% (13)	3% (1)
Ivy Tech Community College Columbus	IN-4073	8	38% (3)	38% (3)	38% (3)	0% (0)	63% (5)	0% (0)
Ivy Tech Community College Northeast	IN-4169	34	62% (21)	71% (24)	71% (24)	0% (0)	24% (8)	6% (2)
Ivy Tech Community College Southeast	IN-4687	1	0% (0)	0% (0)	0% (0)	0% (0)	100% (1)	0% (0)
Ivy Tech Community College Terre Haute	IN-4612	5	60% (3)	80% (4)	80% (4)	0% (0)	20% (1)	0% (0)
Ivy Tech Community College- Evansville	IN-4141	54	69% (37)	83% (45)	83% (45)	0% (0)	6% (3)	11% (6)
Ivy Tech Community College- Kokomo	IN-4362	6	33% (2)	67% (4)	67% (4)	0% (0)	33% (2)	0% (0)
Ivy Tech South Bend	IN-4070	39	67% (26)	74% (29)	74% (29)	0% (0)	8% (3)	18% (7)
Jennings County EMS	IN-5887	7	14% (1)	29% (2)	29% (2)	0% (0)	71% (5)	0% (0)

Training Institution							
Memorial Hospital/Jasper	IN-5271 7	57% (4)	71% (5)	71% (5)	0% (0)	14% (1)	14% (1)
Methodist Hospitals	IN-4072 16	38% (6)	56% (9)	56% (9)	0% (0)	44% (7)	0% (0)
Mill Township Fire Dept	IN-5779 2	0% (0)	0% (0)	0% (0)	0% (0)	100% (2)	0% (0)
Training Institute							
New Castle Career Center	IN-5718 15	40% (6)	47% (7)	47% (7)	0% (0)	53% (8)	0% (0)
New Haven EMS Training Institute	IN-5653 14	57% (8)	64% (9)	64% (9)	0% (0)	36% (5)	0% (0)
Ohio County Training Academy	IN-5801 8	75% (6)	75% (6)	75% (6)	0% (0)	25% (2)	0% (0)
Otter Creek Fire Emergency Education	IN-5929 6	17% (1)	17% (1)	17% (1)	0% (0)	83% (5)	0% (0)
Parkview Huntington Hospital EMS	IN-5269 8	38% (3)	75% (6)	75% (6)	0% (0)	13% (1)	13% (1)
Parkview Regional Medical Center	IN-5296 4	100% (4)	100% (4)	100% (4)	0% (0)	0% (0)	0% (0)
Pelham Training	IN-4668 330	70% (231)	81% (266)	81% (267)	0% (0)	14% (46)	5% (17)
Perry County Memorial Hospital	IN-4931 6	67% (4)	83% (5)	83% (5)	0% (0)	17% (1)	0% (0)
Porter Health System	IN-4075 1	100% (1)	100% (1)	100% (1)	0% (0)	0% (0)	0% (0)
Prompt Ambulance Central	IN-5138 2	0% (0)	50% (1)	50% (1)	0% (0)	50% (1)	0% (0)

Prompt Institute of Paramedicine	IN-5971 3	67% (2)	67% (2)	67% (2)	0% (0)	33% (1)	0% (0)
Prompt Medical Transportatio n Inc	IN-5724 1	0% (0)	0% (0)	0% (0)	0% (0)	100% (1)	0% (0)
Pulaski County EMS Training Institute	IN-5027 1	100% (1)	100% (1)	100% (1)	0% (0)	0% (0)	0% (0)
Richmond Fire Department EMS Education	IN-5707 29	55% (16)	69% (20)	69% (20)	0% (0)	31% (9)	0% (0)
Riley Fire Department	IN-5965 4	25% (1)	25% (1)	25% (1)	0% (0)	75% (3)	0% (0)
Riverview Hospital	IN-4077 15	73% (11)	80% (12)	80% (12)	0% (0)	7% (1)	13% (2)
Saint Clare Medical Center	IN-4935 6	33% (2)	33% (2)	33% (2)	0% (0)	67% (4)	0% (0)
Saint John's Health System	IN-4588 26	27% (7)	35% (9)	35% (9)	0% (0)	65% (17)	0% (0)
Scott County EMS	IN-4078 4	50% (2)	50% (2)	50% (2)	0% (0)	50% (2)	0% (0)
St Francis Hospital	IN-4080 36	92% (33)	92% (33)	92% (33)	0% (0)	6% (2)	3% (1)
St Joseph's Regional Med Ctr- Plymouth	IN-5001 1	100% (1)	100% (1)	100% (1)	0% (0)	0% (0)	0% (0)
St Mary Medical Center/Hobar t	IN-4943 24	83% (20)	88% (21)	88% (21)	0% (0)	8% (2)	4% (1)
St Mary's Medical Center	IN-4096 9	67% (6)	78% (7)	78% (7)	0% (0)	22% (2)	0% (0)
St Vincent Hospital	IN-4081 105	63% (66)	71% (75)	71% (75)	0% (0)	20% (21)	9% (9)

Tri County Ambulance	IN-4644 2	50% (1)	50% (1)	50% (1)	0% (0)	0% (0)	50% (1)
Union Hosp Health Group	IN-4431 1	100% (1)	100% (1)	100% (1)	0% (0)	0% (0)	0% (0)
Vincennes University	IN-4153 23	35% (8)	43% (10)	43% (10)	0% (0)	48% (11)	9% (2)
Vincennes University Jasper Center	IN-4478 2	50% (1)	50% (1)	50% (1)	0% (0)	0% (0)	50% (1)
Wishard Health Services	IN-4083 159	75% (119)	84% (133)	84% (134)	0% (0)	12% (19)	4% (6)
Witham Memorial Hospital	IN-4140 3	0% (0)	0% (0)	0% (0)	0% (0)	100% (3)	0% (0)
Yellow Ambulance Training Bureau	IN-4085 96	63% (60)	76% (73)	78% (75)	0% (0)	4% (4)	18% (17)

Attempted the exam: Number of graduates that make at least one attempt at the exam.

First attempt pass: Number and percent of those who attempt the exam that pass on the first attempt.

Cumulative pass within 3 attempts: Number and percent of those who attempt the exam who pass on the first, second, or third attempt.

Cumulative pass within 6 attempts: Number and percent of those who attempt the exam who pass on the first, second, third, fourth, fifth, or sixth attempt.

Failed all 6 attempts: Number and percent of those who fail the exam six times.

Eligible for retest: Number and percent of those who failed their last attempt, but remain eligible for retest (less than six attempts, less than two years from course completion.)

Did not complete within 2 years: Number and percent of those who fail their last attempt and are no longer eligible for retest (more than two years from course completion.)

Pass/Fail Report

Report Date: 1/2/2018 8:27:30 AM
 Report Type: Program Report (IN)
 Registration Level: Advanced EMT (AEMT)
 Course Completion Date: 4th Quarter 2017 to 1st Quarter 2018
 Training Program: All

Program Name	Program Code	Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
Fort Wayne Fire Department	IN-5955	11	100% (11)	100% (11)	100% (11)	0% (0)	0% (0)	0% (0)
Parkview EMS	IN-5303	8	38% (3)	38% (3)	38% (3)	0% (0)	63% (5)	0% (0)
Scott County EMS	IN-4078	2	50% (1)	50% (1)	50% (1)	0% (0)	50% (1)	0% (0)

- Attempted the exam:** Number of graduates that make at least one attempt at the exam.
- First attempt pass:** Number and percent of those who attempt the exam that pass on the first attempt.
- Cumulative pass within 3 attempts:** Number and percent of those who attempt the exam who pass on the first, second, or third attempt.
- Cumulative pass within 6 attempts:** Number and percent of those who attempt the exam who pass on the first, second, third, fourth, fifth, or sixth attempt.
- Failed all 6 attempts:** Number and percent of those who fail the exam six times.
- Eligible for retest:** Number and percent of those who failed their last attempt, but remain eligible for retest (less than six attempts, less than two years from course completion.)
- Did not complete within 2 years:** Number and percent of those who fail their last attempt and are no longer eligible for retest (more than two years from course completion.)

Parkview EMS	IN-5303	8	38% (3)	38% (3)	38% (3)	0% (0)	63% (5)	0% (0)
Parkview Huntington Hospital EMS	IN-5269	6	50% (3)	50% (3)	50% (3)	0% (0)	50% (3)	0% (0)
Prompt Ambulance Central	IN-5138	3	33% (1)	67% (2)	67% (2)	0% (0)	33% (1)	0% (0)
Saint Joseph Regional Medical Center Mishawaka	IN-5529	11	55% (6)	91% (10)	91% (10)	0% (0)	9% (1)	0% (0)
Scott County EMS	IN-4078	2	50% (1)	50% (1)	50% (1)	0% (0)	50% (1)	0% (0)
United States Steel	IN-5312	3	100% (3)	100% (3)	100% (3)	0% (0)	0% (0)	0% (0)
Vincennes University	IN-4153	3	100% (3)	100% (3)	100% (3)	0% (0)	0% (0)	0% (0)

Attempted the exam: Number of graduates that make at least one attempt at the exam.

First attempt pass: Number and percent of those who attempt the exam that pass on the first attempt.

Cumulative pass within 3 attempts: Number and percent of those who attempt the exam who pass on the first, second, or third attempt.

Cumulative pass within 6 attempts: Number and percent of those who attempt the exam who pass on the first, second, third, fourth, fifth, or sixth attempt.

Failed all 6 attempts: Number and percent of those who fail the exam six times.

Eligible for retest: Number and percent of those who failed their last attempt, but remain eligible for retest (less than six attempts, less than two years from course completion.)

Did not complete within 2 years: Number and percent of those who fail their last attempt and are no longer eligible for retest (more than two years from course completion.)

Pass/Fail Report

Report Date: 1/2/2018 8:33:12 AM
 Report Type: Program Report (IN)
 Registration Level: Advanced EMT (AEMT)
 Course Completion Date: 1st Quarter 2017 to 1st Quarter 2018
 Training Program: All

Program Name	Program Code	Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
Ball Memorial Hospital	IN-4369	5	40% (2)	40% (2)	40% (2)	0% (0)	60% (3)	0% (0)
Columbus Regional Hospital	IN-4355	10	50% (5)	50% (5)	50% (5)	0% (0)	50% (5)	0% (0)
Fort Wayne Fire Department	IN-5955	11	100% (11)	100% (11)	100% (11)	0% (0)	0% (0)	0% (0)
Harrison County Hospital EMS	IN-4336	5	60% (3)	80% (4)	80% (4)	0% (0)	20% (1)	0% (0)
Kings Daughters Hospital EMS	IN-5473	5	80% (4)	80% (4)	80% (4)	0% (0)	20% (1)	0% (0)
Memorial Hospital	IN-4157	1	0% (0)	100% (1)	100% (1)	0% (0)	0% (0)	0% (0)
New Castle Career Center	IN-5718	9	11% (1)	11% (1)	11% (1)	0% (0)	89% (8)	0% (0)
North Webster Tippecanoe Township EMS Ed	IN-5311	3	67% (2)	67% (2)	67% (2)	0% (0)	33% (1)	0% (0)

Prompt Ambulance Central Pulaski County EMS Training Institute	IN-5138 3	33% (1)	67% (2)	67% (2)	0% (0)	33% (1)	0% (0)
Saint Jospeh Regional Med Ctr- Mishawaka	IN-5529 11	55% (6)	91% (10)	91% (10)	0% (0)	9% (1)	0% (0)
Scott County EMS	IN-4078 4	50% (2)	50% (2)	50% (2)	0% (0)	25% (1)	25% (1)
St Vincent Hospital	IN-4081 6	50% (3)	67% (4)	83% (5)	0% (0)	0% (0)	17% (1)
Switzerland County EMS Inc.	IN-4145 7	0% (0)	29% (2)	29% (2)	0% (0)	71% (5)	0% (0)
United States Steel	IN-5312 3	100% (3)	100% (3)	100% (3)	0% (0)	0% (0)	0% (0)
Vincennes University	IN-4153 3	100% (3)	100% (3)	100% (3)	0% (0)	0% (0)	0% (0)
Yellow Ambulance Training Bureau	IN-4085 21	52% (11)	76% (16)	81% (17)	0% (0)	19% (4)	0% (0)

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Did not complete within 2 years: Number and percent of those who fail their last attempt and are no longer eligible for retest (more than two years from course completion.)

Ivy Tech Bloomington	IN-4071	3	100% (3)	100% (3)	100% (3)	0% (0)	0% (0)	0% (0)
Ivy Tech Community College Columbus	IN-4073	1	100% (1)	100% (1)	100% (1)	0% (0)	0% (0)	0% (0)
Ivy Tech Community College Richmond	IN-4501	1	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	100% (1)
Ivy Tech South Bend	IN-4070	12	67% (8)	67% (8)	67% (8)	0% (0)	17% (2)	17% (2)
Jennings County Training Institution	IN-5281	20	25% (5)	35% (7)	35% (7)	10% (2)	50% (10)	5% (1)
Kings Daughters Hospital EMS	IN-5473	5	80% (4)	80% (4)	80% (4)	0% (0)	20% (1)	0% (0)
Memorial Hospital	IN-4157	35	37% (13)	60% (21)	71% (25)	3% (1)	29% (10)	0% (0)
New Castle Career Center	IN-5718	9	11% (1)	11% (1)	11% (1)	0% (0)	89% (8)	0% (0)
New Haven EMS Training Institute	IN-5653	8	50% (4)	63% (5)	75% (6)	0% (0)	0% (0)	25% (2)
North Webster Tippecanoe Township EMS Ed	IN-5311	7	57% (4)	57% (4)	57% (4)	0% (0)	14% (1)	29% (2)
Parkview EMS	IN-5303	18	67% (12)	67% (12)	67% (12)	0% (0)	33% (6)	0% (0)
Parkview Huntington Hospital EMS	IN-5269	6	50% (3)	50% (3)	50% (3)	0% (0)	50% (3)	0% (0)
Parkview Whitley Hospital	IN-5023	12	50% (6)	75% (9)	75% (9)	0% (0)	8% (1)	17% (2)

Pass/Fail Report

Report Date: 1/2/2018 8:35:43 AM
Report Type: Program Report (IN)
Registration Level: Advanced EMT (AEMT)
Course Completion Date: 1st Quarter 2015 to 1st Quarter 2018
Training Program: All

Program Name	Program Code	Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
Ball Memorial Hospital	IN-4369	18	44% (8)	61% (11)	61% (11)	0% (0)	17% (3)	22% (4)
Cameron Memorial Hospital	IN-4534	6	17% (1)	83% (5)	83% (5)	0% (0)	17% (1)	0% (0)
Columbus Regional Hospital	IN-4355	10	50% (5)	50% (5)	50% (5)	0% (0)	50% (5)	0% (0)
Dearborn County Hospital	IN-4065	11	55% (6)	64% (7)	64% (7)	0% (0)	0% (0)	36% (4)
Edgar County Special Serv Area Ambulance	IN-5637	15	73% (11)	73% (11)	73% (11)	7% (1)	20% (3)	0% (0)
Elkhart General Hospital	IN-4067	1	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	100% (1)
Fort Wayne Fire Department	IN-5955	11	100% (11)	100% (11)	100% (11)	0% (0)	0% (0)	0% (0)
Harrison County Hospital EMS	IN-4336	5	60% (3)	80% (4)	80% (4)	0% (0)	20% (1)	0% (0)

Pass/Fail Report

Report Date: 1/2/2018 8:38:11 AM
 Report Type: Program Report (IN)
 Registration Level: Paramedic
 Course Completion Date: 4th Quarter 2017 to 1st Quarter 2018
 Training Program: All

Program Name	Program Code	Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
Community Health Network EMS	IN-4063	12	83% (10)	83% (10)	83% (10)	0% (0)	17% (2)	0% (0)
Franciscan Saint Anthony Health Crown Point	IN-4079	3	67% (2)	67% (2)	67% (2)	0% (0)	33% (1)	0% (0)
Ivy Tech Community College Northeast	IN-4169	3	33% (1)	33% (1)	33% (1)	0% (0)	67% (2)	0% (0)
Ivy Tech Community College Terre Haute	IN-4612	2	50% (1)	50% (1)	50% (1)	0% (0)	50% (1)	0% (0)
Methodist Hospitals	IN-4072	7	57% (4)	57% (4)	57% (4)	0% (0)	43% (3)	0% (0)
St Francis Hospital	IN-4080	7	100% (7)	100% (7)	100% (7)	0% (0)	0% (0)	0% (0)
St Vincent Hospital	IN-4081	7	100% (7)	100% (7)	100% (7)	0% (0)	0% (0)	0% (0)
Wishard Health Services	IN-4083	16	75% (12)	75% (12)	75% (12)	0% (0)	25% (4)	0% (0)

Pass/Fail Report

Report Date: 1/2/2018 8:46:39 AM
 Report Type: Program Report (IN)
 Registration Level: Paramedic
 Course Completion Date: 1st Quarter 2017 to 1st Quarter 2018
 Training Program: All

Program Name	Program Code	Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
Community Health Network EMS	IN-4063	17	88%	88%	88%	0%	12%	0%
			(15)	(15)	(15)	(0)	(2)	(0)
Franciscan Saint Anthony Health	IN-4079	3	67%	67%	67%	0%	33%	0%
			(2)	(2)	(2)	(0)	(1)	(0)
Crown Point Franciscan St Elizabeth Health	IN-4068	10	70%	100%	100%	0%	0%	0%
			(7)	(10)	(10)	(0)	(0)	(0)
Indiana University Health Goshen Hospital	IN-4162	15	80%	80%	80%	0%	20%	0%
			(12)	(12)	(12)	(0)	(3)	(0)
Ivy Tech Bloomington	IN-4071	5	80%	80%	80%	0%	20%	0%
			(4)	(4)	(4)	(0)	(1)	(0)
Ivy Tech Community College Columbus	IN-4073	6	50%	50%	67%	0%	33%	0%
			(3)	(3)	(4)	(0)	(2)	(0)
Ivy Tech Community College Northeast	IN-4169	9	56%	67%	67%	0%	33%	0%
			(5)	(6)	(6)	(0)	(3)	(0)
Ivy Tech Community	IN-4612	2	50%	50%	50%	0%	50%	0%
			(1)	(1)	(1)	(0)	(1)	(0)

College Terre Haute Ivy Tech Community College- Evansville	IN-4141	9	56% (5)	89% (8)	89% (8)	0% (0)	11% (1)	0% (0)
Ivy Tech Community College- Kokomo	IN-4362	12	17% (2)	25% (3)	25% (3)	0% (0)	75% (9)	0% (0)
Methodist Hospitals	IN-4072	9	56% (5)	56% (5)	67% (6)	0% (0)	33% (3)	0% (0)
St Francis Hospital	IN-4080	7	100% (7)	100% (7)	100% (7)	0% (0)	0% (0)	0% (0)
St Mary Medical Center/Hoba rt	IN-4943	9	56% (5)	67% (6)	67% (6)	0% (0)	33% (3)	0% (0)
St Vincent Hospital	IN-4081	7	100% (7)	100% (7)	100% (7)	0% (0)	0% (0)	0% (0)
Vincennes University	IN-4153	9	67% (6)	89% (8)	89% (8)	0% (0)	11% (1)	0% (0)
Wishard Health Services	IN-4083	34	68% (23)	76% (26)	76% (26)	0% (0)	24% (8)	0% (0)

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Pass/Fail Report

Report Date: 1/2/2018 8:52:45 AM
 Report Type: Program Report (IN)
 Registration Level: Paramedic
 Course Completion Date: 1st Quarter 2015 to 1st Quarter 2018
 Training Program: All

Program Name	Program Code	Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
Adams Memorial Hospital	IN-4201 7		100% (7)	100% (7)	100% (7)	0% (0)	0% (0)	0% (0)
Community Health Network EMS	IN-4063 44		89% (39)	91% (40)	91% (40)	0% (0)	5% (2)	5% (2)
Elkhart General Hospital	IN-4067 32		47% (15)	69% (22)	81% (26)	0% (0)	13% (4)	6% (2)
Franciscan Saint Anthony Health Crown Point	IN-4079 21		76% (16)	86% (18)	90% (19)	0% (0)	10% (2)	0% (0)
Franciscan St Elizabeth Health	IN-4068 12		67% (8)	100% (12)	100% (12)	0% (0)	0% (0)	0% (0)
Harrison County Hospital EMS	IN-4336 5		20% (1)	20% (1)	20% (1)	0% (0)	0% (0)	80% (4)
Hendricks Regional Health	IN-4380 11		82% (9)	91% (10)	100% (11)	0% (0)	0% (0)	0% (0)
Indiana University Health Goshen Hospital	IN-4162 19		84% (16)	84% (16)	84% (16)	0% (0)	16% (3)	0% (0)

Ivy Tech Bloomington	IN-4071	20	70% (14)	80% (16)	85% (17)	0% (0)	15% (3)	0% (0)
Ivy Tech Community College - Madison	IN-4542	9	78% (7)	78% (7)	78% (7)	11% (1)	11% (1)	0% (0)
Ivy Tech Community College Columbus	IN-4073	9	44% (4)	44% (4)	67% (6)	0% (0)	22% (2)	11% (1)
Ivy Tech Community College Northeast	IN-4169	30	50% (15)	80% (24)	87% (26)	0% (0)	13% (4)	0% (0)
Ivy Tech Community College Richmond	IN-4501	5	20% (1)	100% (5)	100% (5)	0% (0)	0% (0)	0% (0)
Ivy Tech Community College Terre Haute	IN-4612	26	46% (12)	62% (16)	65% (17)	0% (0)	4% (1)	31% (8)
Ivy Tech Community College- Evansville	IN-4141	22	64% (14)	77% (17)	86% (19)	0% (0)	5% (1)	9% (2)
Ivy Tech Community College- Kokomo	IN-4362	27	44% (12)	59% (16)	63% (17)	0% (0)	33% (9)	4% (1)
Ivy Tech South Bend	IN-4070	20	50% (10)	70% (14)	70% (14)	0% (0)	20% (4)	10% (2)
Methodist Hospitals	IN-4072	27	59% (16)	63% (17)	70% (19)	4% (1)	11% (3)	15% (4)
Pelham Training	IN-4668	53	75% (40)	87% (46)	89% (47)	4% (2)	4% (2)	4% (2)
St Francis Hospital	IN-4080	20	95% (19)	100% (20)	100% (20)	0% (0)	0% (0)	0% (0)
St Mary Medical Center/Hoba rt	IN-4943	34	53% (18)	68% (23)	74% (25)	3% (1)	18% (6)	6% (2)

St Vincent Hospital	IN-4081 25	96% (24)	100% (25)	100% (25)	0% (0)	0% (0)	0% (0)
Vincennes University	IN-4153 28	50% (14)	71% (20)	79% (22)	4% (1)	18% (5)	0% (0)
Wishard Health Services	IN-4083 89	80% (71)	89% (79)	90% (80)	0% (0)	10% (9)	0% (0)

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