



Indiana
Department
of
Health

INDIANA TRAUMA CARE COMMISSION

May 3, 2024

Email questions to: indianatrauma@health.in.gov

OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.



Housekeeping

- Please take breaks as needed.
- There will be opportunity for Q & A during the meeting.

This meeting has been public noticed.

Welcome and Introduction

Kraig Kinney,
State EMS Director, DHS

Legislative Update

Rachel Swartwood

Deputy Director, Legislative & External Affairs

Questions?

If you have specific questions regarding potential legislation, please email someone from our legislative affairs team.

- Rachel Swartwood, Legislative and External Affairs Director - racswartwood@health.in.gov
- Jake Torrie, Deputy Director, Legislative and External Affairs – jtorrie@health.in.gov

Trauma System Development – Project Update

Brian Busching

Division Director, Trauma and Injury Prevention

RFA Strategies

Trauma System Development

Purpose: Increase access and coordination to appropriate trauma care facilities by improving and maintaining the infrastructure of the trauma system

Quality Improvement

Purpose: Promote effective coordination of care (right person, right place, right time), including appropriate hospital triage (with EMS) and timely transfer of critical patients. Improve the Indiana trauma registry and optimize data collection and quality including accuracy to advance the effective and timely use of data

Trauma and Non-Trauma Center Engagement

Purpose: Improve hospital reporting across the state to ensure all hospitals are submitting high-quality data. Enhance hospital infrastructure including personnel needs to support ongoing hospital engagement

Injury Prevention Programming

Purpose: Implement evidence-based programming to address leading causes of trauma and injury within the community and regional environments

Trauma System Development – Recommended Projects

Trauma System Development, Quality Improvement, TC and NTC Engagement – Indiana Hospital Association (Statewide)

- Project aims to increase access and coordination to appropriate trauma care facilities by improving and maintaining the infrastructure of the trauma system. Approach will be to build upon the capacity and capability among all providers: 1) TRAC development including designation exploration, 2) Education and Outreach including training, 3) Registry improvement including exploring automation, 4) annual trauma symposium activation.

Trauma System Development – Funding

Funding by Primary Strategy	Total Requested	Total 2-year Recommended
Trauma System Development	\$ 2,710,500.70	\$ 2,696,735.70
Quality Improvement	\$ 626,880.00	\$ 626,880.00
TC and NTC Engagement	\$ 175,610.46	\$ 79,000.00
Injury Prevention	\$ 3,031,738.28	\$ 630,563.64
Total	\$ 6,544,729.44	\$ 4,033,179.34

Trauma System Development – Funding

	Recommended	Remaining
Total Year 1 Funding	\$ 2,499,289.50	\$ 710.50
Total Year 2 Funding	\$ 1,533,889.84	\$ 3,466,110.16

Division Staffing

Vincente (Vince) Benchino – Clinical Director (started 2/5/24)

Interviewing for Central Region Clinical Coordinator

Posting Northern and Southern positions soon

Trauma System Plan – Update and Next Steps

Ann Solzak

Crowe, LLP

Agenda

Project Status Update

Recommendations Updates

Next Steps

Project Status Update



Project Update

Recommendation Development

January



Stakeholder Review

February - March



Restructure & Refine

March



Develop & Release Survey

March - April



Subcommittee Prioritization

April



Develop Plan

May - June



Adopt Plan

August



Developed recommendations based on best practice research, ACS identified gaps, and stakeholder feedback.

Facilitated review sessions with TRACs & other stakeholder groups to validate and refine recommendations.

Identified six strategy areas which served as a framework to restructure recommendations into goals and targeted objectives.

Developed and administered survey to capture additional stakeholder feedback.

Conducted recommendation prioritization sessions with TCC subcommittees to finalize Heat Map.

Develop Indiana State Trauma Plan based off ACS Consultation Report, best practice research, and stakeholder feedback.

Finalize and adopt Indiana State Trauma Plan.

Recommendation Key Takeaways



Survey Response Takeaways

- Survey was opened March 27th and closed April 19th
- Distributed to stakeholders via email and posted to the IDOH website
- 165 total survey responses
- Majority of respondents agreed with recommendations as written (lowest percent for “include as written” response was 87%)

Survey Respondent Themes

Representation across TCC subcommittee and TRAC membership is seen as important, including an emphasis on quality of appointments and ability to maintain operational effectiveness.

Integrate additional, targeted stakeholders into trauma system activities for a holistic approach, such as nursing, behavioral health, crisis response, and Emergency Management Agency (EMA).

Improvement to data quality statewide and interoperability of data throughout districts is key to the continual performance improvement of the Indiana trauma system.

Continuous training for trauma system personnel to reflect the most updated training protocols.

Recommendation Feedback Key Takeaways

- Stakeholder review sessions highlighted a need for further refinement and reorganization, which has been accounted for in more recent versions of documents.
- Majority of survey respondents agreed with the recommendations, validating the approach and relevance of proposed goals. The following items refined recommendations and sparked wider discussion with leadership:
 - Emphasis on supporting and standardizing TRACs, and if expansion of TRAC membership would be burdensome to action items.
 - Consideration of Regional Medical Operations Coordination Center (RMOCC) to become a statewide structure rather than regional.
 - Reassessed and adjusted recommendations language based on survey comments.
- Prioritization sessions validated recommendations against specified criteria to bring alignment among subcommittee members.
 - Disaster Preparedness & Military Integration subcommittee session provided feedback to further refine recommendations related to disaster planning.
 - System Planning subcommittee session sparked discussion on whether recommendations related to TCC legislation should be removed.

Feedback provided insights that will guide the development of the Indiana Trauma System Plan.

Next Steps



Next Steps

- Conduct meeting with Project Team to review and provide feedback on initial Plan Draft. Target complete 5/29/24.
- Conduct review and feedback sessions with TCC Members. Target complete early- to mid-June.
- Finalize Trauma System Plan. Target complete 6/28/24.
- Adopt final Plan at August TCC meeting



Thank you



Susannah Heitger
Consulting Partner



Ann Solzak
Project Manager



Liz Schuler
Senior Business Analyst



Olivia Knarr
Business Analyst

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Working Draft – for internal use only



Trauma System Planning Subcommittee

Andy VanZee, Co-Chair

Vice President of Regulatory & Hospital Operations, IHA

Erik Streib, MD, Co-Chair

Trauma Medical Director, Eskenazi Health

Trauma System Planning Subcommittee Members

- Andy VanZee – IHA (Chair)
- Eric Streib – Eskenazi (Co-Chair)
- Scott Thomas – Beacon
- Jen Homan - Franciscan
- Kraig Kinney – IDHS
- Lewis Jacobson – St Vincent 86th
- Matt Landman – IUH Riley
- Kelly Blanton – St Vincent 86th
- Raymond Cava - Parkview
- Andrew Bowman – EMS Commission
- Dharmesh Patel – St Vincent Evansville
- Jarrod Sights – Scott Twp EMS
- IDOH

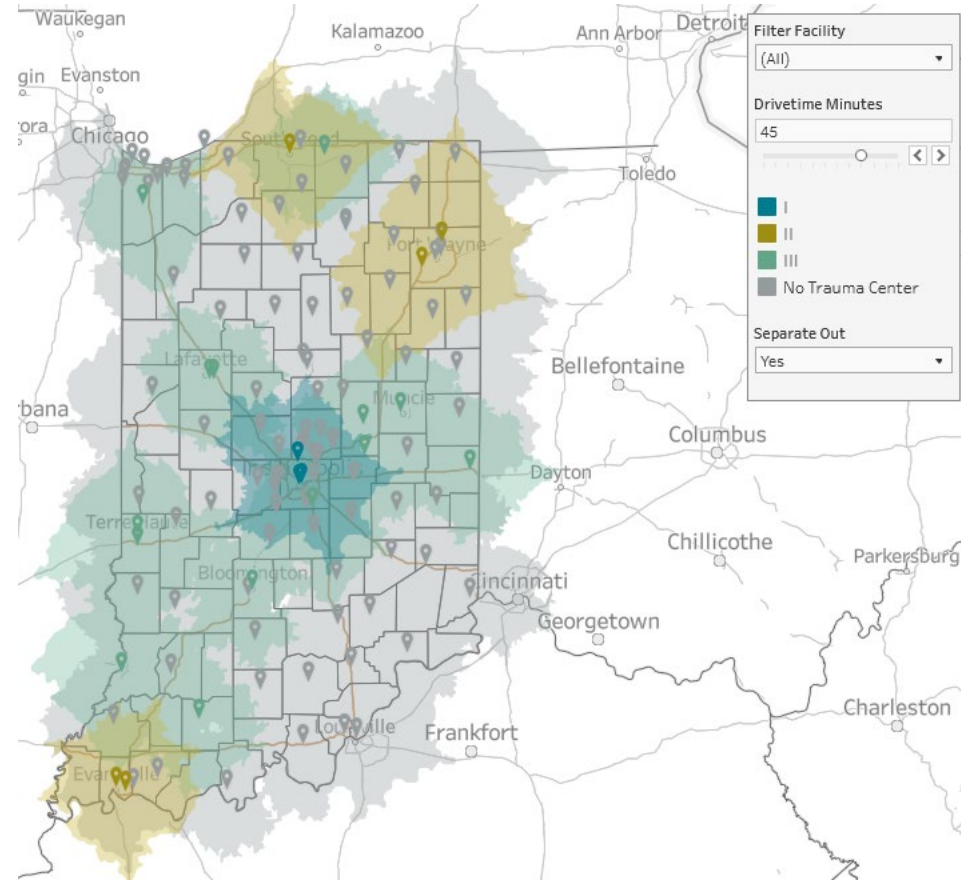
Trauma System Planning: Scope of Work

Promote effective coordination of care (right time/right place), including appropriate hospital triage (with EMS) and timely transfer of critical patients; maintain trauma center designations. Ensure commission reporting is completed and funding is allocated.

- Establishment of Trauma Regional Advisory Committees
- Trauma Center Designation Process
- Funding for 2025 Legislative Cycle
- Needs Based Assessments
 - Neighboring States
 - Allocation of Current Centers
- State Trauma Plan

Trauma System Planning Subcommittee Meetings

- Met on Feb 28th and April 17th
 - Set Committee Priorities
 - Reviewed Crowe recommendations
 - Approved TRAC map (3 regions)
 - Discussed Trauma Summit planning (first two weeks of December)
- Next Meeting - May



45-minute drive

Trauma Education & Outreach Subcommittee

Jay Woodland, MD, Co-Chair

Trauma Medical Director, Deaconess Hospital

Matt Landman, MD, Co-Chair

Trauma Medical Director, IU Riley

Trauma Education & Outreach Subcommittee Members

- IDOH
- Jay Woodland, Co-Chair (Deaconess)
- Matt Landman, Co-Chair (IU Riley)
- Andrew Bowman (EMS Commission)
- Catana Phillips (IU Methodist)
- Colleen Groves (Ascension)
- Dara Dilger (Deaconess)
- Elizabeth Weinstein (IU Health)
- Jen Homan (Franciscan Crown Point)
- Merry Addison (ENA)
- Tiffany Davis (IU Methodist)

Education and Outreach Subcommittee: Scope of Work

- Provide education/outreach to key stakeholders
- Coordinate with IDOH to utilize data for injury prevention programming
- Conduct public awareness campaign

Education and Outreach Subcommittee Meetings

- February 26, 2024
 - Began discussion of overall trauma education needs in IN
 - ATLS, ATCN, TNCC, DMEP
 - Discussed LHD survey to stimulate IP planning
 - Elected to send out short questionnaire to all IN verified centers
 - What courses currently offered
 - What costs are associated/willing to share
 - Would your area benefit from more educational offerings?

Education and Outreach Subcommittee Meetings

- April 4, 2024
 - Crowe Heat Map presentation
 - Review responses from 11 verified centers
 - Overwhelming need for more ATLS courses
 - Varied responses on nursing courses
 - Obtain ATLS instructor information from ACS

Education and Outreach Subcommittee

- Next steps
 - Goal of 3 ATLS instructor courses over next year
 - Establish standard reimbursement model for all centers
 - ATLS, ATCN, TNCC, DMEP, etc.
 - For anyone working in an IN facility
- Next meeting
 - May

Trauma Registry Subcommittee

Lisa Hollister, DNP, Chair

Director, Parkview Health Trauma System and Better Future Clinic

Trauma Registry Subcommittee Members

- IDOH
- Lisa Hollister, Chair (Parkview)
- Latasha Taylor (Methodist Hospitals)
- Madison Halter (Good Samaritan)
- Betsy Welsh (Community)
- Clint Rudolph (Schneck)
- Brandee McKee (Greene County General)
- Summer Blakemore (Beacon Health)
- Sydney Hull (Good Samaritan)
- Whitney Floyd (St. Elizabeth)
- Dazar Opoku (Parkview)
- Jennifer List (St. Elizabeth)
- Jennifer Konger (Parkview)
- Jennifer Post (IU Health)
- Amy Ludwig (Ascension)

Registry Subcommittee: Scope of Work

- Review and maintain data elements of the Indiana trauma registry
- Oversee registry outreach and training for data optimization
- Assure data is valid, accurate and reliable: Quality data

Objectives → Priorities → Success

Objectives:

- Fact-Finding and Assessment (where do we stand today/Gaps): Evaluate our current registry status and performance of registrars
- Data Variable Prioritization: Define and focus on the most crucial 250 variables for Trauma Center (T) vs Non-Trauma Center (NT) cases
- Training Recommendations: Identify suitable training programs for registrars
- Motivation Strategies: Consider incentives (carrot) as well as compliance measures (stick). Potential Data Publication: Explore the idea of publicly grading the quality of data
- Potential Data Publication: Explore the idea of publicly grading the quality of data

Determine Priorities:

- Understand **current gaps**?
- Training and Education: Consider implementing a trauma registry course?
- Automation and AI?
- Outcome Improvement: Leverage quality data to enhance patient outcomes?

What is Success:

Accurate, reliable, valid, timely, and efficient data flow

- Comprehensive coverage / involvement of all relevant **data and stakeholders**
- Qualified staff trained and "certified"
- Actionable insights - utilize the data effectively through dashboards and comparative analysis

Trauma Registry Subcommittee Meetings

- First meeting: March 6
 - Reviewed state trauma system background; where we are today
 - Reason for a registry subcommittee
 - Scope of work
 - Objectives/priorities/success
- Second meeting: May 1st
 - Trauma System Plan Prioritization
- Next Meeting: May 8th

Trauma Registry Subcommittee

Next Steps:

- **Gap analysis of registry needs**
 - Training needs
 - Current validity
 - **Potential for automation**
- Future meetings every month, to every other month

Performance Improvement (PI) Subcommittee

Eric Yazel, MD, Co-Chair
DHS EMS Medical Director

Scott Thomas, MD, Co-Chair
Trauma Medical Director, Beacon Health

Performance Improvement Subcommittee Members

- Dr. Eric Yazel (DHS)
- Dr. Scott Thomas (Beacon Health)
- Ashley Estep (Ascension)
- Dawn Daniels (IUH)
- Sherri Marley (Eskenazi)
- Sarah Hoepfner (Parkview)
- IDOH
- Dr. Stephanie Gardner (Ascension)
- Dr. Kailyn Kahre (IUH)
- Dr. Lewis Jacobson (Ascension)
- Dr. Peter Hammer (IUH)
- Dr. Raymond Cava (Parkview)
- Jarrod Sights (Scott Twp Fire – D10)
- Scott Isenberg (IUH)

Performance Improvement Subcommittee: Scope of Work

In coordination with other subcommittees

- Identify quality measures
- Disseminate best practices
- Provide hospital and systemwide reports of quality measures
- Develop a statewide PI plan

Performance Improvement Subcommittee Meetings

Inaugural meeting, March 7th

- Discussed the Scope of Work
- Evaluated near term priorities
- What does success look like?
- Determined next steps- working document
- Open discussion

Performance Improvement Subcommittee

Near Term Priorities

- Establish specific and measurable metrics
- Establish baseline data to track progress
- Focus on communication and connections between EMS, trauma centers, non-trauma facilities, and post acute-care providers
- Develop level-appropriate report cards to assess hospital performance

Performance Improvement Subcommittee

Future Meetings

- May 2nd Meeting Summary
- July 11th at 1pm
- September 12th at 1pm

Disaster Preparedness and Military Integration Subcommittee

Joel Thacker, Co-Chair

Executive Director, Indiana Department of Homeland Security

Dr. David Welsh, Co-Chair

General Surgeon, Margaret Mary Health, Batesville, IN



Disaster Preparedness and Military Integration Subcommittee

Subcommittee Members:

- Dr. Emily Fitz – IU Health
- Merry Addison – Public Health Advocate
- Dr. Justin Koenig – Elkhart General
- Nicole Stilianos – LTC, Indiana National Guard, CCO Indiana Primary Health Care Assoc.
- Dr. Mark Liao – Methodist, IEMS Medical Director
- Chris Schmidt – Memorial Hospital, Jasper Indiana
- Dr. Mallory Bray – St. Vincent Evansville

IDOH Staff:

Annika Barce	Lauren Milroy
Vince Benchino	Derek Sebold
Mohammed Islam	Angelo Soto
Ramzi Nimry	Brian Busching

Scope of Work:

- Assess capabilities to partner and coordinate with military and disaster preparedness stakeholders statewide;
- Plan and implement opportunities associated with preparedness and disaster planning including coordination of response with TRACs.

Objectives:

- Assessing current trauma capacity and coordination for emergency response
- Identifying gaps in coordination and engagement for preparedness
- Ensuring an established community of preparedness and response stakeholders

Disaster Preparedness and Military Integration Subcommittee: Meetings

- Subcommittee met on March 1
- Reviewed scope of work and emphasized a focus to develop a strong plan surrounding trauma and military integration and disaster preparedness.
- Discussed the process for requesting National Guard assistance for state active duty.
- Discussed different units in National Guard i.e. CERF-P
- Discussed statewide patient tracking system
- Discussed how to engage combat medics with local public safety agencies

Disaster Preparedness and Military Integration

Next Steps

- Adding additional members
- Attend upcoming National Guard trainings

Next Meetings

- May 17 – 1100
- July 19 – 1100
- September 13 – 1100

Trauma System Development – Franciscan Health LII Verification

Dr. Eric Woo, DO

Jennifer Homan, RN

Trauma System Development – Franciscan Health

- Key Milestones/Objectives
 - Strategy 1: Advance Trauma Center Level
 - Strategy 2: Performance Improvement/regional QA
 - Strategy 3: Trauma Registry and Education
 - Strategy 4: Injury prevention

Trauma System Development – Franciscan Health

- Activity to date:
 - Stakeholder meeting with Physicians
 - Cost analysis/ 10-year budget
 - Create action plans for Trauma 2 (in process)
 - Posting of positions (offers out for 2)
 - TCAR classes for RNs
 - One physician Completed ATLS instructor classes
 - Physician Classes
 - Planning RTTDC with District 2

Trauma System Development – Franciscan Health

Next Steps

Further develop regional performance metrics:

- Evaluate triage within the district

Registry QI/training

Symposium: regional trauma conference

- Venue
- Speakers

Trauma Level II stakeholders meetings Hospital/ Physician

- Staff hiring
- Tactical Action plans



INDIANA EMS State Update

Kraig Kinney, State EMS Director
May 2024





Indiana EMS 2025 Update

Discussion Topics



EMS Funding

EMS
Workforce

EMS
Education &
Careers

EMS Safety

EMS
Operations

EMS Essential
Function



Future Meeting Dates

- Draft recommendations in progress. **Report planned for June.**
- **Thursday, May 9, 9 a.m. to Noon.**
 - Indiana Government Center South conference room C.



A red graphic element is positioned behind the main text. It consists of a horizontal line with a white pulse line (EKG) running through it. On the left side, a red silhouette of the state of Indiana is attached to the line. The line ends in small red circles on both sides.

HEALTH FIRST
EMS READINESS



EMS Education Grants

- Grant period was in October for EMS training institutions and EMS provider organizations.
- 120 applications were received for a total request of \$8,177,184.63.
 - Created VERY competitive process to remain within budget.
- Approved were 44 grant awards (36 organizations) for \$1,402,753.65.
- Represented in grantees are:
 - Training Institutions
 - Career Departments
 - Combination Departments
 - Volunteer Departments



Training Institution Equipment Grants

- Eligibility:
 1. Certified EMS training institution
 2. Equipment related to the initial certification education of EMRs, EMTs, AEMTs, and paramedics.
- Applications
 - 53 applications for a total requested amount of funding for \$1,824,919.98.
- Awarded
 - ALS awarded Total \$1,145,265.79 for 28 total ALS Training Institutions covering all IDHS Districts within the state.
 - BLS awarded Total \$194,497.28 for 13 total BLS Training Institutions covering all but two IHDS Districts.

Review Committee:
EMS division staff, the
Indiana EMS Commission,
the Indiana Department of
Health, the Indiana EMS
Association, the Indiana Fire
Chief's Association, and the
Professional Firefighters
Union of Indiana.

**TOTAL
AWARDED:
\$1,339,763.04**



Upcoming EMS Funding Projects

- EMS on-line education courses
 - Bid process resulted in a negotiated bid with School of EMS.
 - Contract in progress for multi-year offerings.
- 2024 planning includes:
 - On-line paramedic course with focus in enrollment and on-site skills in east central Indiana along I-70.
 - On-line EMT courses include one with a northwest focus (Newton, Jasper, Pulaski and White) and one with a south focus (Martin County, Davies County, Lawrence County or Orange County).



Upcoming EMS Funding Projects

- RAPID Interfacility Transfer Pilot
 - \$1.2 million for both a southeast region and then a northwest region where there are gaps in the trauma system.
 - Bid process initiated.

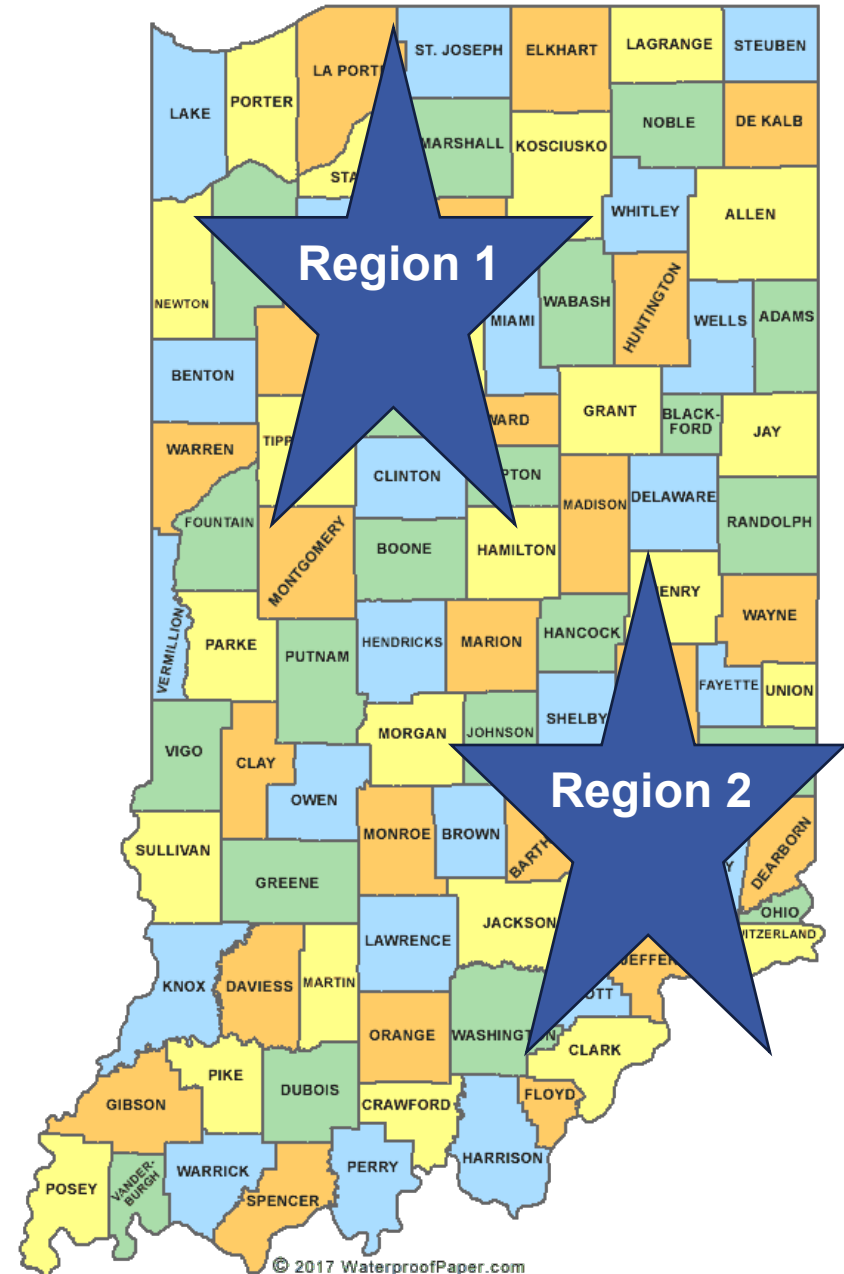
The State of Indiana, on behalf of the Indiana Department of Homeland Security, has released a solicitation for Interfacility Transfer Pilot Project: RAPID Teams – Negotiated Bid 385-25-79026. Please visit our website at <https://www.in.gov/idoa/procurement/> to see this solicitation. Responses are due no later than June 12, 2024.





RAPID Interfacility Transfer Pilot

- Region 1:
 - Counties: Cass, Fulton, Howard, Jasper, Miami, Pulaski, Starke, and White.
 - Critical Access Hospitals: Dukes Memorial (Peru), Franciscan Health Rensselaer, IU Health White Memorial Hospital (Monticello), Pulaski Memorial (Winamac), Woodlawn Hospital (Rochester)
- Region 2:
 - Counties: Dearborn, Decatur, Franklin, Jackson, Jefferson, Jennings, Ohio, Ripley, Rush, Switzerland, Washington
 - Critical Access Hospitals: Ascension St. Vincent Jennings (North Vernon), Ascension St. Vincent Salem, Decatur County Memorial (Greensburg), Margaret Mary Health (Batesville)



[< Return To News](#)

State Partnership Drives Handtevy Adoption in Indiana, Enhancing Lifesaving Emergency Response for EMS



The EMS Division of the Indiana Department of Homeland Security and Handtevy launch a transformative initiative to enhance advanced life support across 70 organizations, integrating state-of-the-art technology to forge the future of patient care.

INDIANAPOLIS, April 7, 2024



The EMS Division of Indiana Department of Homeland Security and Handtevy – Pediatric Emergency Standards, Inc., proudly announces a strategic initiative to enhance emergency medical services across Indiana. The initiative offers supportive funding to EMS agencies allowing the adoption of the Handtevy Mobile Medication Dosing and Protocol Management System. This significant

move, supported by both the Indiana Department of Health and the state's EMSC program, is designed to improve emergency response capabilities for both pediatric and adult patients and optimize operations and efficiency in patient care delivery.





Handtevy Pediatric Resuscitation System

- IDHS in partnership with IDOH is bringing a proven resuscitation tool to assist with pediatric emergency response to Indiana.
- Currently, 46 Indiana EMS provider organizations utilize Handtevy, the system will allow that number to double!



4:26:58 PM

PBCFR

New Patient

Option 1 - Use actual age (If standard sized child)
Option 2 - Estimate age using Handtevy length based tape (Head to Heel)

PREEMIE	2 KG Ideal Weight	Gray
NB	4 KG Ideal Weight	Gray
4MO	6 KG Ideal Weight	Pink
6MO	8 KG Ideal Weight	Red
1YR	10 KG Ideal Weight	Purple
2YR	12 KG Ideal Weight	Yellow

© 2022 Handtevy Inc. v5.7.0



Handtevy Pediatric Resuscitation System

Already Using Handtevy System (22)

- IDHS Share: 25%
- EMS Organization Share 75%
- EMS Organization will receive a Handtevy account credit for any payments already made that cover periods within the State contract period.
- System will be Handtevy Mobile with protocol integration.

New Enrollee (48)

- IDHS Share: 50%
- EMS Organization Share 50%
- System will be Handtevy Mobile with protocol integration.



HEA 1302 County EMS Survey

- County Commissioners must complete an IDHS survey on county EMS by July 15, 2024.
- IDHS must complete a report by August 15, 2024.
- Process of survey TBD





HEA 1302 County EMS Survey

- (1) Each EMS provider that provides services in the county.
- (2) Each EMS provider in the county that provides services to an adjacent county.
- (3) The funding source for each EMS provider described in subdivision (1).
- (4) The level of care provided by each EMS provider in the county, including a description of the:
 - (A) basic life support (BLS) services; and
 - (B) advanced life support (ALS) services; provided by the EMS provider.
- (5) The average response time for each EMS provider in the county disaggregated by:
 - (A) nontransport EMS units; and HEA 13022
 - (B) transport EMS units.



HEA 1302 County EMS Survey

- (6) Factors that result in a longer average response time in certain jurisdictions within the county disaggregated by:
 - (A) nontransport EMS units; and
 - (B) transport EMS units.
- (7) Any information the department, in consultation with the Indiana emergency medical services commission established by IC 16-31-2-1, determines is necessary or useful to include.



EMS District Provider Forums

- District 5 MADE Thursday, May 2nd
- District 1,2 Health Foundation of La Porte Thursday, May 30th
- District 3,6 Huntington Thursday June 20th
- District 7,10 Vincennes Univ.-Gibson Co. Thursday July 18th
- District 8/9 Seymour Thursday, August 22nd
- District 4 Franciscan Lafayette Thursday, September 26th

**2024
EMS PROVIDER FORUM**
Indiana Department of Homeland Security



2024 Prehospital Pediatric Readiness Project (PPRP) Assessment now Available



- EMSpedReady.org
- Comprehensive 146-item scored assessment of pediatric readiness in EMS systems
- Online, open access
- Benchmarking with similar EMS agencies (by annual pediatric volume)
- Immediate access to overall weighted pediatric readiness score
- Agency-specific gap report with link to evidence-based resources
- Intended for all 9-1-1 responding agencies

2024 NATIONAL PREHOSPITAL PEDIATRIC READINESS ASSESSMENT (FINAL)
 Approved by the Steering Committee on 01/25/2021

Before we begin, please provide us with the following information, in case we need to contact you to clarify any of your responses:

Respondent Information Individual completing the assessment

1. First and last name of the person completing this assessment _____
2. Title/Position: _____
3. Phone number: _____
4. Email: _____

EMS Agency

5. Name of your Agency: _____
6. Address of your Agency: _____
7. City your Agency is located in: _____
8. Zip code of your Agency: _____

DEMOGRAPHICS
The following questions relate to your agency

9. Does your EMS agency respond to pediatric patients placed through other emergency services?
 Yes → **Go to 10**
 No
If your EMS agency DOES NOT respond to pediatric patients, please do not complete this assessment. Thank you for your time.
10. Approximately how many 911 calls did your agency respond to in the last year?
 (Numeric data only, e.g., 5000, r) _____
11. Approximately how many 911 calls did your agency respond to in the last year (as defined by your agency)?
 (Numeric data only, e.g., 5000, r) _____
12. Which one of the categories below approximates the number of 911 calls your EMS agency responded to for **PEDIATRIC PATIENTS** (as defined by your agency) in the last year?
 (Choose one)
 Twelve (12) or fewer pediatric calls in the last year (1 or fewer pediatric calls per month)
 Between 13-100 pediatric calls in the last year (1 - 8 pediatric calls per month)
 Between 101-600 pediatric calls in the last year (8 - 50 pediatric calls per month)
 More than 600 pediatric calls in the last year (more than 50 pediatric calls per month)
 None

Internal Note: the response options of the following two questions (13 and 15) may be customized in the online survey to better reflect individual state/territory terminology.

13. What is the **HIGHEST** level of certification of your **EMS agency**?
 (Choose one) While we realize that your agency may have other levels of certification, we ask that you only provide a response for the choices listed below.
 Basic Life Support (BLS)
 Intermediate Life Support (ILS)
 Advanced Life Support (ALS)
14. What is the **HIGHEST** level of licensure that pertains to the scope of care that **EMS providers** in your agency provide to patients?
 (Choose one)
 Emergency Medical Responder (EMR)
 Emergency Medical Technician (EMT)
 Advanced EMT (AEMT)
 Paramedic
15. Approximately, how many **EMS PROVIDERS** currently work at your agency for each of the following level(s) of licensure?
 (If no providers for a licensure level, enter 0.) Your agency may employ other types of providers than those listed here. For purposes of this assessment, we only need you to provide responses for these four types.

Provider Level	Number of Providers Full & part-time, volunteer, & paid
Emergency Medical Responder (EMR)	
Emergency Medical Technician (EMT)	
EMT Intermediate (EMT-I) or Advanced EMT (AEMT)	
Paramedic	

Draft assessment 09/22/2021



INDIANA

EMSC State Partnership Program

Margo Knefelkamp, MBA

Program Manager

Indiana EMS for Children

Margo.Knefelkamp@indianapolisems.org

THE END



Final Business?

2024 TCC Meeting Dates

REMINDER:

August 2nd
November 22nd

Next Meeting:

August 2, 2024

10:00am to 12:00pm (Eastern Time)