



Indiana
Department
of
Health

TRAUMA CARE COMMISSION

February 2, 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

Lindsay Weaver, M.D., FACEP

State Health Commissioner

Legislative Update

Jake Torrie

Deputy Director, Legislative & External Affairs

HB 1260: IDOH Agency Bill

- Includes:
 - Regulation of home health agencies
 - Involuntary transfer authority
 - Time/temperature control for safety foods
 - Data sharing between IDOH and FSSA for fatality review teams
 - Statewide Child Fatality Review Team (CFRT)
 - IDOH lab fees
 - Women, Infants and Children (WIC) vendor agreements
 - Maternal Mortality Review Committee (MMRC) statutory sunset date
- Bill passed the House 96-0

SB 45: Trauma informed care

- Indiana State Board of Nursing must study whether trauma informed care should be included as part of the required curriculum for nursing education programs
- Nurses with direct patient contact must complete a trauma informed care training program
- The training can also occur as a part of a nursing education program
- Employers must maintain a record of the completion of the training in the employee's employment records

SB 139: Psilocybin treatment program

- Establishes research fund for use of psilocybin to treat mental health and other medical conditions
- Research may be conducted by qualifying Indiana research institution
- Research fund administered by IDOH
- Research institution that receives a grant must prepare and submit a report to the IGA, IDOH, and other state agencies

SB 142: Coverage for mobile integrated healthcare services

- Requires reimbursement for emergency medical services that are provided in specified counties by a mobile integrated healthcare program
- Entities that must provide reimbursement include:
 - a state employee health plan
 - a policy of accident and sickness policy
 - an individual or group contract
- Effective July 1, 2024, and ends June 30, 2027

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 – Recommended Projects

Andy VanZee

Vice President of Regulatory & Hospital Operations, Indiana Hospital Assn.

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 – RFA Applications

Proposals by Primary Strategy	Received	Recommended to Fund
Trauma System Development	4	3
Quality Improvement	1	1
TC and NTC Engagement	2	1
Injury Prevention	7	2
Total	14	7

Trauma System Development – RFA Applications

Proposals by District	Received	Recommended to Fund
1	1	1
2	1	0
3	3	1
4	1	1
5	5	2
6	0	0
7	0	0
8	0	0
9	0	0
10	1	0
Statewide	2	2
Total	14	7

Trauma System Development – Recommended Projects

LII ACS Verification – Franciscan Health Crown Point (District 1)

- Project aims to elevate Franciscan Health Crown Point from LIII to LII. Funds are requested to allow for the personnel needed to complete this elevation, with two years needed to absorb the staffing in the annual budget. Target 2025 LII verification cycle.

LI ACS Verification – Parkview Regional Medical Center (District 3)

- Project aims to elevate Parkview from LII to LI. Funds are requested to support process of by providing trauma research coordination and scholarly conference participation as a path to upgrade. Target 2026 LI verification cycle.

Rural Delivery of Whole Blood – Montgomery County (District 4)

- Project aims to pilot the addition of Low Titer O+ Whole Blood (LTO+WB) to ambulances and first responder vehicles in rural areas, allowing for whole blood transfusions in the pre-hospital setting. Approach to improve rural health outcomes of traumatically injured individuals in Montgomery County with potential for expansion.

Quality Improvement – Recommended Projects

Coordination of Care Improvements – Indiana University Health (District 5)

- Project aims to pilot and support the development of a collaborative quality improvement (CQI) program that includes six non-trauma hospitals and Indiana University Health – Methodist Hospital, a LI trauma center. The project focuses on 1) creating the instruments and protocols necessary to conduct CQI with non-trauma hospitals, 2) conducting CQI activities and creating a dissemination and implementation toolkit to assist other trauma centers as they engage non-trauma hospitals in CQI, 3) increasing engagement with non-trauma hospitals, and 4) promoting quality improvement.

Trauma and Non-Trauma Center Engagement – Recommended Projects

Registry Education, Training, Improvements – Indiana Trauma Network (Statewide)

- Project aims to pilot the support of ITN for improvements in the accountability, accuracy, validity, and reliability of state trauma registry and to ensure high-quality trauma data is abstracted and submitted uniformly throughout the state; this will allow for district and statewide training and education with a focus on improving patient outcomes, patient triage to the right place at the right time, and resource availability.

Injury Prevention – Recommended Projects

Prescription for Hope – Eskenazi Health (District 5)

- Project aims to address the impact of community interpersonal violence on youth, RxHope will provide strategic social interventions at the individual/family level and work with trauma centers and associated school districts across the state to model and support training and resource development/implementation.

Falls Prevention – Indiana University Health Methodist (Statewide)

- Project aims to prevent and reduce older adult falls through collaboration to increase fall prevention outreach and create tangible connections to needed resources for the purpose of breaking down barriers for individuals at risk. The collaborative will create and disseminate a provider toolkit for fall prevention, create and disseminate a fall prevention brochure for older adults in each community, create a direct referral system between each hospital and their local community resources, refer into free Tai Chi classes, and provide one-time financial assistance for the fall prevention needs.

Feedback on Do Not Funds

- Proposals did not meet the intent of the RFA or align with the current scope of trauma system development
- Fundamentally support statewide mechanism for education and outreach, subcommittees tasked with identifying and supporting broader implementation (Ex: Stop the Bleed, ATLS training, etc.)
- Opportunity for partner agencies or local organizations to support

Trauma System Development – Funding

Funding by Primary Strategy	Total Requested	Total 2-year Recommended
Trauma System Development	\$ 1,140,500.70	\$ 1,126,735.70
Quality Improvement	\$ 626,880.00	\$ 626,880.00
TC and NTC Engagement	\$ 122,475.00	\$ 79,000.00
Injury Prevention	\$ 3,031,738.28	\$ 630,563.64
Total	\$ 4,921,593.98	\$ 2,463,179.34

Trauma System Development – Funding

	Recommended	Remaining
Total Year 1 Funding	\$ 1,229,289.50	\$ 1,270,710.50
Total Year 2 Funding	\$ 1,233,889.84	\$ 3,766,110.16

Trauma System Plan – Best Practice Recommendations

Ann Solzak

Crowe, LLP

Agenda

Project Status Update

Recommendations Summary & Discussion

Next Steps

Project Status Update



Project Status Update

Accomplishments to date:

- Finalized Best Practice Report and Executive Summary.
- Compiled initial recommendations, aligned with identified ACS gaps and best practices.

Next steps:

- Conduct meetings with stakeholder groups throughout February to review and refine recommendations.
- Develop and administer survey to prioritize recommendations.
- Develop prioritization criteria to build a virtual Heat Map.

Phase	October	November	December	January	February	March	April
1. Initiate Project	Completed Phase						
2. Best Practice Research		Completed Phase					
3. Develop Recommendations				Current Phase			
4. Develop Plan						Future Phase	

Completed Phase

Current Phase

Future Phase

Recommendations Summary and Discussion



Recommendations Overview

Crowe developed a set of draft recommendations, based on best practice research, that directly align with the recommendations from the American college of Surgeons (ACS) 2022 Consultation Report. The following slides provide a summary of the draft recommendations for review and discussion.

Since the ACS Report was published, IDOH and partners have made progress against some of the ACS recommendations. In addition to reviewing the draft recommendations, on the following slides, it would be worth considering how to track progress toward these recommendations.

Key Recommendation Themes:

- Implement regular audit, review, and evaluation to create a transparent, comprehensive Trauma System Plan.
- Maintain and evolve recent trauma system initiatives to promote continuous improvement.
- Consider taking additional legislative action, where appropriate, to strength the Trauma System Plan.

Recommendations Summary

Statutory Authority: The legal authority necessary to improve and enhance care of injured people through comprehensive legislation and regulations.

- Emphasize inclusivity, transparency, and accountability through routine audits, clear operational guidelines, and comprehensive by-laws.
- Implement legislative actions to support all aspects of the trauma system.
- Establish a formal application process for the designation of trauma centers.
- Promote continuous improvement and adaptation through regular evaluation.

Funding: The lead agency's establishment of a code or statute to create a sustained, transparent funding mechanism to support trauma system infrastructure development, implementation, and evaluation of the statewide system of care.

- Explore sustainable funding sources for trauma care by consulting other states.
- Assess the current funding support levels and increase funding for specific facility levels.
- Provide financial incentives for participation in the trauma system.
- Implement Performance Based Payments (PBP) to motivate high-quality care.

Recommendations Summary

Multidisciplinary Advisory Group: Established stakeholder group with diverse representation with respect to geography, population, phases of care, and trauma system level designation that engages in regular communication with the lead agency regarding burden of injury and community impact.

- Audit and review the TCC and its subcommittees membership.
- Maintain and periodically update the TCC's operational guidelines as outlined in Senate enrolled Act 4.
- Continually engage additional stakeholders.
- Implement formal structural and operational guidelines.

Trauma System Plan: The creation and implementation of a comprehensive system plan to guide trauma system development that addresses all the Essential Trauma System Elements (ETSE), of with the lead agency, with support from the multidisciplinary advisory group, consistently reviews and updates.

- Develop Indiana State Trauma System Plan that addresses all Essential Trauma System Elements (ETSE).
- Review, leverage, and update the Indiana State Trauma System Plan on a regular basis.
- Engage stakeholders to explore the feasibility of regional trauma system plans.
- Develop a formalized, automated feedback mechanism that utilizes a variety of methods to identify challenges and barriers in the trauma system.

Recommendations Summary

Continuum of Care - Prevention & Outreach: Helps control injury as part of an integrated, coordinated, and inclusive trauma system. The lead agency fosters collaboration between stakeholders at all injury levels and utilizes evidence-informed prevention strategies based on epidemiological data.

- Leverage injury epidemiology data and conduct surveys to implement targeted injury prevention efforts.
- Develop a process for regularly evaluating the effectiveness of injury prevention efforts and initiatives.
- Create and analyze a dashboard to track and report injury prevention efforts across Indiana.
- Engage local stakeholder to maximize partnerships.
- Develop a statewide community engagement and public outreach plan to educate Indiana residents.

Continuum of Care - EMS: Often the vital link between the injury event and definitive care. EMS not only transports patients, but also includes public access, communications, patient care by trained professional, patient triage, data collection, and quality improvement activities.

- Assess the need for and identify mechanisms to establish a State Trauma Medical Director at the Indiana Department of Health (IDOH).
- Establish a schedule and process to evaluate the section of EMS within the Indiana Department of Homeland Security (IDHS).
- Implement Health Data Exchange Interoperability to facilitate streamlined care coordination and bi-directional data sharing.

Recommendations Summary

Continuum of Care - System Triage & Patient Flow: Seamless, timely patient care that is needs-based, appropriately transitions injured patients through the entire continuum of care and considers patient challenges like geography and transportation services.

- Standardize regional destination protocols for patient transport and develop a Regional Medical Operations Coordination Center (RMOCC) structure statewide.
- Develop performance indicators and implement a surveillance process.
- Leverage existing EMResource software by introducing regional administrators to oversee day-to-day functions.

Continuum of Care - Definitive Care Facilities: The lead agency reviews and verifies facility qualifications to specific set of resource & quality standards so patients are triaged to the appropriate facility based on their needs and facility resources. Facilities are well integrated into all other facets of trauma care.

- Develop comprehensive agreements between IDOH/TCC, designated trauma facilities, and non-designated acute care facilities for coordinated triage and transfer of injured patients.
- Utilize regulatory authority to develop and implement administrative rules that outline the designation process.
- Propose and implement legislation that sets trauma center service standards based on the facility's designation level.
- Conduct random audits on facilities' performance improvement data to certify compliance with continuous improvement.

Recommendations Summary

Continuum of Care - Rehabilitation: Provides coordinated care for trauma patients through rehabilitative programs that enhance recovery and increase speed to return to the highest level of function while reducing disability.

- Collaborate with the Indiana Rehab Task Force to engage physiatrists and develop trauma system activities.
- Conduct a needs and capabilities assessment for rehab services at the state and district level.
- Update data collection, submission, and reporting policies to include rehabilitation facilities.
- Offer training and resources to promote quality data and evaluate long-term functional and financial outcomes to identify gaps.

Continuum of Care - System Integration: Optimal functionality is contingent on the system's integration into the larger public health framework and the use of the public health approach by mobilizing community partnerships, and the identification and elimination of health care disparities.

- Collaborate with the Indiana Rehab Task Force to engage physiatrists and develop trauma system activities.
- Conduct a needs and capabilities assessment for rehab services at the state and district level.
- Update data collection, submission, and reporting policies to include rehabilitation facilities.
- Offer training and resources to promote quality data and evaluate long-term functional and financial outcomes to identify gaps.

Recommendations Summary

Needs Based Designation: The lead agency develops and implements a trauma system designation process based upon population needs.

- Conduct assessments to evaluate the current state and trauma system needs for Indiana.
- Consider designating level IV facilities.
- Reassess the allocation of trauma centers on a regular schedule based on the updated assessment of trauma system needs.
- Consider developing a trauma center designation process that includes neighboring state hospitals for consideration.

Trauma System Registry: The lead agency has the authority to establish and maintain a trauma system registry to collect data through the full continuum of care, integrate data collection systems, and create an inclusive data sharing network for stakeholders.

- Assess trauma registry vendor and service provision needs to adequately support trauma data system needs.
- Implement and enforce data submission policies for designated facilities to improve data quality, and review modules.
- Assess the expansion of the trauma registry to include additional variables and focus on other injury types.
- Increase the number of trauma registry professionals within the Indiana Department of Health (IDOH) and the Trauma Care Commission (TCC) subcommittees.
- Host yearly, mandatory training sessions for hospital registrars and provide training and troubleshooting resources.

Recommendations Summary

Injury Epidemiology: Establish systems and processes to regularly track and report on injury frequency, rates, and patterns across the entire population In order to inform system development, injury prevention, and performance improvement efforts.

- Propose and implement legislation that creates a sustainable funding source for epidemiological data activities.
- Engage the EMS Commission and TCC registry subcommittee to review and prioritize findings in the IDHS 9-1-1 Interoperability & Regionalized Trauma System Recommendations report.
- Assess the current state of data interoperability to develop a mechanism for data sharing between agencies.
- Identify and consult key stakeholders to explore the development of an injury surveillance and injury control data consortium.

System-Wide Performance: The lead agency institutes and analyzes the structure, outcomes, and processes to evaluate the performance of all aspects of the trauma care system so corrective action can be taken as needed.

- Utilize the Performance Improvement (PI) subcommittee within the Trauma Care Commission (TCC) to develop a trauma system performance improvement plan and state and regional quality improvement programs.
- Improve the effectiveness of the Trauma Quality Improvement Program (TQIP) Collaborative by developing roles and responsibilities for participants.
- Leverage ACS TQIP training and education resources to improve PI processes and activities.
- Schedule quarterly meetings between TRACs and the PI subcommittee to maintain and promote interactive dialogue on priority areas related to quality improvement.

Recommendations Summary

Confidentiality & Discoverability: The lead agency must establish a process to ensure confidentiality, provide statutory protection from discoverability, and implement explicit safeguards to support trauma system performance improvement and research efforts.

- Propose an amendment to 410 IAC 34-9-1 that secures the confidentiality of peer review activities and protects activities from discoverability.
- Create a Public Health Information Portal (PHIP) for data request submissions, hiring a dedicated analyst or utilizing analysts within IDOH for the approval, payment, and assignment of these requests.

Disaster Preparedness: The lead agency collaborates with trauma system leaders to develop a comprehensive emergency disaster preparedness and response plan that is reviewed annually, integrates all components of the trauma system, coordinates with all existing response agencies, and is exercised at least semiannually.

- Maintain and evolve the Trauma Care Commission (TCC) disaster subcommittee to assess the current state and identify gaps within disaster planning.
- Conduct a hazard vulnerability analysis to identify potential threats and risks to the state trauma system and prioritize the most likely and impactful scenarios.
- Develop a statewide disaster plan.

Military Integration: Active support within the system for integration and cooperation with military personnel, medical treatment facilities, and transport capabilities to optimize patient outcomes.

- Coordinate with military treatment facilities (MTFs) to treat civilian patients and consider developing a designation process for MTFs.
- Report best practices and lessons learned from respective settings, and participate in joint training, simulation exercises, data collection, performance improvement, and research.
- Consider amending Senate Enrolled Act 4 to expand the appointed members of the Trauma Care Commission (TCC) to include a military representative.
- Obtain a Mission Zero agreement to provide funding for the integration of military trauma care providers into civilian trauma centers.

Next Steps



Next Steps

- Conduct stakeholder meetings to review and refine recommendations.
- Develop and administer survey.
- Validate and establish prioritization criteria from the recommendations.
- Develop prioritization virtual Heat Map based on Stakeholder Feedback.
- Review Heat Map and finalize recommendations.



Thank you



Ann Solzak
Project Manager



Olivia Knarr
Business Analyst



Liz Schuler
Senior Business Analyst



Susannah Heitger
Consulting Partner



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INDIANA EMS State Update

Kraig Kinney, State EMS Director
February 2024





Indiana EMS 2025

Discussion Topics



EMS Funding

EMS
Workforce

EMS
Education &
Careers



EMS Safety



EMS
Operations



EMS Essential
Function



Future Meeting Dates

- **Wednesday, February 14, 10 a.m. to 4 p.m.**
 - Indiana Hospital Association, 500 N. Meridian St., Ste. E250, Indianapolis
- **Tuesday, March 5, 9 a.m. to Noon.**
 - MADE, 1610 Reeves Road, Plainfield





HEALTH FIRST EMS READINESS UPDATES



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

TIMELINE:

- **Application process opens:
December 1, 2023**
- **Applications due December 31,
2023**
- **Awardees notified. February 1,
2024**
- **Grant period begins February 1,
2024**
- **Grant period ends June 30th, 2024**

A total of 31 eligible training institution applications totaling about \$1.5 million in requests.

Funding is roughly \$1 million.



Upcoming EMS Funding Projects

- EMS on-line education courses
 - Bid process has been submitted and is being developed.
- Bowen Center continued funding for workforce initiatives, 2024
- 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.
- EMT student electronic testing preparation package for all EMS students
 - Bid process being developed.



Upcoming EMS Funding Projects

- ACADIS funding
 - Would add additional module for continuing education tracking through portal accounts.
- Instructor development
 - NAEMSE instructor course on-line course scholarships and then an in-person course in Spring of 2024.
 - Specialty continuing education professional development for existing primary instructors

2023 Indiana EMS Workforce Assessment

February 2nd, 2024

Hannah Maxey, PhD, MPH

EMS Workforce Assessment: Focus areas

TRAIN

RETAIN

TARGET

EVALUATE

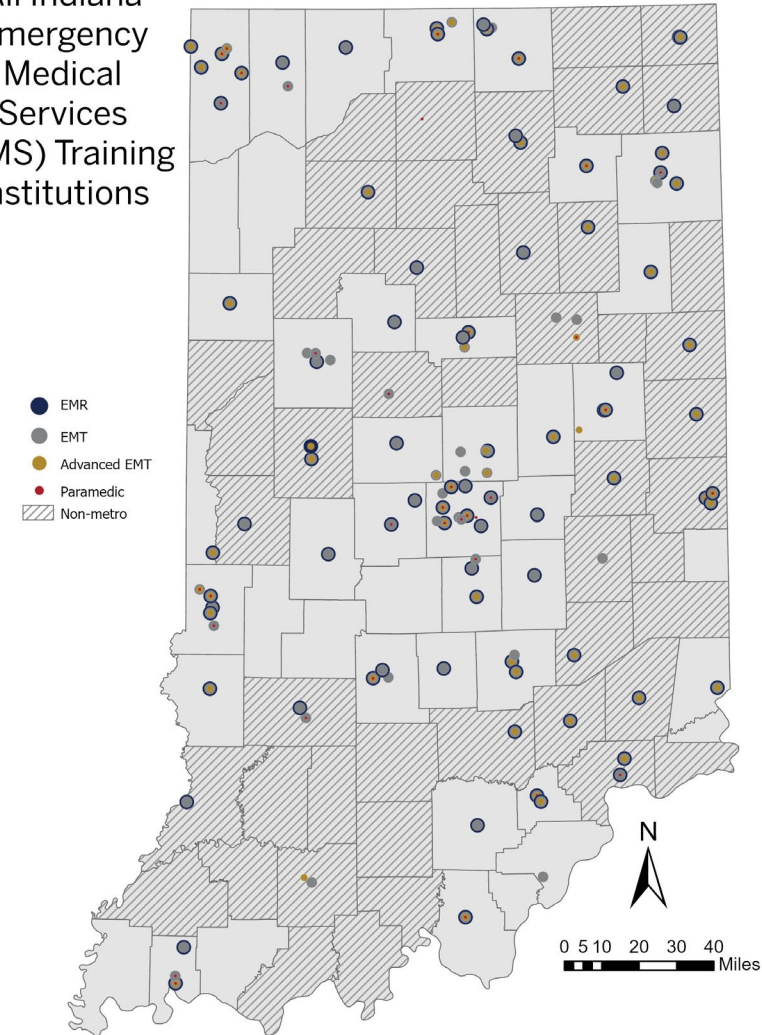
TRAIN: EMS Training Pipeline

Table 4. Overview of Indiana EMS Training Programs

Certification Level	Number of Programs in Indiana
EMR	87
EMT	119
Advanced EMT	63
Paramedic	36
Total Unique Programs	125

Note: Data as of 12/08/2023. As indicated by the map, many programs offer more than one credential. As such, counts presented above do not represent unique programs.

All Indiana Emergency Medical Services (EMS) Training Institutions



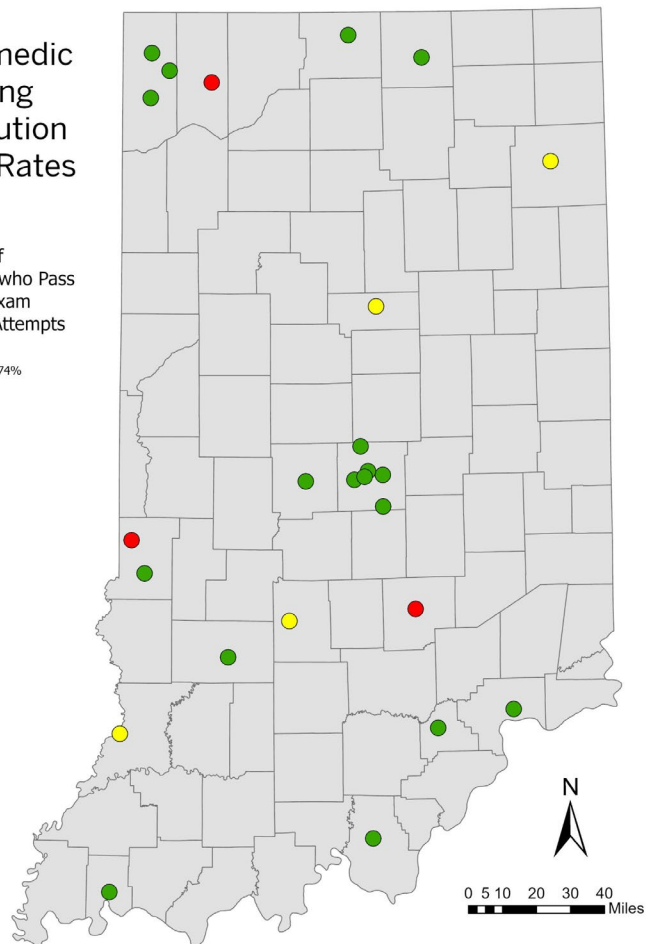
Source: Indiana Department of Homeland Security Certification Data 2023. Indiana Department of Homeland Security DFBS Data 2023.
 Note: Symbol size does not reflect the size of the training institution, rather it represents the type of training opportunities offered within each training institution.

TRAIN: EMS Pipeline Outcomes

Paramedic Training Institution Pass Rates

Percent of Students who Pass NREMT Exam within 3 Attempts

- < 60%
- 61% < 74%
- 75% >

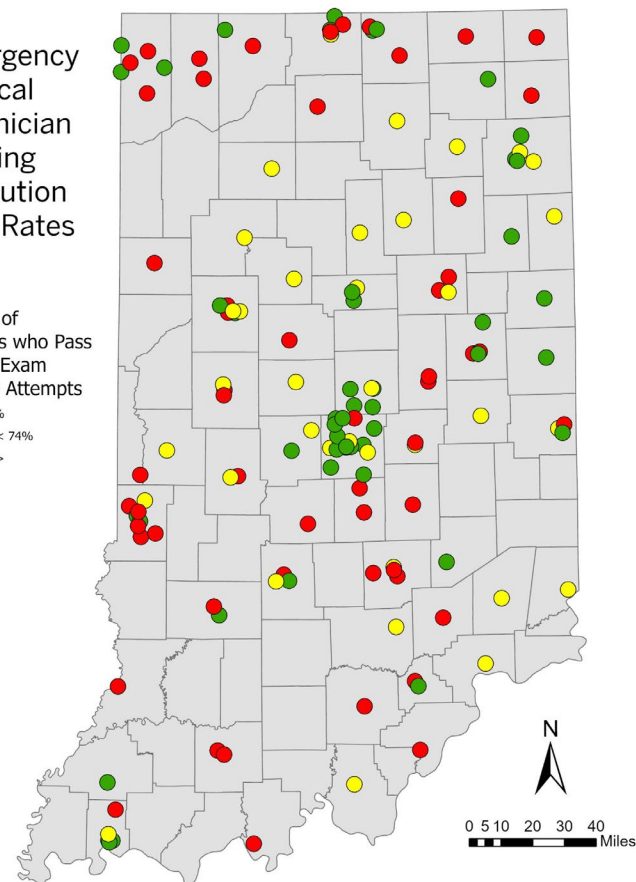


Source: Indiana Department of Homeland Security NREMT Pass Rate Data 1/1/18 - 11/22/23.

Emergency Medical Technician Training Institution Pass Rates

Percent of Students who Pass NREMT Exam within 3 Attempts

- < 60%
- 61% < 74%
- 75% >



Source: Indiana Department of Homeland Security NREMT Pass Rate Data 1/1/18 - 11/22/23.

In 2018, Indiana ranked 48th in NREMT passage rates for EMTs and 45th for Paramedics

In 2023, Indiana improved to 44th for EMT and 36th for Paramedics.



TRAIN: EMS Capacity vs Enrollment

What does an Emergency Medical Technician do?

Emergency Medical Technicians (EMT) provide out of hospital emergency medical care and respond to both emergent requests for medical care and non-emergent medical transportation requests. EMTs assess and triage emergent requests and perform interventions with basic equipment that can typically be found on an ambulance. EMTs have the knowledge and skills necessary to stabilize patients while enroute to health care facilities and can perform skills such as medication administration, trauma care and cardiac care at an entry level. EMTs may work in a variety of settings beyond the ambulance setting typically depicted including hospitals, nursing homes, industrial sites, community settings, sports arenas and others.

What is the job outlook for Emergency Medical Technicians?

Emergency Medical Technicians are a vital part of Indiana's emergency response system and the need for EMTs across the country is expected to grow by an estimated 7%, which is higher than the estimated growth for all occupations aggregated. EMTs are necessary in both rural and metropolitan areas. An EMT certification also allows for advancement into other EMS roles such as a paramedic or transitions into other non-EMS healthcare roles.

What training is required?

Emergency Medical Technicians must be enrolled in an approved training program. This training program should provide 160 hours of initial training which must include 24 hours of "ride time" or time on an ambulance responding to calls. Students will perform patient assessments in both an ambulance and a hospital. After this training is completed, EMTs must take a psychomotor (skills) test which is administered at various locations across the state. Students must also register and pass a cognitive (knowledge) exam administered by NREMT. Once an EMT is certified, they are required to complete 40 hours of continuing education credits and a skills verification every 2 years. EMTs are not required to re-certify at a national level, only at a state level.

The cost of this training is dependent on the program you choose to enroll in. Some schools offer programs that run for \$1,500 and can be completed in about 4 months. The Next Level Jobs Workforce Ready Grant will cover the costs of the EMT training program via Ivy Tech Community College for qualified students.

Where do I get started?

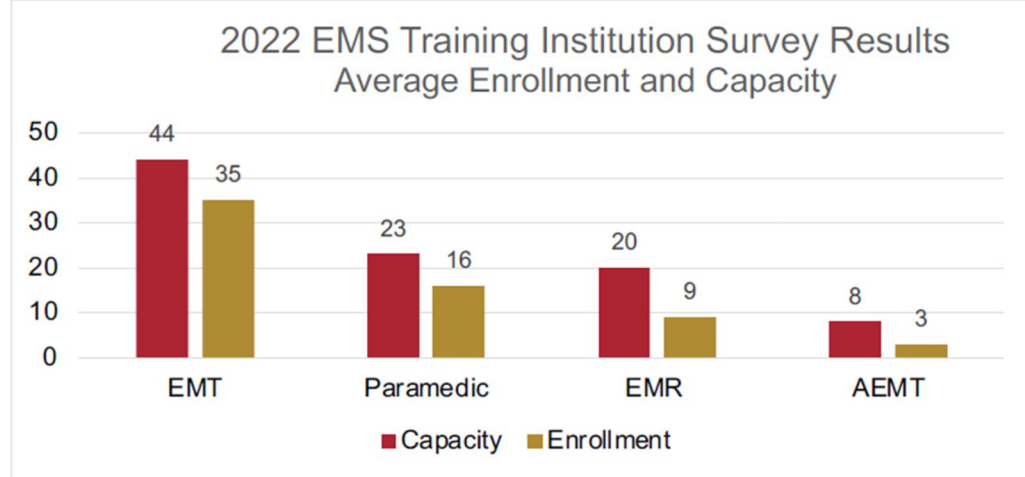
Contact the Indiana Department of Homeland Security at emscertifications@dhs.in.gov to learn more about available training in your area!

Job Growth
7% per year
Training Requirement
160 hours: Includes 16 hours of ride time, psychomotor & cognitive test, 40 hours of continuing education every two years
Average Salary
\$35,650 in Indiana
Other Requirements
be 18+ no highschool diploma required
Cost of Training
\$1,500 With possible financial aid for qualified students
Get Started
Email: emscertifications@dhs.in.gov



Sources:
National EMS Scope of Practice Model <https://www.ems.gov/sites/default/files/national-ems-scope-of-practice-model-2019.pdf>
Indiana Emergency Medical Services Commission Levels of EMS Personnel Certification <https://www.in.gov/dhs/files/indiana-ems-commission-levels-of-ems-personnel-certification-2018.pdf>
EMT Certification Courses: How to Become an EMT in Indiana <https://indianajobs.com/workforce-ready-grant/emt-certification/#:~:text=To%20get%20EMT%20certification%20in%20your%20state%20learned%20in%20class>

Figure 6. Training Institution Capacity vs. Enrollment



TRAIN to RETAIN: EMS students to license/certification

Percent of students who pursue licensure

60% of EMR

75% of EMT

55% of AEMT

71% of Paramedic

RETAIN: Why are people leaving?

Top Influences

1. Pay, or lack of pay
2. Quality of agency leadership
3. Lack of or quality of retirement/pension benefits
4. Burnout/mental health
5. Educational requirements

What are people saying?

"I decided to advance my career by becoming an Emergency Room Nurse. I wish I would have been able to keep my EMT-B certification however nursing was my top priority."

"I truly loved working in Indiana EMS, it was the best job I will ever have. I moved out of state for a flight job and regret the decision."

"I was diagnosed with PTSD and received very little help or understanding from my employer. Up to the point of making me stop seeing the counselor that I had to see "their" counselor."

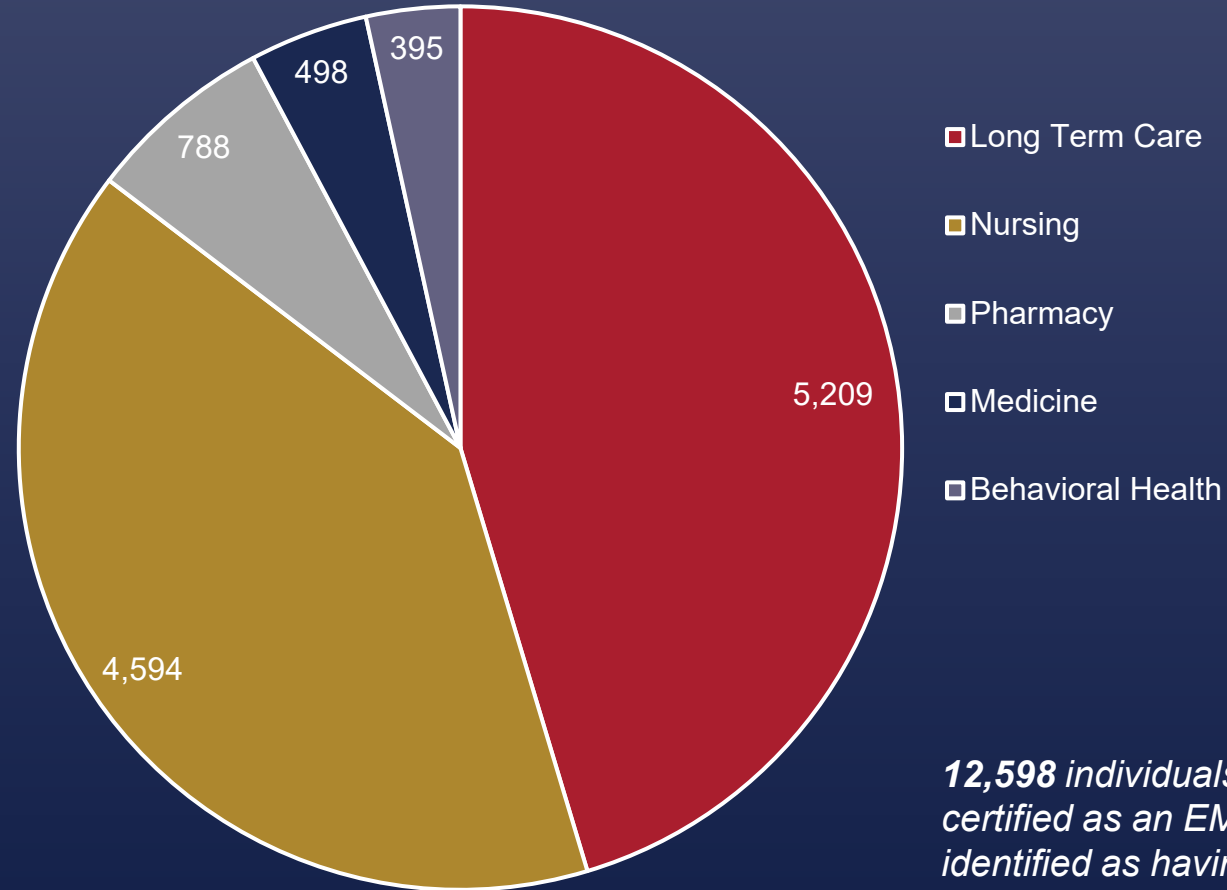
"The education requirements were very stressful and not worth the hassle for the pay I received. I really loved working on the ambulance but the reason I gave it up was the endless trainings for minimum wage."

RETAIN: Where are they going (in health care)?

Number of EMS Personnel Holding Other Health Licenses

Top Professions

- Registered Nurses
- Certified Nurse Aide
- Home Health Aide
- Pharmacy Technician
- Licensed Practical Nurse
- Physician



12,598 individuals who have ever been certified as an EMS professionals were also identified as having another health license regulated by the Indiana Professionals Licensing Agency

TARGET: County-level Needs Assessment: EMS Workforce Landscape



EVALUATE: Keeping a Finger on the Pulse of the Workforce



2023 EMS Professionals Survey Instrument (DRAFT)

The following surveys were used to create this survey instrument:

- [Indiana Minimum Data Set](#)
- [NAEMT 2022 Report on EMS Engagement and Satisfaction](#)
- [NREMT 2004-2008 CORE Survey](#)
- [NREMT Workforce Profile Survey](#)

Demographics

1. What is your race? Mark one or more boxes.
MULTI SELECT
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Native Hawaiian/Pacific Islander
 - e. White
 - f. Some Other Race

2. Are you of Hispanic, or Latina/o, or Spanish origin?
RADIO BUTTONS
 - a. Yes
 - b. No

Training

3. Where did you complete your emergency medical services education that qualified you for your highest Indiana EMS certification?
DROP DOWN LIST
 - a. Indiana
 - b. Michigan
 - c. Illinois
 - d. Kentucky
 - e. Ohio
 - f. Another State (not listed)
 - g. National on-line education program (such as School of EMS or Faithful Guardian)
 - h. Another Country (not U.S.)
4. What is your highest level of education?
DROP DOWN LIST
 - a. Didn't complete high school
 - b. High school graduate (or equivalency)
 - c. Some college, no degree
 - d. Associate's degree



2023 EMS Training Institution Pulse Check

EMS Training Institution Staff: Please complete the form below to share insights on your institution's administrative details, recruitment, enrollment, and outcomes. This will provide the Indiana Department of Homeland Security (IDHS) with an understanding of current EMS pipeline gaps and opportunities. The survey should take around 7-10 minutes to complete. We appreciate the generosity of your time to support Indiana's EMS workforce. If you have any questions about the survey, please reach out to the Bowen Center (Bowencc@iu.edu), who is supporting IDHS on this evaluation.

If a question does not apply or you do not perceive challenges, please write NA.

Basic Organization Information

1. What is the name of your site? [TEXT BOX]
2. What is the zip code of your site? [TEXT BOX]
3. What is your name? [TEXT BOX]
4. What is your role?
 - i. Training Institution Official
 - ii. Program Director
 - iii. Lead Instructor
 - iv. Other
5. Only displayed if Question 4 = Other. You selected other, please describe your role.
6. Does your organization have job placement services? [Yes/No]
7. Please estimate the total instructor FTE at your site. [TEXT BOX]
8. How many training program staff vacancies do you have? [TEXT BOX]
9. Does your program train EMT students? [Yes/No]
10. Does your program train Advanced EMT students? [Yes/No]
11. Does your program train Paramedic students? [Yes/No]
12. Does your program train Paramedic students? [Yes/No]

About your Training Program

Enrollment

We are interested in student enrollment and EMS training program capacity for any classes that be 2022. These figures do not need to be exact, please approximate your program's enrollment numbers Q17 - Q19 only displayed if Question 8 = Yes

13. What was your EMR student capacity in 2022 (number of new students that you could accept)? [TEXT BOX]
14. How many EMR student applications did your training program receive in 2022? [TEXT BOX]
15. How many EMT students were accepted in 2022? [TEXT BOX]



2023 Indiana EMS Student Pulse Check

Please complete the form below to share insights on your EMS training program and your experiences and expectations for a career post-graduation. This will provide the Indiana Department of Homeland Security (IDHS) with an understanding of current EMS pipeline gaps and opportunities. The survey should take around 3-5 minutes to complete. We appreciate the generosity of your time to support Indiana's EMS workforce. If you have any questions about the survey, please reach out to the Bowen Center (Bowencc@iu.edu), who is supporting IDHS on this evaluation.

1. What is your sex?
 - Female
 - Male
 - Other
 - Prefer not to say
2. What is your race or ethnicity? Please select all that apply.
MULTI SELECT
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian/Pacific Islander
 - White
 - Some Other Race
 - Not Hispanic, Latino/a or Spanish origin
 - Hispanic, Latino/a or Spanish origin
3. What zip code do you live in?
FREE TEXT
4. Which degrees or certifications do you currently hold? Please select all that apply.
MULTI SELECT
 - None
 - EMT certification
 - EMT certification
 - Advanced EMT certification
 - Paramedic certification
 - Critical Care Paramedic (CCP certification)
 - Flight Paramedic certification (IFPC certification)
 - Community Paramedic certification (COPC certification)



PATH OF TOTALITY

EXAMPLE DURATION TIMES ACROSS INDIANA



April 2024
Total
Eclipse

April 8,
2024
1:45 to
4:30 p.m.

HOW LONG WILL TOTALITY LAST?

Depending on where you are located within the path of totality, the totality of the total solar eclipse will range anywhere from less than a minute to a little over 4 minutes.

TOTALITY DURATIONS IN SELECT CITIES

- 1 - Bedford: 3 minutes, 42 seconds
- 2 - Bloomington: 4 minutes, 2 seconds
- 3 - Bluffton: 2 minutes, 33 seconds
- 4 - Columbus: 3 minutes, 44 seconds
- 5 - Crawfordsville: 1 minute, 6 seconds
- 6 - Evansville: 3 minutes, 2 seconds
- 7 - Franklin: 4 minutes, 2 seconds
- 8 - Greensburg: 3 minutes, 32 seconds
- 9 - Indianapolis: 3 minutes, 49 seconds
- 10 - Jasper: 3 minutes, 11 seconds
- 11 - Marion: 2 minutes, 11 seconds
- 12 - Muncie: 3 minutes, 46 seconds
- 13 - New Castle: 4 minutes, 0 seconds
- 14 - Richmond: 3 minutes, 49 seconds
- 15 - Terre Haute: 2 minutes, 56 seconds
- 16 - Vincennes: 4 minutes, 5 seconds





<https://www.in.gov/dhs/solar-eclipse-2024/>

Total Solar Eclipse 2024

On April 8, 2024, a total solar eclipse will plunge much of Indiana into momentary darkness. Excitement and interest is growing for the big event, and Hoosier communities and public safety partners are preparing for the event. For more information, visit [our website](#) or contact us for more information.

THE EXPERIENCE
Find out what you need to know about the eclipse.

Eclipse 101 FAQs


TOTAL SOLAR ECLIPSE 2024

Subscribe to Solar Eclipse 2024 News/Updates

Email Address *
name@example.com

By checking this box, you consent to our [data privacy policy](#). *

Submit





QUESTIONS?

Final Business?

Please join us for

PUBLIC HEALTH DAY

Celebrating an Investment in Prevention



11 a.m. to 2 p.m.
Thursday, Feb. 22
at the Indiana Statehouse
North Atrium

Show your support for
public health in Indiana
by wearing blue and gold.



Indiana
Department
of
Health

MORE INFO: healthfirstindiana.com



Indiana
Department
of
Health

2024 TCC Meeting Dates

REMINDER:

May 3rd

August 2nd

November 22nd

Next Meeting:

May 3, 2024

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