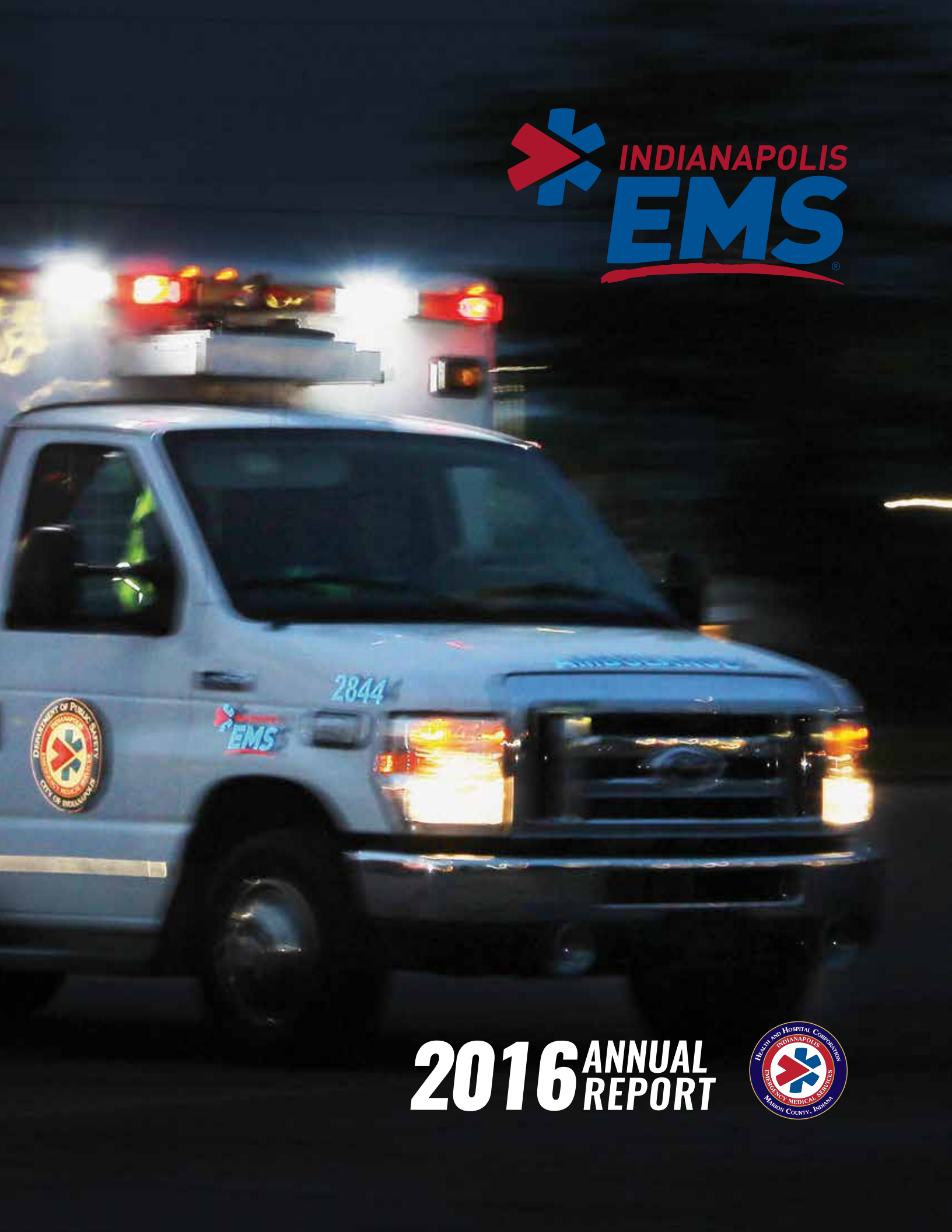

2016 ANNUAL REPORT

Right Care. Every Patient. Every Time.

The Report

Dr. Charles Miramonti

From the Chief

As I reflect on 2016, I have to look at the continued expansion of Indianapolis EMS through the commitment to excellence: excellence in people, life and service. We continued to show that we are so much more than the Marion County ambulance service. We are a place where everyday people can pursue their goals and perform extraordinary feats of lifesaving service. We are an organization that places equal emphasis on safety and quality. We are a place that serves not only as an intermediary between incident and care, but as an active part of solution development to improve the quality of life for all residents in Marion County, regardless of circumstances or conditions.

While this past year saw us responding to more incidents, and yes, we saw more examples of the dangers of drug abuse than in previous years, it also showed us the power of collaboration and partnership as we came together as a community to create solutions that will benefit and save lives for years to come. CORE, Project POINT, IndyCARES and the new Reuben Engagement Center are all examples of the scope of our outreach to serve the wide variety of needs facing our residents. Collectively, they are an effective example of how powerful we can be when we combine our resources with the singular goal of improving the well-being of our residents.

We put an emphasis on people in 2016, and it came with remarkable results. We opened our doors to ordinary people, unfulfilled by their current professional career paths. We provided the opportunity for them to satisfy their personal calls to serve, to extraordinary results. We also enabled all our providers to elevate their levels of service by empowering them to put their personal safety first.

It is an honor to lead this team of EMS providers, and I could not be more proud of what we accomplished this past year and the groundwork laid to continue our pursuit of excellence into the future. Thank you to all who have supported us over the years, at all levels, and most of all, thank you IEMS for your continued excellence.

Civilian EMT

Wanted: Adventurous, open-minded people seeking a challenge who have a desire to help others and make a career in EMS

It is no secret that a thriving workforce is critical to maintaining any organization, in any industry, and this includes finding the right people to fill open positions, both now and in the future. Headlines and research over the past few years have demonstrated a workforce shortage across the State of Indiana, including health care, with effects being felt by Indianapolis Emergency Medical Services (IEMS). As fewer students enter and pass emergency medical technician (EMT) classes and more experienced EMTs exit the field, the need for innovative programs to develop the workforce has become critical to provide skilled talent locally and statewide. "We saw this developing statewide four years ago," said Leon Bell, IEMS chief of academic services. "We began thinking about how we could recruit and keep good students who would become good EMTs and employees."

These good EMTs and employees were found within the ranks of everyday citizens, looking for a change in their everyday lives. In 2016, IEMS launched the Civilian EMT program targeting people interested in making a change and pursuing a career in health care, specifically EMS.

The logistics of the Civilian EMT program brought their own unique barriers, specifically with the needs of the participants. These are people who have families and financial commitments and who might not be able

16 *people signed up for the Civilian EMT program during 2016*

to meet the requirements and pace of EMT classes. The solution was to hire the students and pay them to become certified EMTs. Those interested applied for the program in the same fashion they would apply for any job with IEMS. Once selected, they became paid employees of IEMS and completely focused on becoming EMTs. While the curriculum of the Civilian EMT program is the same as the traditional one, the pacing is very different. Participants are moved through at a rapid but thorough pace. According to Bell, "Our program is a brain-burner. You are immersed in EMS 40 hours each and every week. You live EMS every day." In the timeframe of one semester of traditional EMT education, Civilian EMT participants receive the entire program curriculum and complete all the required clinical and field experiences in 14 weeks. They are then sent back out for four additional IEMS ride-outs, working with a preceptor, to gain more real-life experience and improve their decision-making and leadership skills while on-duty. The program culminates with students taking the national EMT exam to become certified and move through the IEMS orientation to meet the required competencies to work along with a paramedic partner. Once that is completed, the new EMT may continue employment with IEMS or pursue employment elsewhere in the state or country.

> *"We saw this developing statewide four years ago and began thinking about how we could recruit and keep good students who would become good EMTs and employees."*
>
> *– Leon Bell, IEMS Chief of Academic Services*

The Civilian EMT program is already paying dividends for IEMS. Since its launch in 2016, 16 people signed up with 12 going on to employment with IEMS by year's end with exciting plans for the future. "It is a solution to our labor needs," concluded Bell. "It adds jobs in the community and provides people with a long-term, benefited career path. The program prepares students to be good employees wherever they go. It also prepares them for the importance of being on time, dressed in uniform, respecting the chain of command [and] learning job protocols. It gives our city essential employees for a noble job."

12 *participants continued to IEMS employment*

Defensive Tactics for Emergency Medical Services (DT4EMS)

Provider safety comes to the forefront of high-quality care

The landscape is changing. Not just in how IEMS providers care for patients but in how they manage situations and protect themselves. In 2016, IEMS began examining the overall safety of its ambulance personnel. This included fitness programs to protect against injuries, EMS kit auditing to provide efficiency and a look at the increasing numbers of incidents involving physically and verbally abusive patients. What was once viewed nationally as EMS' "dirty secret" became the focus of concern as more and more providers began reporting cases of being assaulted while attempting to administer care. Data has shown that, among first responders, work-related injury caused by an aggressive patient on EMS workers is roughly 30 times the national average[1]. These assaults ranged from random and inadvertent body

> *"The relative risk for EMS workers is about **30 times higher** than the national average."*
>
> *– Dr. Brian McQuire, DT4EMS*

[1]http://www.dt4ems.com/files/DT4EMS_training.pdf

movements to aggressive and often drug-induced attacks perpetrated by the people EMS providers have sworn to serve. The motto of "Right Care. Every Patient. Every Time." needed to include our providers as well.

IEMS safety officer Tammy Mabrey was tasked with addressing the concerning issue of preparing providers to successfully protect themselves during dangerous situations. Her research brought her to a

program known as Defensive Tactics for Emergency Medical Services (DT4EMS). "Mike Lewis, a new paramedic, came into my office and told me about the class," Mabrey said. "He and EMT Chad White had gone to take it on their own and said it was a great class. I formed a committee to look into several issues dealing with situational awareness (ballistic vests, training and policies and procedures). The committee researched several options and decided the DT4EMS course was the best out there."

24 *IEMS personnel who are certified DT4EMS instructors*

IEMS contacted DT4EMS developer Kip Tietsort for an initial training and instructor class, followed by several pilots, resulting in 24 staff members and providers becoming certified DT4EMS instructors. As the program progressed, the changes were more than in skills; DT4EMS brought about a cultural change for the entire IEMS service. While safety has always been a top priority, the program, along with new safety legislation, empowered providers to ensure their personal safety above all else. DT4EMS effectively changed mindsets among providers that there is a difference between a "patient" and an "attacker," and escaping a violent encounter is not patient abandonment.

Once adopted and implemented, more than 300 IEMS personnel, which included all street level providers and many of the administration staff, received DT4EMS training over the span of four months. The DT4EMS certification is now part of every academy class and requires updating every two years. The effectiveness of this program continues to spread and has Mabrey optimistic that it will help other Indiana EMS agencies put a greater priority on provider safety.

> *"[DT4EMS] is structured to change culture."*
>
> *– Tammy Mabrey, IEMS Safety Officer*

"We have many outside agencies requesting the course, and I hope our message spreads over Central Indiana," said Mabrey.

More than **300** *IEMS providers and staff certified in 2016*

Automatic External Defibrillator (AED) Grant

IndyCARES increases survival rates and creates heroes out of everyday people

Heroes are found everywhere – in all walks of life and in all places. There is one thing we know for sure: the world needs more heroes. As EMTs and paramedics, IEMS providers are trained to perform acts of heroism on a daily basis. From stopping blood loss, to reviving a victim in cardiac arrest, to administering life-saving treatment to someone experiencing an overdose, they are trained to think and react quickly to increase chances for survival. In situations where quick actions are critical to success, EMS agencies worldwide are always looking for ways to provide lifesaving treatment faster, often before an ambulance can arrive on the scene. In order to do this, we must call on the general public to assist and provide them with the necessary equipment and knowledge to become heroes. The automatic external defibrillator (AED) placement program was part of the federal grant from the U.S. Department of Health and Human Services to the Health Resources and Services Administration (HRSA) for public access AED placement and compression-only CPR training. The goal of this program was to improve cardiac arrest survival in high-risk areas around Marion County. Placement and training were managed by the IEMS IndyCARES division, which is committed to improving the survival rates of people who suffer out-of-hospital cardiac arrests.

980 *Marion County residents learned adult compression-only CPR from IndyCARES*

Sites were selected throughout Marion County to receive AEDs based on location, access, number of persons served and the rate of cardiac arrest in the area over time. Locations included churches, homeless shelters, public memorials and community centers. "These were areas and populations at risk that now have the necessary tools to respond quickly to victims of cardiac arrest," said Dr. Dan O'Donnell, IEMS medical director. The grant also provided for free adult, compression-only CPR training to those receiving the AED and the residents in the surrounding area. In the training sessions, residents were taught when to call 9-1-1, how to recognize the signs of adult cardiac arrest, proper compression depth and rate and AED placement and use. The program also brought new partnerships within Marion County, further improving the chances for survival. Whenever someone calls 9-1-1 dispatch to report a cardiac arrest, the caller is informed of the location of an AED placed within a three-block radius, ultimately leading to faster response times.

> *"The AED program was quite a success with the placement of 78 AEDs. These were areas and populations at risk that now have the necessary tools to respond quickly to victims of cardiac arrest."*
>
> *– Dr. Dan O'Donnell, IEMS Medical Director*

In 2016, 49 public access AEDs were placed in the Marion County area, 27 AEDs were placed in the squad cars of all IMPD officers who completed the EMT course and maintained their certifications and two AEDs were placed in the response vehicles of the IEMS Tactical Emergency Medical Service (TEMS) members. Also, in 2016, the IndyCARES division trained 980 people in adult compression-only CPR, empowering everyday residents to perform extraordinary acts of heroism.

49 *automatic external defibrillators placed in public locations*

CORE

In 2012, CORE Mobile Integrated Care was launched to address growing needs and circumstances that were bogging down the emergency response system of Marion County

» *Calls to 9-1-1 for non-emergency situations*

» *Lack of resources and understanding of treatment plans, leading to avoidable emergency situations*

The CORE model is powerfully effective in its simple goal: build relationships. These relationships come through public safety and medical personnel identifying residents in need of assistance. They were also developed for people throughout Marion County needing help to understand their health care and assess their personal needs to ensure they are appropriately connected to the available resources which will help them take control of their personal health and wellness. This innovative approach includes an IEMS paramedic along with a social worker to meet with people in their most comfortable settings.

In 2016, CORE demonstrated its dynamic nimbleness to reach further into the community and address needs of specific populations. In addition to the 750 patient visits conducted, the team formed new partnerships for "knock-and-talks" and community canvasing to learn more about the needs of the area and its residents. It also helped to identify specific issues and deploy resources with more precision than ever before. CORE's partnerships engaged vulnerable youth populations with a program called Treat the Streets and came together to meet addiction head-on through Project POINT. It also partnered with Shepherd Community Center to give health resources to communities stuck in generational poverty.

> *"CORE helps to identify, mitigate, educate and help provide resources to community members in the area."*
>
> *– A.J. Warren, IEMS Public Safety Liaison Director*

CORE focuses on the health needs of the area by addressing the issues at their cores and empowering residents to take control of their personal health.

CORE: TREAT THE STREETS

In Marion County and across the nation, there are factors that drain the resources of emergency medical services and their capability to provide the appropriate care when needed. One issue being addressed is recidivism to an emergency medical facility, even though non-emergency treatment is accessible. Through community outreach programs such as CORE, IEMS is addressing the issue of repeat hospitalization by meeting the needs of vulnerable and high-risk populations and working in partnership with others to address specific issues contributing to the strain on our emergency medical system.

A growing need was identified and a partnership was formed between IEMS and Riley Hospital for Children at IU Health to address how to conduct in-home interventions for high-risk pediatric asthma patients. According to the Indiana State Department of Health, asthma is the most common chronic childhood illness, affecting one in 10 children under the age of 18. Thanks to a nearly $1 million grant from the Health Resources and Services Administration (HRSA) in 2013, Treat the Streets was launched to improve how childhood asthma is medically managed in an effort to reduce hospital readmission.

Potential Treat the Streets participants are identified simply by admission to inpatient, observation or the emergency department for primary diagnosis of asthma and have met other standard criteria of being between the ages of two and 17 and living in Marion County. Once parental consent is given, an appointment is made to have an IEMS paramedic and a CORE social worker visit the patient at his or her home to conduct a medical and environmental assessment and to provide asthma education to the patient and their family. Other resources may also be available on a need-by-need basis, including furnace filters, vacuums, pillow cases and free smoking cessation provided by the Marion County Public Health Department, which may also be contacted for environmental or housing issues. This approach is to address gaps in care that exist after the child is discharged from the hospital.

Overall, the goals of Treat the Streets are to:

1. Prevent emergency department and hospital readmission.
2. Improve health care access with an integrated health care model to ensure that the right care is available to patients at the right time and in the right environment.
3. Develop a workforce of specially trained out-of-hospital care providers to implement various prevention and intervention strategies.
4. Conduct research, analyze data and disseminate results regarding the impact of the pediatric community paramedicine model on emergency department recidivism rates and enhanced paramedic scope of practice.
5. Recommend strategies for bundled health care services provided by IEMS, ensuring sustainability of the program.

Final data analysis is expected sometime in 2017, but Treat the Streets has already shown the power of strong partnerships and the effectiveness of CORE's service delivery model to reach into the community to focus on specific needs of a wide variety of residents.

CORE: SHEPHERD COMMUNITY CENTER

As with many major metropolitan areas in the country, the story of Indianapolis can be divided into a tale of two cities. One side is the explosive growth of the tech industry and thriving health care community. The other is pockets of generational poverty and hopelessness. One organization committed to improving the quality of life for its neighborhood residents is Shepherd Community Center, located in the 46201 zip code where there are four times more overdoses than the rest of the city and also where the infant mortality rate ranks the highest in the state.

In 2015, Shepherd launched the Shalom Project to focus on the root causes of poverty, crime and despair in the area. Key to this initiative was hiring a community police officer dedicated to the neighborhood. It didn't take long for the Shalom Project to reveal that the community's issues were more than crime and that medical assistance was needed to address a variety of issues, ranging from addiction and mental health to understanding treatment plans and taking a proactive approach to one's care. IEMS and CORE were ready to expand their reaches and meet the needs of our area's most vulnerable populations.

In 2016, IEMS/CORE paramedic Shane Hardwick teamed with Indianapolis Metropolitan Police Department reserve deputy Adam Perkins to focus on building relationships and making positive changes within the community through understanding available resources and empowering residents to take a proactive approach to their wellness. The two executed CORE's delivery model of meeting with individuals and families to identify unmet health and social needs and work to reduce 9-1-1 calls and emergency room visits, averaging 120 contacts per month. Perkins and Hardwick believe they are making a difference by developing these relationships with the patients in their moments of crisis. "It's not just an ambulance ride to the hospital," said Hardwick. "It's sitting with them in their homes making sure they know when their follow-up appointment is, if they have transportation and did all prescriptions get filled."

CORE: PROJECT POINT

Prior to 2016, EMS and emergency departments were limited in what they could do for opioid overdose patients. Often they were left with the unsatisfying job of medically clearing them and then sending them out the door.

In an effort to address the growing epidemic of opioid overdoses and deaths in Indianapolis, Project POINT was developed to provide outreach, intervention and treatment to patients suffering from an acute opioid overdose. "For 20 years the health care system has treated drug use as the moral failing of individual patients," said Dr. Krista Brucker, an Eskenazi Health emergency medicine physician. "We've judged and stigmatized, and a lot of people have died unnecessarily."

The implementation of a multi-disciplinary team approach would aim to break the addiction cycle.

Initially funded by a small grant from Drug Free Marion County, a multi-disciplinary team was formed to acutely intervene on overdose patients brought to the Michael & Susan Smith Emergency Department at Eskenazi Health. The team consists of a CORE social worker, addiction counselor, peer recovery coach and addiction psychiatrist. During the day, a peer recovery coach will meet with the patient bedside in the emergency department to do an assessment and to make sure they have all the resources needed for recovery. The peer recovery coach will also continue to follow the patient through his or her recovery process. During the evening, an overdose patient will meet with an addiction counselor for an assessment of readiness for change. The addiction counselor is also the project coordinator and oversees the grant. Although the social worker has no direct patient contact, they provide clinical supervision to the peer recovery coach and additional resources. As overdose patients are released from the Michael & Susan Smith Emergency Department and commit to treatment, they will meet with an addiction psychiatrist at Eskenazi Health Midtown Community Mental Health for medication and intake. This pilot program was expanded in January 2017, thanks to a large grant from the Richard M. Fairbanks Foundation.

1,818
doses of naloxone administered by IEMS providers in 2016

The goal of Project POINT is to link people to treatment and services, address specific barriers the patient may have to treatment and collect data for improvement and eventual dissemination. The ultimate goal is to reach the addict when he or she is most vulnerable and attempt to break the cycle of addiction. This is the time when the addiction has almost ended his or her life and he or she is more receptive to rehabilitation and lifestyle changes.

79 *contacts made by Project POINT providers at Eskenazi Health*

Early data has demonstrated an overall positive response. While there is still a long way to go, Project POINT is an important first step in the emergency medical community's attempt to battle this epidemic.

HIGHLIGHTS

Starting in 2016, IEMS began monthly lunches and show 'n tells with the students at Indianapolis Public Schools' Ernie Pyle Elementary #90 to help create a better understanding of the work of EMS.

IEMS partnered with other City of Indianapolis public safety agencies and Gleaners for the C.A.R.E Mobile Pantry Program to help deliver food and address other issues affecting the community.

For the third year in a row, IEMS received the American Heart Association's Mission: Lifeline® EMS Gold Recognition Award for continued use of the most up-to-date guidelines for identifying and treating a heart attack, or STEMI.

Bryn Arnold was honored as the 2016 Paramedic of the Year by the National Association of Emergency Medical Technicians.

Kalvin Hicks and Bryn Arnold were honored as the 2016 Indiana EMT and Paramedic of the Year.

Paramedic Bryn Arnold was honored with the Indiana EMSC Pediatric Hero Award. *(pictured with Dr. Elizabeth Weinstein, IEMS associate medical director).*

HIGHLIGHTS

Eskenazi EMS Impact Award winners

Quarter 1:
Kimberly Pierce

Quarter 2:
Don Seketa

Quarter 3: Clayton Moore and Susanne Cundiff

Quarter 4:
J. Patrick Hutchinson

Paramedic Dana Howard received the 2016 St. Vincent Angel Medic Award.

CORE Paramedic Ed Castellano helped to coordinate the donation of a furnace to an Indianapolis family in need. Castellano was awarded a free furnace and installation through a local radio station and decided to give the furnace to a patient family in need.

Susanne Cundiff and Clayton Moore were honored through the Eskenazi Health Grateful Patient Giving Program, recognizing health care providers making a difference in a patient's life.

IEMS participated in the Indy Ultimate. The team assembled for the urban adventure race, featuring stops at key landmarks and venues throughout the city.

In December, IEMS engaged with the City of Indianapolis to provide medical staffing and supplies to the newly opened Reuben Engagement Center. This 30-bed facility was opened to help address the issues of chronic homelessness, addiction and mental illness, while providing intervention and recovery services for those in need.

STATISTICS

AMBULANCE STATS

108,486 responses

300 tactical emergency medical support responses

245 full-time EMTs and paramedics on staff

424 special events

24 hospitals receiving patients from IEMS

ACADEMIC SERVICES

57 new recruits trained

5 IEMS Academy sessions

130 EMT graduates

34 paramedic graduates

3 EMT classes; **2** paramedic classes

74 emergency vehicle operators course completions
(recruits/emergency medicine residents/hospital personnel)

IndyCARES

980 compression-only CPR trainings

1,040 total people engaged

34 community and special events

FLEET

43 street-ready ambulances

1,300,607 ambulance miles traveled
(Equal to more than **52** trips around
the circumference of Earth)

FINANCIALS

Description G/L Account	2016 Actual	2016 % Oper. Rev.	2015 Actual	2015 % Oper. Rev.	2014 Actual	2014 % Oper. Rev.
Total Gross Revenue	158,772,102		154,713,957		147,664,814	
Total Contractual Allowances	132,280,189		128,403,186		123,103,663	
Total Net Revenue	26,491,913		26,310,770		24,561,151	
Total Operating Revenue	**30,677,862**		**29,687,580**		**28,334,785**	
Total Salaries and Wages	15,633,978	51%	14,706,196	50%	14,663,537	52%
Total Employee Benefits	5,490,304	18%	5,381,274	18%	5,454,047	19%
Total Payroll	21,124,282	69%	20,087,469	68%	20,117,584	71%
Total Medical & Professional Fees	187,276	1%	359,081	1%	232,771	1%
Total Purchased Services	1,443,461	5%	1,441,164	5%	1,419,146	5%
Total Supplies	2,232,300	7%	1,768,837	6%	2,149,849	8%
Total Pharmaceuticals	363,081	1%	339,555	1%	280,973	1%
Total Repairs & Maintenance	561,112	2%	573,787	2%	555,854	2%
Total Utilities	240,968	1%	280,507	1%	311,488	1%
Total Equipment Rental	103,675	0%	81,735	0%	122,106	0%
Total Other Expenses	137,468	0%	120,073	0%	82,201	0%
Total Allocation Expense	(91,724)	0%	(64,724)	0%	(64,724)	0%
Total Depreciation	–	0%	–	0%	–	0%
Total Expenses	**26,301,899**	**86%**	**24,987,484**	**84%**	**25,207,249**	**89%**
Total Net Income (Loss)	4,375,963		4,700,095		3,127,536	
Total Net Income (Loss) with Capital	**4,375,963**		**4,700,095**		**3,127,536**	

INDIANAPOLIS EMS LEADERSHIP

Chief of Indianapolis EMS
Dr. Charles Miramonti

Chief of Staff
Charles Ford

Chief of Service
Stacy Mabrey

Chief of Operations
Michael Hayward

Chief of Administration and Finance
Kimberly Maxwell

Medical Director
Dr. Dan O'Donnell

Academic Services Section Chief
Leon Bell

Fleet Section Chief
Brian Scott

Logistics Section Chief
Kevin Gona

Planning Section Chief
Andrew Bowes

Informatics Section Chief
Tom Arkins

ABOUT INDIANAPOLIS EMS

About Indianapolis EMS

Indianapolis EMS is the largest provider of emergency pre-hospital medical care in the state, responding to more than 100,000 9-1-1 calls each year. As a partnership between the City of Indianapolis, Indiana University School of Medicine and Health and Hospital Corporation of Marion County, with Eskenazi Health as the supervising health system, IEMS strives to provide the best pre-hospital medical services to the community through the endless pursuit of excellence in patient-centered care, education, efficiency, efficacy, safety and quality of service. Our mission: Right care. Every patient. Every time.

Support Indianapolis EMS

The Indianapolis EMS Fund of Eskenazi Health Foundation has been established to continually enhance the quality of pre-hospital care in Marion County. Your tax-deductible gift to the Indianapolis EMS Fund will be used to support the ongoing needs and special programs of Indianapolis EMS and to promote EMS careers to Marion County youth.

Thank you for your support.

Please send gifts to:
The Indianapolis EMS Fund, Eskenazi Health Foundation, 720 Eskenazi Ave., Indianapolis, IN 46202

To make a gift online, please visit: **www.EskenaziHealthFoundation.org**.

For more information about how to make a gift or include the Indianapolis EMS Fund in your estate planning, please contact Kerry Dinneen, vice president of major gifts, at 317.880.4903 or **Kerry.Dinneen@EskenaziHealthFoundation.org**

INDIANAPOLIS EMS

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