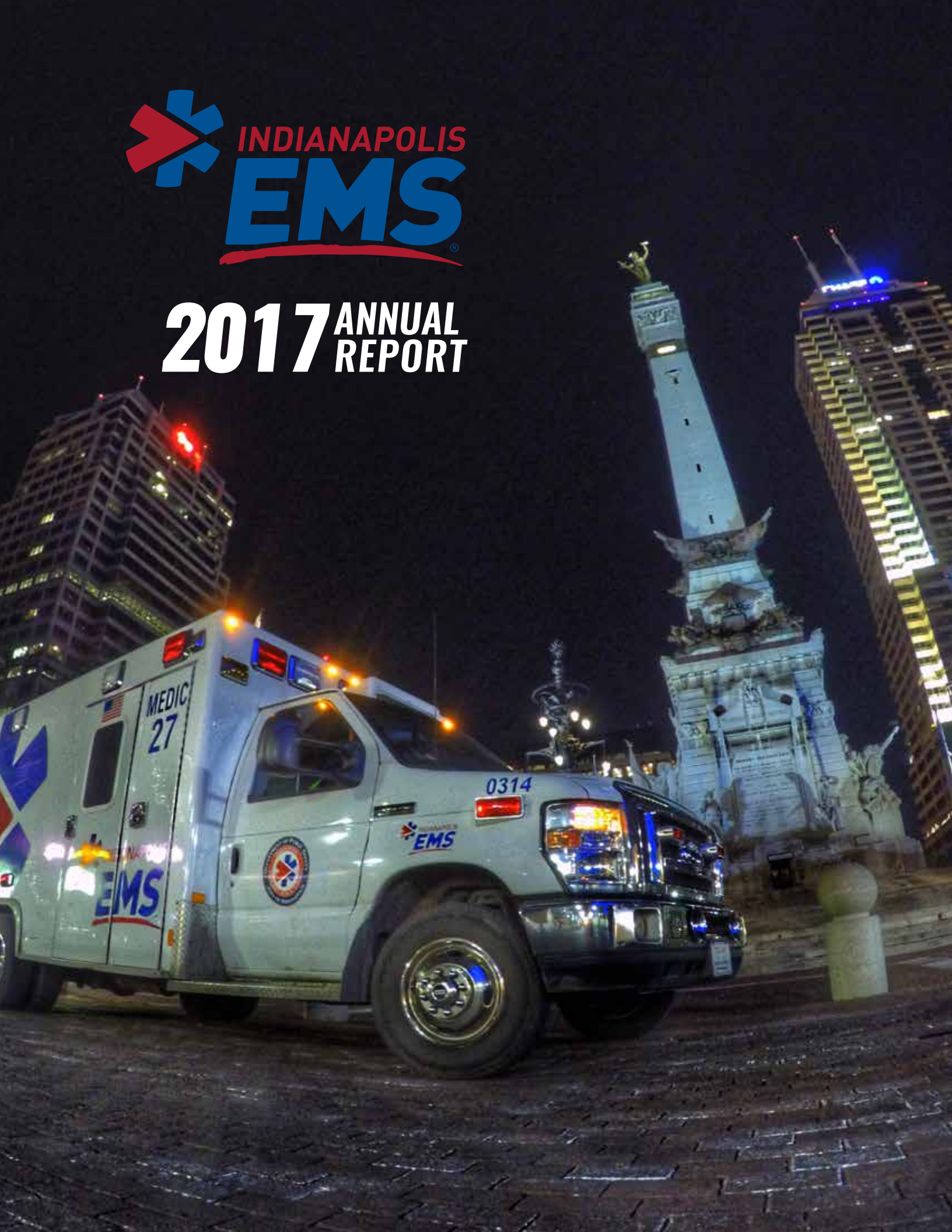
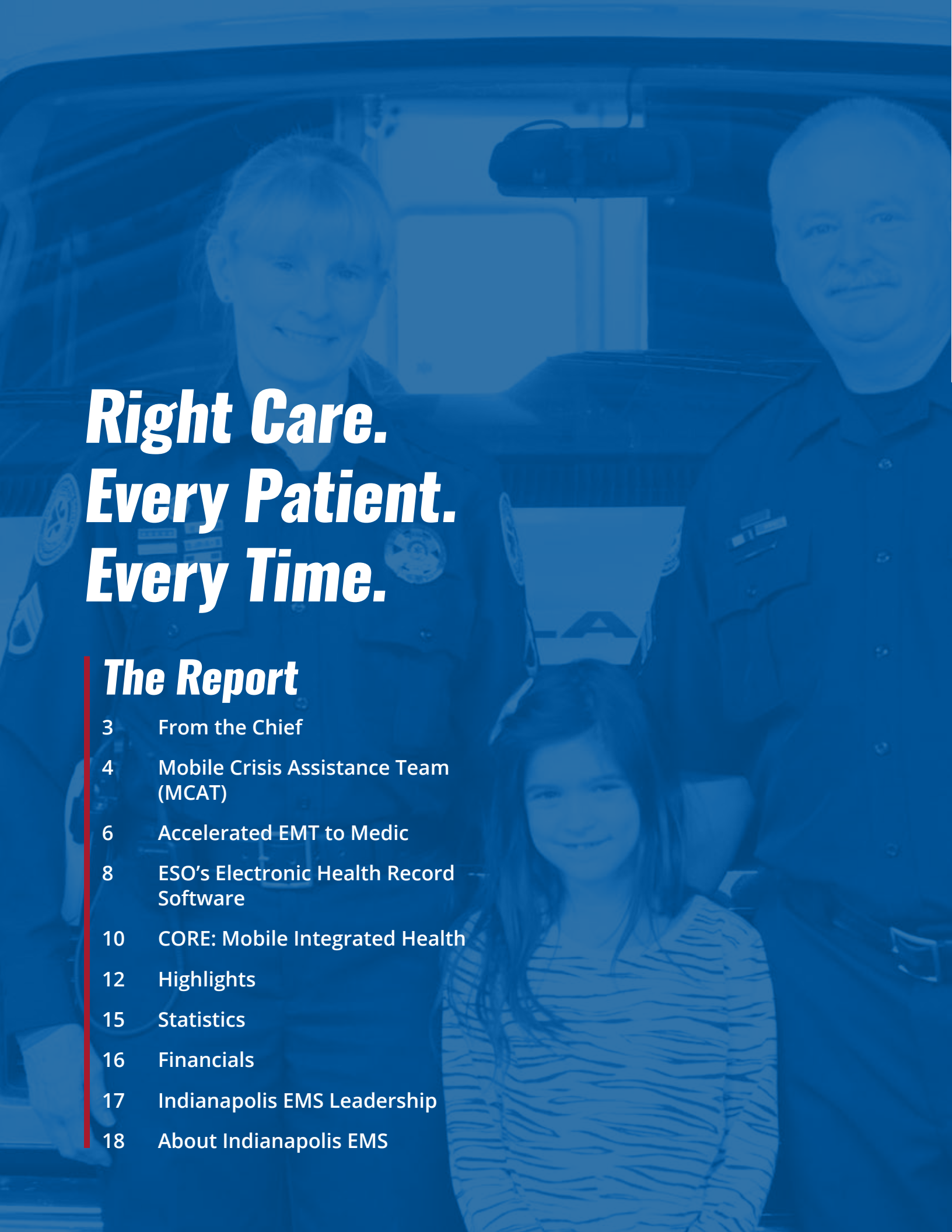
INDIANAPOLIS EMS®

2017 ANNUAL REPORT





Right Care. Every Patient. Every Time.

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Dr. Charles Miramonti

From the Chief

When I look back on the time I have spent with Indianapolis EMS, I have to remark on the evolution this organization has experienced. It would be fair to say that the Indianapolis EMS I came to looks almost nothing like the Indianapolis EMS that exists today. It's so much more and so much better. We are so much more than just the public ambulance service. We aren't just lifesavers, we are life enhancers and have grown into a holistic organization that serves residents with lifesaving medical treatment and then offers resources to assist with continuing care and improved quality of life. It is thanks to you that this evolution has occurred.

In 2017 we took that approach to the next level. We used partnerships to offer wraparound services for people in crisis and provided more appropriate treatment, avoiding an unnecessary trip to the hospital or criminal justice facility. We transitioned to new, innovative technology to make patient information more secure and readily available to our medical partners, further advancing the quality of care offered to the community. Finally, we took a concept started last year and continued to evolve our education and growth offerings. The result was an accelerated pathway for our own providers to advance and elevate their skills, while clearing the way for the next generation to begin their emergency medical careers.

In 2017, Indianapolis EMS proved that emergency medicine is more than just a ride to the hospital. We are standing at the forefront, not just of what's being done, but what can be done when we continue to push ourselves to a higher standard of innovation, capabilities and results. I am grateful for the providers and staff of Indianapolis EMS who selflessly offer themselves to the service of the people and visitors of Marion County. This is the best of the best. I could not be prouder of what we have accomplished or more excited for where we will continue to go, together.

Thank you for your continued support and partnership.

Mobile Crisis Assistance Team (MCAT)

Health care and law enforcement partner to assist residents in crisis

On the front lines of public safety, first responders must often react quickly, assessing immediate information and making decisions based on both established protocols and the well-being of their patients. This often results in a potentially unnecessary trip to the hospital or, in the case of law enforcement, an avoidable trip to jail. Often these are the two options for people in crisis, but these are not options that address the needs of the patient and also place a strain on the city's public safety resources in terms of both financial and personnel.

In 2016, under the orders of Indianapolis Mayor Joe Hogsett, a task force was formed to develop a third option. This option would address the causes of these personal crisis situations, such as mental health issues, drug addiction and homelessness, and offer more appropriate treatment options both immediately and long term.

In December of 2016 the task force submitted its Criminal Justice Reform Report calling for the development of a mobile crisis assistance team (MCAT), under the direction of Indianapolis Public Health and Safety director Paul Babcock. The group would work in the Indianapolis Metropolitan Police Department's (IMPD) east district and respond to calls involving a resident in distress due to a mental health issue, family crisis or other situations where emergency medical care or incarceration might not be the necessary course of action. MCAT would consist of four teams, working the Indianapolis EMS (IEMS) shift schedule, consisting of an IEMS paramedic, IMPD officer and Eskenazi Health Midtown Community Mental Health licensed clinician, and serve for an initial six-month pilot program.

733 *responses made by the MCAT team during the pilot program*

In June of 2017 the entire MCAT team, which included IEMS paramedics Jon Fleener, Kevin Lloyd, Marc Davich and William Eberhardt, began a six-week training period covering mental health, medical and law enforcement components, risk management, special population management and team building exercises. On July 31, in an event attended by Mayor Hogsett, IEMS Chief Charles Miramonti and IMPD Chief Brian Roach, MCAT launched its six-month, 24/7 pilot program, based out of the IMPD east district office. During this time, the team has offered the City of Indianapolis an effective tool to help assess and direct people to the best resources based on their needs. MCAT can uniquely offer three key public safety resources in one team to provide immediate security and care.

MCAT

MOBILE CRISIS ASSISTANCE TEAM

68.1 *percent of responses lasting between 30 and 90 minutes*

While the data is still being analyzed and the impact of MCAT's pilot program is being determined, it is known that the team made 733 responses during the six-month period and more than 82 percent of these responses were for some form of mental health issue and not drug related. The type of care given is notably different. Where the standard protocol of IEMS treatment is to arrive on scene quickly and then treat and transport as efficiently as possible, MCAT can spend time addressing deeper issues responsible for the crisis and help determine the best course of action moving forward. Of the total number of responses, in 68 percent of them the team was with the patient between 30 and 90 minutes. Also, an arrest was made less than seven percent of the time. This demonstrates the value of having both medical and law enforcement working together in the best interest of the patient and people around them.

> *"MCAT will divert people from being arrested for crimes committed because of mental health issues, substance abuse, or medical crisis and into proper treatments and out of the emergency room."*
>
> *– AJ Warren, IEMS Public Safety Liaison Director*

MCAT has proven itself a valuable tool for Indianapolis public safety and it will continue. How it evolves will be determined by the evaluation of the pilot program and available funding, but it will continue to serve as an important option to reduce the number of non-emergent IEMS runs to emergency departments while still being able to provide the Right Care. Every Patient. Every Time.

Accelerated EMT to Medic

Innovative strategies to grow the service and invest in our own

Growth and advancement opportunities are key factors in someone choosing both a career path and an organization to put their skills to use. They are equally important for an employer to consider in order to keep top performers and maintain the pipeline for future generations of skilled providers. When these factors are neglected, the result is a shortage that can cripple an organization, or in the case of emergency medicine, create difficult voids hindering the ability to provide the appropriate treatment when needed, affecting response capabilities in critical situations. The issue facing our industry is a shortage of available paramedics and a severe deficiency of current emergency medical technicians (EMTs) pursuing this critical certification.

According to the 2017 EMS Commission Certification Report, in 2016 the State of Indiana had a total of 262 new certified and registered paramedics. In 2013, there were 667. There are a variety of reasons for this decline, including retirement and career growth and/or change. Additionally, the same decline has not been seen among EMTs. In 2016, the commission reported 1,664 new EMTs, down from 1,752 in 2013.

While it is natural progression of any career path to eventually exit, Indianapolis Emergency Medical Services (IEMS) education section chief Leon Bell stated, “we determined that we were going to experience a labor shortage in 2018 if we didn’t decide to pursue aggressive hiring and find creative ways to generate paramedics.”

Creating paramedics begins with EMTs choosing to advance their skills, but this decision is met with reasonable concerns and barriers for the participant, most notably the time and financial impact. Training includes a minimum one year commitment, plus fees and expenses, all while continuing their regular full-time EMT position. In 2016, IEMS explored an immersive, accelerated EMT program with great success. Could this same model be applied to the much more complex role of paramedic?

7 months Compressed duration of the accelerated EMT to medic program

In July of 2017, IEMS launched the accelerated EMT to paramedic training program, available only to current IEMS EMTs, compressing a one year traditional program into seven months of classroom, laboratory, hospital, clinical and field work.

"We compressed it in order to fulfill the manpower needs indicated by our operations specialists and managers," said chief Bell.

Participants of the accelerated program would surrender their EMT shift and be fully compensated to train full-time to become a medic. Upon successful completion, these newly certified paramedics would return to an ambulance at a new responsibility level and pay rate.

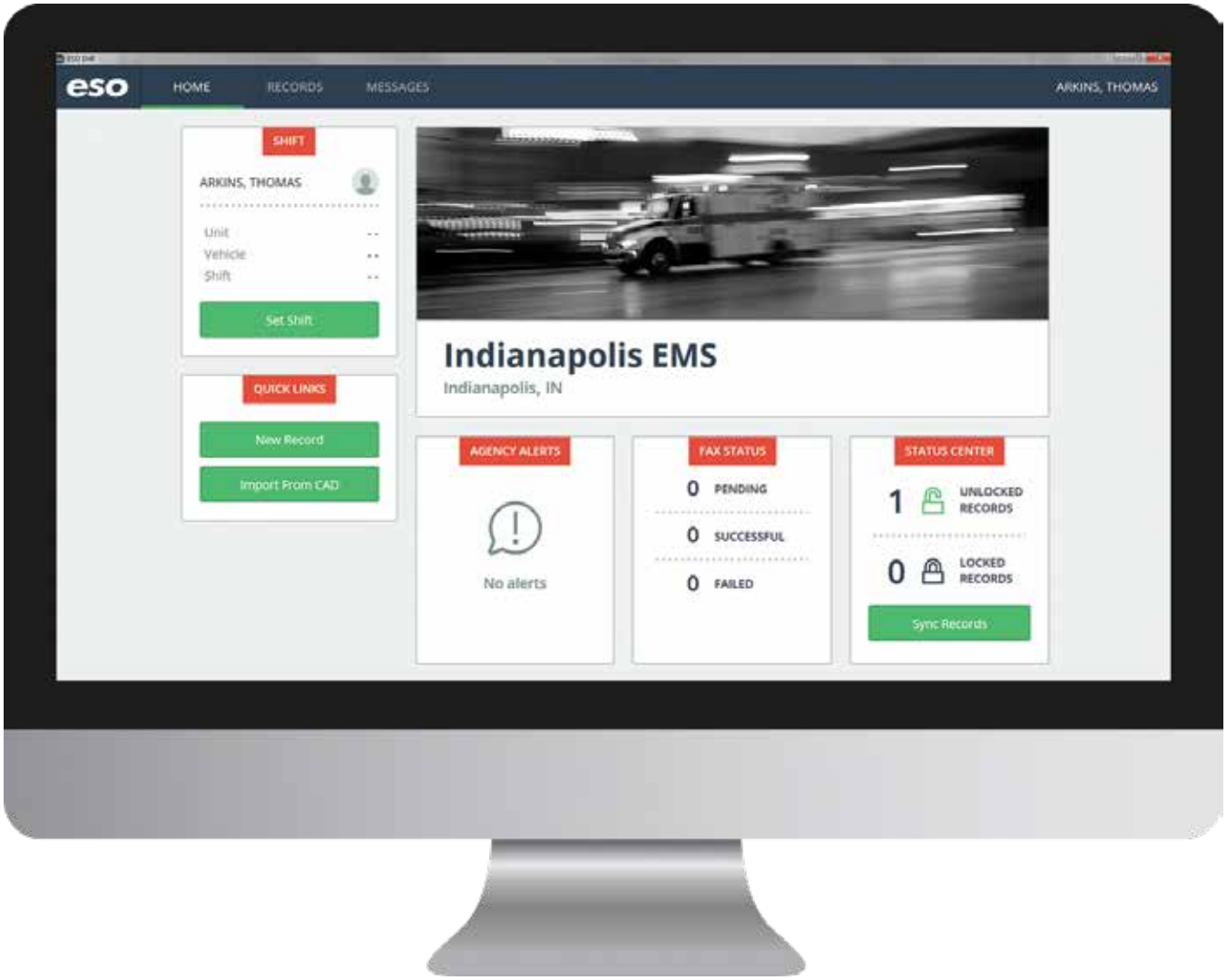
10 IEMS EMTs in the initial pilot class

Recruiting for the pilot class was held through a series of information sessions, leading to an application process. Interested participants then began their anatomy and physiology requirements and finally a series of interviews were conducted. In the end, 10 IEMS EMTs were selected to fill the class, which brings its own set of hurdles.

"The biggest barrier to success will be from within a graduate's mind about who they are," commented chief Bell. "They know this is a pilot program and fear being watched by their peers and veteran paramedics to ascertain how successful they are."

> *"We have proven that the program is achievable in positive outcomes as it pertains to our national accreditation."*
>
> *– Leon Bell, IEMS Chief of Academic Services*

Ultimately, the success of the program remains to be seen, but all 10 initial participants will complete the accelerated EMT to medic program on target in 2018, followed by the beginning of the next class. According to chief Bell, this is a testament to both the students and instructors, "our cohort is comprised of veteran EMTs who are very smart, have great common sense and have used this seven months to their greatest benefit to absorb knowledge, skills and abilities for their great preceptor mentors who willingly joined the academic services faculty in this pursuit of excellence. This is a clear indicator that we are capable of working outside traditional programs to achieve the same results."



ESO's Electronic Health Record Software

New system adds efficiency, security and improves quality of care

Technology and innovation are constantly evolving and changing the way the medical community administers care and conducts business, and what was once considered "state of the art", will inevitably become outdated. Often times this is brought about by changes in regulations, which was the case in 2017 when reporting requirements to the National EMS Information System brought about the need for significant upgrades to the current electronic patient care record system. This created the opportunity to explore all options and determine the best course of action.

Over the period of several months, a team consisting of Indianapolis EMS (IEMS) providers, senior staff and medical directors surveyed the available options and determined that now was the time to change from the current system and introduce a new patient records system. The decision was made to begin using ESO's electronic health record software (EHR). The new EHR system brought a capability and enhancement to patient care that makes it much easier, thorough and secure when dealing with patient records. Under the previous system, patient run sheets were printed at the hospital and left to be scanned into a patient's medical record. This process affected area hospitals' access to valuable information and left open the potential for HIPAA violations. Under the new system, any facility with ESO access has access to all IEMS run sheets digitally and instantly on a secure cloud-based server.

"ESO offers many things in the way of exchanging data with our partner agencies," said Tom Arkins, IEMS informatics section chief. "The ability to integrate with hospital data systems and to work in a larger consortium of de-identified data to share across the country."

In addition to the ESO interface being designed to meet the state's regulatory needs, the elimination of printing run sheets removes the risk of something being lost and can begin having a positive effect on paper, ink, equipment and energy costs.

> *"ESO offers many things in the way of exchanging data with our partner agencies, the ability to integrate with hospital data systems and to work in a larger consortium of de-identified data to share across the country."*
>
> *– Tom Arkins, IEMS Informatics Section Chief*

Once the selection of ESO was made, the process of training and implementation presented its unique hurdles. After clearing the contracting process, IEMS had just four months to install and configure the software, train the more than 300 full- and part-time providers and then test, adjust and launch the system by IEMS Chief Miramonti's deadline of the end of the year. Overseeing the training process was Angela Adams, Eskenazi Health's senior project manager. She commented, "because training all crews took more than eight weeks, we had the added challenge of keeping the system fresh in their minds when we actually came to the go-live date. To address this point, we assigned the crews 'homework' of entering one run per shift into ESO, without including HIPAA data."

On December 18, ESO launched and included IEMS ESO experts stationed at the three major Indianapolis hospitals to provide assistance and observe any issues that came about. So far, the transition has been a success with overwhelming response to the new capabilities offered for Central Indiana hospitals. More than one hundred new ESO users were added in the first week at Eskenazi Health alone across multiple areas in addition to the emergency department, and others are rapidly seeing the benefits.

"ESO offers hospitals free access to run sheets for any patient being transported to them," said Adams. "It's wonderful to see the embrace of the tool and all the ways to use it to improve patient care."

CORE Mobile Integrated Health

Continued expansion to provide holistic health care and alleviate strain

From its launch in 2012 to address situations bogging down the emergency response system, CORE Mobile Integrated Health has continued to grow and advance its capabilities and reach into the Marion County community. In 2016, CORE's nimbleness was demonstrated with a multifaceted approach to holistic care through home visits, pediatric care programs, partnerships with Indianapolis Metropolitan Police Department and Shepherd Community Center to address Indianapolis' most vulnerable areas and work with Eskenazi Health and Project POINT to face the opioid addiction crisis with new tools and solutions to battle addiction. This work continued with positive results and while 2016 saw the expansion and future potential of CORE, 2017 brought a measured impact of what this program can do for both the people of Marion County and Indianapolis EMS (IEMS) as an organization that is rapidly becoming more than just an ambulance service.

In 2017, CORE more than doubled the number of patients seen the previous year. Their 1,417 patients also resulted in 5,564 encounters demonstrating the power of relationship building and trust that CORE has developed with community members and how much they value the resource to help empower them to take more control over their personal health care. This is the result of a new model for seeing patients providing a more in-depth home visit and the establishment of patient goals for the duration of treatment and follow-up visits. CORE was helped by a grant from the American Lung Association to provide patients with scales and blood pressure cuffs to help with in-home management of chronic obstructive pulmonary disease (COPD) and congestive heart failure. The team also began collaborating with the Abbie Hunt Bryce Home to provide medical recuperative care for homeless patients and boosted their skills through emergency medical technician (EMT) training for non-medical staff members and community health worker training certification for the entire staff through the Indiana Community Health Worker Association.

In this past year, the potential positive impact of CORE began to reveal itself. Of CORE's unique patients who had been hospitalized, once the patient was engaged with the team, hospital readmissions to Eskenazi Health were reduced by 82 percent. This is a result of residents gaining access to resources that will help them stay healthy and the personal touch that CORE is providing to its patients who have existed in a cycle of avoidable emergency situations. Even more staggering is the financial impact these reductions have had on the public health care system. Prior to CORE's engagement, these patients had a $3.9 million effect on Eskenazi Health. In the year after beginning treatment and services, that was reduced to less than $800,000.

CORE works!

The growth and expansion of CORE continues into 2018 and beyond as integrated health becomes more of a priority to maximize the resources of IEMS and to make sure all in Marion County are able to receive the Right Care. Every Patient. Every Time.

Community Outreach by the Numbers

CORE

1,417 *unique patients in 2017*

5,564 *encounters in 2017*

82% *reduction in hospital readmissions at the Sidney & Lois Eskenazi Hospital after CORE engagement*

50 *flu vaccinations provided during in-home visits*

PROJECT POINT

2,130 *doses of naloxone administered by IEMS*

390 *patients seen*

SHEPHARD COMMUNITY CENTER

120 *average contacts per month in the 46201 zip code*

HIGHLIGHTS

In 2017, IEMS welcomed five new classes of recruits to join our ranks as EMTs and paramedics.

During the annual National EMS Week celebration, IEMS looked to our relationship with Indianapolis Public Schools Ernie Pyle School 90 to design the t-shirt worn by providers.

In May, National EMS Week celebrated the hard work of first responders across the country. Locally, several of our medical partners showed their #EMSStrong appreciation.

Several of our providers were honored at the Indiana Emergency Medical Services for Children (iEMSC) Pediatric Heroes Awards Breakfast for their outstanding care of children. Congratulations to David Lehenbauer, Nicole Hall, Amy Ledford, John Gray, Donna Hannah, Campbell Holinger and Joshua Ryan (not pictured).

IEMS and sponsors Eskenazi Health and Indy Public Safety Foundation partnered to hold our annual golf and softball tournaments to raise money for the IEMS Memorial Fund.

IEMS partnered with the Indiana Local Emergency Planning Committee, Indianapolis Fire Department, Eskenazi Health and IU Health for a mass casualty training exercise to test response capabilities of local medical organizations.

HIGHLIGHTS

IEMS participated in the Indianapolis Metropolitan Police Department's Community Days throughout the spring and summer months. These events were a great opportunity to meet residents and inform them of various IEMS programs and give instruction on valuable skills such as compression-only CPR.

Our providers found themselves giving helping hands to safely deliver babies on ambulances. This year, IEMS delivered 34 babies and even garnered media attention for a few of them.

Eskenazi EMS Impact Award winners

Quarter 1:
Jeremy Anker
and Kalvin Hicks

Quarter 2:
Brooke Sedam

Quarter 4:
William Eberhardt
and his MCAT partner
Brooke Hartwell

Eskenazi Health Top ACTS Employee of the Month October 2017 winner Shane Hardwick

IEMS participated with IU Health for a highly infectious disease (HID) training exercise.

IEMS took part in JA JobSpark. The two-day hands-on career pathway event brought in more than 8,700 Marion County 8th graders.

HIGHLIGHTS

IEMS welcomed in this year's Indianapolis Public Safety Citizens Academy students.

IEMS spent another successful year supporting some of the largest venues and events in the state, including Lucas Oil Stadium, Bankers Life Fieldhouse and the Indianapolis 500 and 500 Festival.

The partnership with Gleaners and the CARE Mobile Pantries helped provide more than 687,000 pounds of food to families in Indianapolis.

Logistics chief Kevin Gona and paramedics Marjorie Bauer and Thomas Smith were recognized by Eskenazi Health as Distinguished Ambassadors to commemorate 30 years of service.

IEMS and WISH-TV joined forces for the annual Tweet for Toys to collect holiday gifts for children in Indianapolis.

Paramedic Campbell Holinger received the 2017 St. Vincent Angel Medic Award.

IEMS safety officer Garrett Hedeen was recognized as the EMS Advocate of the Year by the National Association of Emergency Medical Technicians (NAEMT).

STATISTICS

AMBULANCE STATS

112,180 responses

277 tactical emergency medical support responses

230 full-time EMTs and paramedics on staff

459 special events

24 hospitals receiving patients from IEMS

ACADEMIC SERVICES

61 new recruits trained

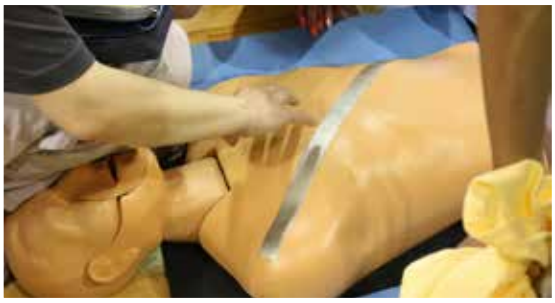
5 IEMS Academy sessions

71 EMT graduates

34 paramedic graduates

4 EMT classes; **2** paramedic classes

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



IndyCARES

1,212 compression-only CPR trainings

1,430 total people engaged

49 community and special events

FLEET

42 street-ready ambulances

1,294,438 ambulance miles traveled (equal to more than **618** coast-to-coast trips across the United States)

FINANCIALS

Description G/L Account	2017 Actual	2017 % Oper. Rev.	2016 Actual	2016 % Oper. Rev.	2015 Actual	2015 % Oper. Rev.
Total Gross Revenue	168,104,999		158,772,102		154,713,957	
Total Contractual Allowances	140,012,744		132,280,189		128,403,186	
Total Net Revenue	28,092,256		26,491,913		26,310,770	
Total Operating Revenue	**30,555,381**		**30,677,862**		**29,687,580**	
Total Salaries and Wages	16,789,960	55%	15,633,978	51%	14,706,196	50%
Total Employee Benefits	5,554,363	18%	5,490,304	18%	5,381,274	18%
Total Payroll	22,344,323	73%	21,124,282	69%	20,087,469	68%
Total Medical & Professional Fees	38,531	0%	187,276	1%	359,081	1%
Total Purchased Services	1,319,649	4%	1,443,461	5%	1,441,164	5%
Total Supplies	2,321,266	8%	2,232,300	7%	1,768,837	6%
Total Pharmaceuticals	375,504	1%	363,081	1%	339,555	1%
Total Repairs & Maintenance	398,740	1%	561,112	2%	573,787	2%
Total Utilities	226,259	1%	240,968	1%	280,507	1%
Total Equipment Rental	104,680	0%	103,675	0%	81,735	0%
Total Other Expenses	126,035	0%	137,468	0%	120,073	0%
Total Allocation Expense	(64,724)	0%	(91,724)	0%	(64,724)	0%
Total Depreciation	–	0%	–	0%	–	0%
Total Expenses	**27,190,263**	**89%**	**26,301,899**	**86%**	**24,987,484**	**84%**
Total Net Income (Loss)	3,365,118		4,375,963		4,700,095	

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

Director of Community EMS Outreach Programs
Twila Fuqua

Public Safety Liaison Director
AJ Warren

Director of Human Resources
Courtney VanJelgerhuis

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 100,000 911 calls each year. As a partnership between the City of Indianapolis, Indiana University School of Medicine, and Health & 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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www.IndianapolisEMS.org

To learn more about Indianapolis EMS, connect with academic services, community outreach and employment opportunities, please visit the new IndianapolisEMS.org.


INDIANAPOLIS
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M41
MEDIC 41
EMS 10