

Dr. Eric B. Yazel, Health Officer

1201 Wall Street | Jeffersonville, IN 47130 | (812)282-7521 www.clarkhealth.net

CLARK COUNTY BOARD OF HEALTH EMERGENCY MEDICAL SERVICES SUBCOMMITTEE June 25th, 2024

Board members present: Dr. Eric Yazel, Clark County Health Officer; Jason Werle, Norton Clark Hospital; Mark Furnish, Monroe Township Fire Department; Gavan Hebner, Clark County Emergency Management Agency Director; Shannon Watterson, Jeffersonville Retired Paramedic & Fire Fighter.

Dr. Yazel called the meeting to order at 1:01 PM.

Approval of Minutes from April 22, 2024:

Gavan Hebner made a motion to approve minutes from May 21st, 2024 meeting, Shannon Watterson second.

Public Comments:

Larry Mahaney- Based on working in EMS and watching recording of meetings you have had so far; I will say something. I firmly believe that what we really need in the county, whether it be through a public or private service, is training and education. Making this a top priority will keep providers up with current best practices. I also believe the idea of a paramedic on every ambulance is great, but I've noticed outside of various services it is a goal we struggle to attain.

Amir Mousavi- I agree that is a great goal to have, and to have the best can be costly and I believe the taxpayers deserve the best. I do agree there are situations where within inner city environment you may not need a paramedic in every ambulance! So, for the area that I am responsible I have a paramedic in every unit when we can, this is due to our distance to the hospital. If we can do it, so can others, funding is the most difficult.

Jason Werle- In response to public comment from Mr. Mahaney- there are a moderate number of paramedics in the region that are new, and education is a stumbling block but we have three established paramedic training programs within 10 miles of Clark County. Ivy Tech has



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discussed reimplementing a paramedic program but that has not happened yet. Educational facilities aren't as much a need as the willingness or desire of individuals to seek the education and be a paramedic.

Larry Mahaney- In response to Mr. Werle- What I am referring to is creating an education that should occur from the time you graduate your paramedic class on until the end of your career.

Old Business:

Safety Plan Review:

Revised Safety Plan has been presented to EMS Subcommittee for continued review.

Updates included removal any reference stating levels of certification throughout the entire plan, should be BLS Advanced Paramedic. Redacted certified by the Clark County Health Officer, but will have oversight if an issue arises with a care provider and can be presented and appeal to EMS Board.

• Primary Emergency Medical Ambulance Service Provider- This provider must have a minimum of six ambulances operating within their designated service area, with no more than two being BLS ambulances 24 hours a day. Any contract negotiated with Clark County for enhanced level of coverage supersedes this minimum coverage level. In addition, should a municipality request to provide their own emergency service coverage may apply for a waiver to be approved by Clark County Health Officer and Clark County Commissioner's. Municipality would have to maintain a minimum service number of ambulances deemed appropriate by the Health Officer and Commissioner's to appropriately serve that municipality and would be required to abide by all other provisions of the Safety Plan. Will need to set a yearly minimum standard and adjust levels of coverage as needed. Legal review will also be required in the case a municipality would like to provide their own ambulance service.

Bryan Glover- From the county's perspective we need the flexibility to negotiate with the provider, and the provider to be flexible in return; this can be a challenge and will need some



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hard-set dates to get into these negotiations.

Dr. Yazel- I do think we have to have some provisions where a municipality has to give appropriate coverage, unsure what that looks like now, but will support such entities. This will require legal review and a yearly minimum standard if a municipality decides to provide their own ambulance service. When you dive deep into this, the reasoning behind some of the restrictions from previous contract actually become pretty apparent. There is not a lot of financial incentive to go out to Borden, but to run in our county you're going to have to take it because we have to have the means to get them service one way or another. Need to understand the reasoning behind that and have some sort of verbiage that will protect some of the areas to make sure we can guarantee they have coverage.

 Section 100.04- Exceptions (D)- Has had some impact on convalescent runs; will need to be discussed and updated, it currently allows private entities to contract with a privately owned service. Will continue review.

Matt Owen- If you have out of town services doing the non-emergency work, how does that play when it's time for an emergency dispatch?

Dr. Yazel- They would not be part of 911, it is convalescent. Part of this plan is to ensure that coverage is provided.

- Section 101.02- Criteria for Certification (B)- revised: All EMT, AEMT, and Paramedics
 must maintain a 75% attendance at the monthly in-service either through the
 supervising hospital or ambulance service provider to be approved by the Health
 Officer." Pending for review and approval.
- Section 101.08-Revocation or Suspension of Permits and Certification; Compliance (C)
 revised: The Clark County Health Officer may revoke or suspend the care privileges of an
 individual provider if there are legal, ethical, or quality of care issues that pose a risk to
 the health and/or safety of the citizens of Clark County.



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- (D)- Prior to the revocation or suspension of a provider, a medical audit shall be conducted by the Health Officer or his designee, and reviewed by the Clark County EMS Subcommittee. The EMS Subcommittee shall notify the affected person of audit results and offer to hold an administrative hearing for him/her. The EMS Subcommittee shall then make a recommendation regarding revocation, suspension, or any other disciplinary action to the Health Board for final approval.
- (E)- If the Health Officer determines the risk of harm to the public is substantial, the
 provider may be suspended without first providing a hearing. However, a hearing before
 the EMS Subcommittee shall be scheduled to convene within ten (10) working days of
 the suspension or disciplinary action to consider revocation or continued suspension.
 The Health Officer may require a physical or mental examination be conducted prior to
 the hearing.
- Section 102.01- Response Time (B) revised: Acknowledging that the populations
 distribution of Clark County will change over the lifetime of this ordinance, the EMS
 Subcommittee will meet annually to set response time goals for each municipality. If an
 emergency service provider misses a target for a municipality for two consecutive
 months, the Health Officer shall require a corrective action plan to address the future
 coverage of that municipality.
- (C)- The Health Officer also continues to monitor individual run information either via the 'jot form' format or alternative format agreed upon by the Health Officer and ambulance service provider. That information will be reported to the EMS Subcommittee and will use that additional information to formulate response time goals.
- Section 102.03- Destination Determination (B) revised: In the case of a patient request
 for a facility greater than twenty-five miles (25), the emergency service provider may
 decline and transport to the nearest facility of equivalent capacity if a prolonged
 transport would cause undue hardship to the primary coverage of the provider's service
 area.
- Section 102.07- General Standard of Operation (3) revised: Ambulances must be outfitted with GPS tracking or other means of location monitoring approved by the Health Officer.



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- 8. If a healthcare facility is unable to receive an ambulance for a non-emergent transport within 60 minutes, they may contact another service provider of their choice provided that provider is in compliance with all other aspects of the Clark County Public Safety Plan.
- 20. In the situation where an emergency situation exists involving the provision of emergency medical services or other circumstances where the adherence to the public safety plan could reasonably be considered not in the best interests of the citizens of Clark County, the Health Officer may declare an EMS Emergency and suspend the Public Safety Plan until a special or regularly scheduled meeting of the Commissioners, whichever is first.

Public Safety Plan continues to be under review.

New Business:

Jot Forms:

Response time report will be available to view on the Clark County Health Department website beginning July 1st. CCHD received 34 jot forms for the month of June 2024 with various severities and some with longer response times for low and high acuity.

House Bill 1302:

Each individual county provides transparency with a report on the provision of EMS Services and is sent to Homeland Security; this report includes coverage, response times, etc.

Audit & Review:

Dr. Yazel would like to see a monthly review from Norton Clark Hospital and have a minimum attendance in each meeting. Currently these reviews are being done quarterly. Norton Clark Hospital will continue the quarterly meetings and will have an expected minimum attendance.



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MIH-Lift Assist:

We continue to expand and build the new MIH program/service. Looking for new ways to perform lift assist and well checks, and use this resource as much as we can if it's transitioned. Police will be first on scene, then MIH, then it will be decided what type of service the individual may need. Process will be presented to 911 Board.

Fire Chief's Reports:

Mark Furnish- Our relationship with New Chapel has been working fine and are glad we can provide the community a good service. We have also allowed our squad to leave our area and bridge the gap in the case of an emergent situation.

Brian Glover- I am glad starting to see New Chapel pull through. Glad to have the discussion regarding the Public Safety Plan and believe it did need some upgrade and review from the 2014 Safety Plan.

Provider Reports:

Matt Owen- Expecting June will be another period of long response times. I don't think we will see anything considerably worse than what we've had before, but staffing challenges that we have been presented with since the beginning of the month have definitely taken a toll. Our main goal internally is that we don't see a cascade. Have had a few applications coming in and some new people starting. Another thing to report on is that we are becoming a Handtevy certified organization. The department received grant money from State of Indiana to outfit eight (8) of our squads with new pediatric equipment that will be a better resource for our providers. This application will optimize our one hundred and sixty-eight pages (168) of protocols into a user-friendly system. Tough book purchase has not been ordered awaiting approval."



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Adjourn:

Jason Werle made a motion to adjourn the meeting, Gavan Hebner seconded.

Meeting ended at 2:59 PM.

NEXT MEETING WILL BE HELD ON JULY 23rd, 2024

Respectfully submitted,

Dr. Eric Yazel,

EMS Subcommittee President