Indianapolis EMS

A New Model for Pre-Hospital Care in Indianapolis

"Hoosier Daddy?"

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Marion County Indiana.

409 Square Mile

Population

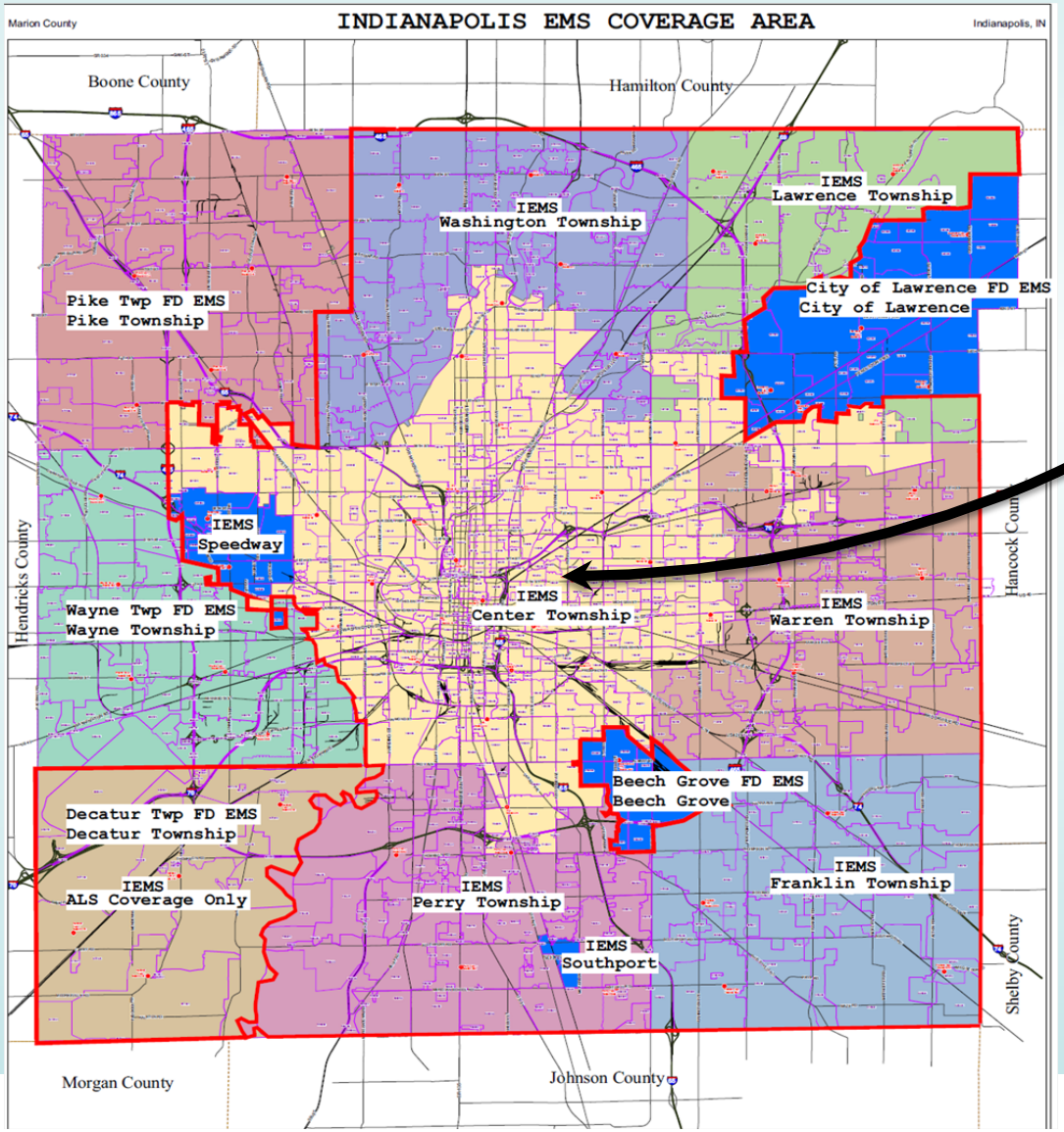
1.3 Million Day

.89 Million Night

9 Townships and Elected Twnshp Govts

INDIANAPOLIS EMS

Indianapolis EMS
Wishard Ambulance + IFD



The Situation

- Marion County, IN served by 8 fire-based (suburban) and 1 hospital-based (inner city) EMS agencies plus 3 intercalated cities
- 5 medical directors
- 12 administrations, fire depts, EMS Systems and budgets
- One Common set Marion County EMS Protocols since 1992
- One Medical Director for IEMS (IFD + Wishard Ambulance Service) since 2000

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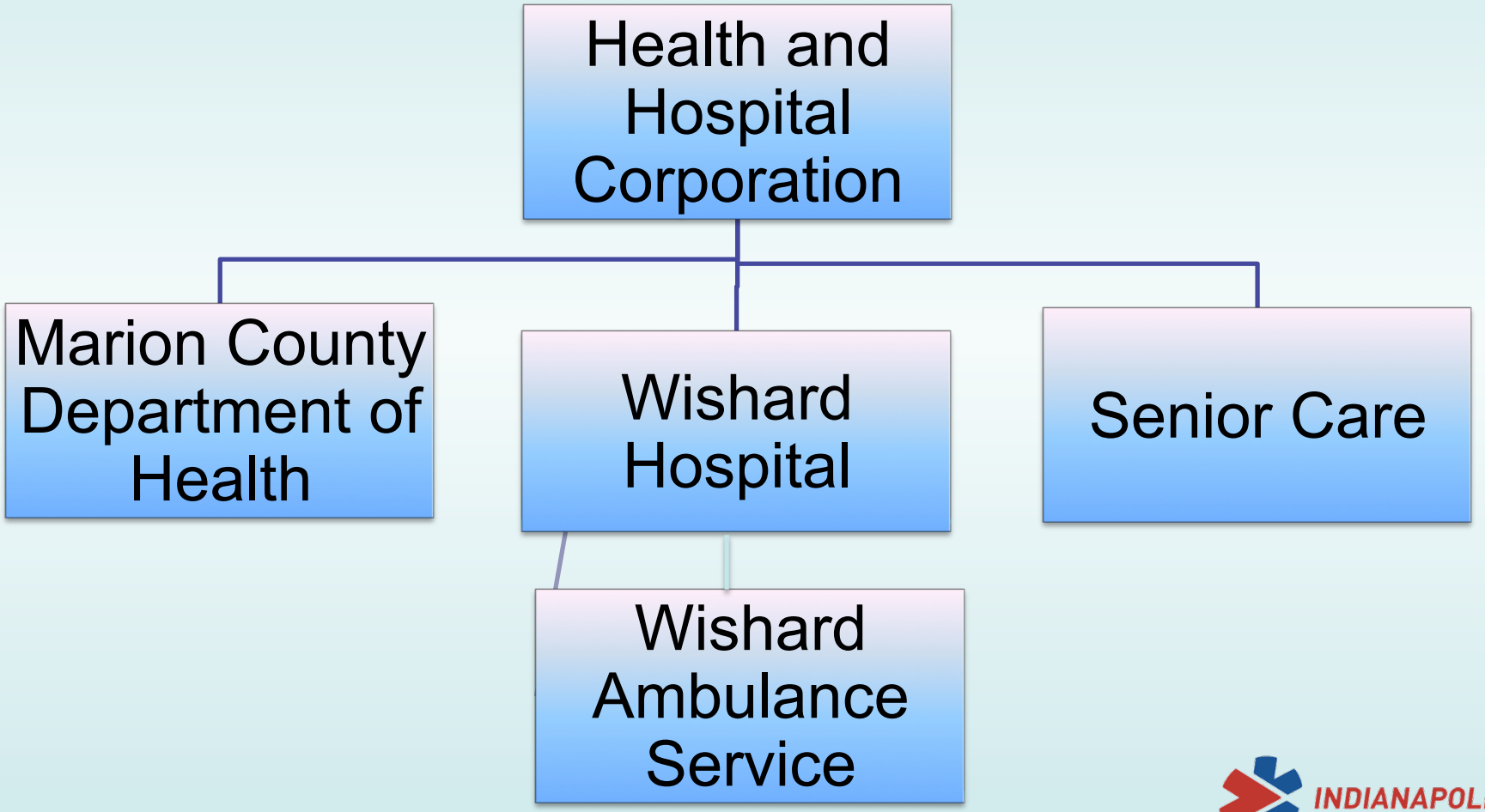
Division of Health and Hospital Corp.

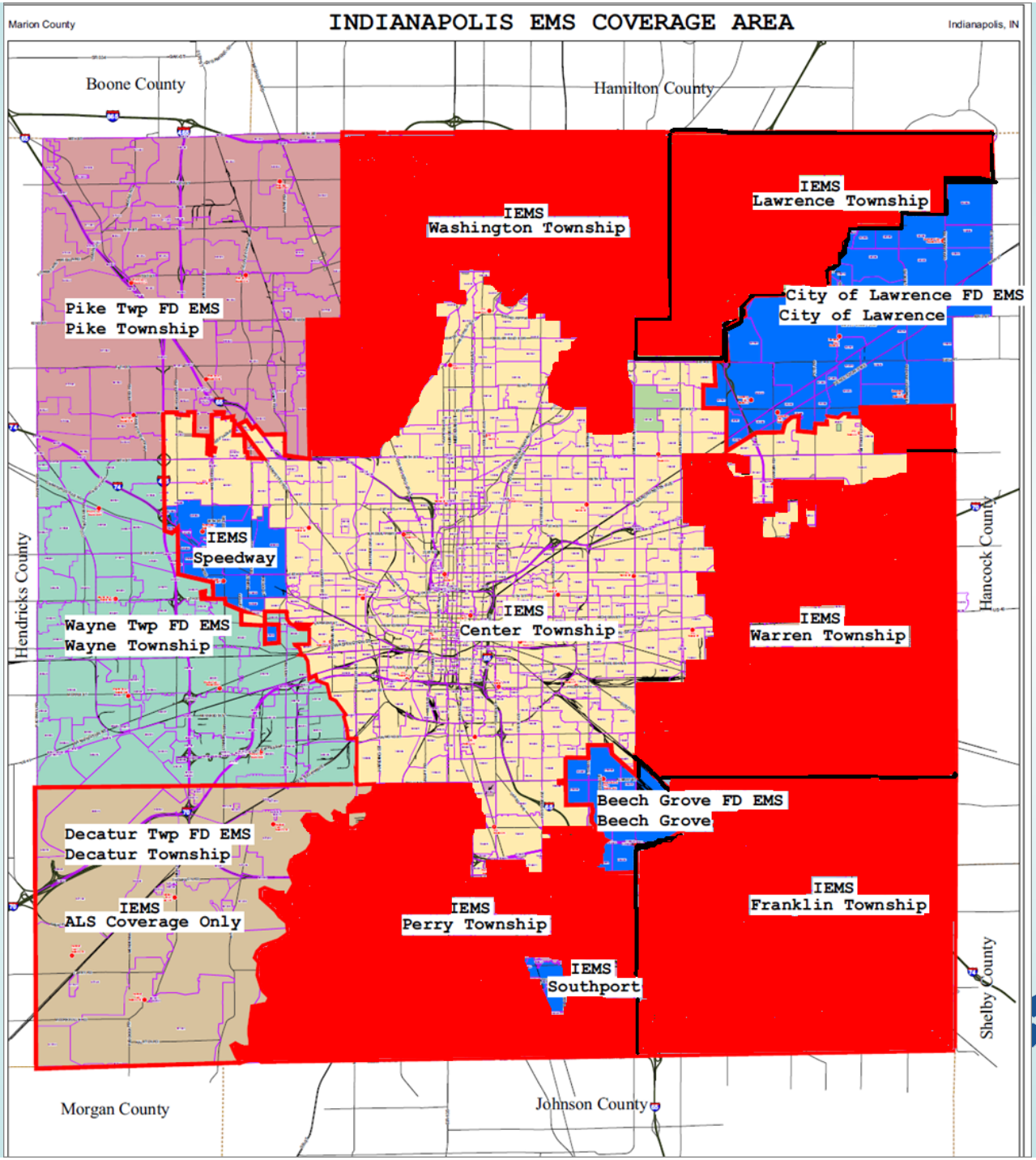


The Problem

- Wishard Ambulance Service is a division of Wishard Hospital
  - The Ambulance Service Director reports to the Chief of Nursing
  - All Ambulance Service revenue goes to the hospital general fund
  - Hospital Collections is not aggressive in going after relative low ambulance bills
  - Hospital budget cuts have significantly cut EMS Supervisory and CQI staffing

Confounding Factor

- In 2005 IFD begins to consolidate Township Fire Departments (along with their intrinsic fire based EMS Systems) into itself


INDIANAPOLIS EMS COVERAGE AREA
Marion County
Indianapolis, IN
Boone County
Hamilton County
IEMS
Washington Township
IEMS
Lawrence Township
City of Lawrence FD EMS
City of Lawrence
Pike Twp FD EMS
Pike Township
IEMS
Speedway
IEMS
Center Township
IEMS
Warren Township
Hendricks County
Hancock County
Wayne Twp FD EMS
Wayne Township
Beech Grove FD EMS
Beech Grove
Decatur Twp FD EMS
Decatur Township
IEMS
ALS Coverage Only
IEMS
Perry Township
IEMS
Franklin Township
IEMS
Southport
Shelby County
Morgan County
Johnson County

The Problem

- By 2009 the City is running two separate EMS transport systems: one through the IFD and one through the county's Health and Hospital Corporation
- The City-County govt. is losing over $13M on IFD civilian staffed EMS Transport
  - Disparate EMS adminstration, budgets, quality programs, education, etc.
  - Civilian EMS staffing pattern is 24 on 48 off with Kelly day.
  - IFD U/UH = 0.18 - 0.24

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A Plan Is Made

The Process

- A committee is formed consisting of IFD chiefs; Wishard Ambulance Director; IUSM; HHC CFO; Mayor's DPS, and lots of lawyers
- 18 month effort to develop the best single-agency EMS delivery model for the county
  - $$$$
  - Quality Care
  - Efficiency
  - Fairness

The Process

- 6 months reviewing variety of fire-based, third service, hospital-based, and public-private partnerships
- Public-Private partnerships provided highest performance through efficiency and revenue & consistent quality of care
- The HHC provided a solid financial backer without sacrificing revenue to Wall St.

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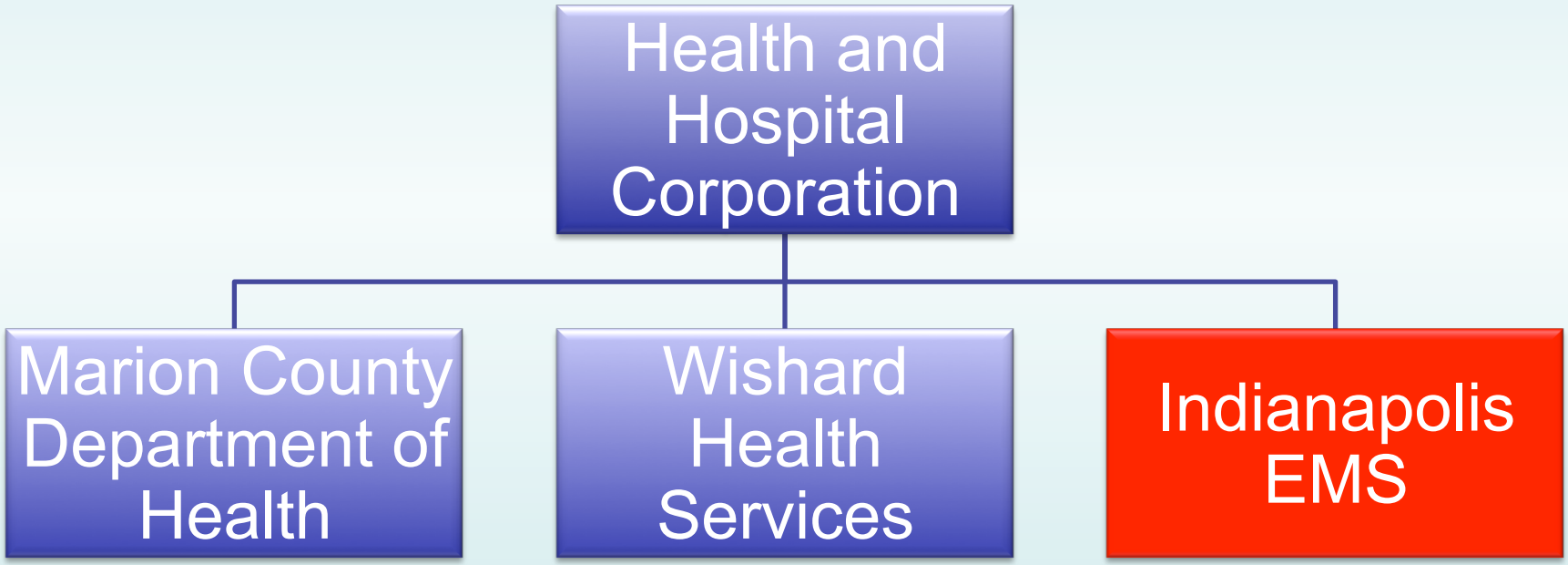
The Solution: Indianapolis EMS

- A public-public-public partnership between IUSM, City DPS, and the HHC (Inter-local Agreement)
  - Single agency under DPS for day to day operations
  - Transport owned and funded through HHC
  - Directed by IUSM EM physician

New Division of Public Safety

New Division of Health and Hospital Corp.



The Solution: Indianapolis EMS

- Fully integrated into DPS daily operations, emergency management, and cross agency services (ie.TEMS)
- Provider-based status provides higher revenue ($2-3M difference)
- IUSM direction ensures quality patient care and EMS education, university supported research, and access to a quality EMS System for education of medical students, residents and fellows.

Architecture

- Fire-based first response & technical rescue
- Third service 911 transport
- Physician Chief of EMS: Reports to DPS Director for daily operations
- Phycian Chief of EMS: Reports through HHC Board's EMS subcommittee for executive issues and finance
  - DPS director or appointee
  - HHC CEO or appointee
  - IUSOM DEM Chair or appointee

Advantages

- Protected revenue
  - no general fund
  - Guaranteed reinvestment
- Insulation from changing metro politics
- Distinct identity and culture for providers
- Own and implement quality improvement, EMS education, training, and system efficiency
- Integrate academic agendas

Challenges

- Marry two contentious, disparate, and ingrained cultures
  - 12 hour shift hospital-based
    - Efficient, cavalier, low morale
  - 24 hour shift fire-based
    - Structured, inefficient, and unionized
- Academic MD Chief-WTF?
  - Multiple reporting chains
  - Complex checks and balances

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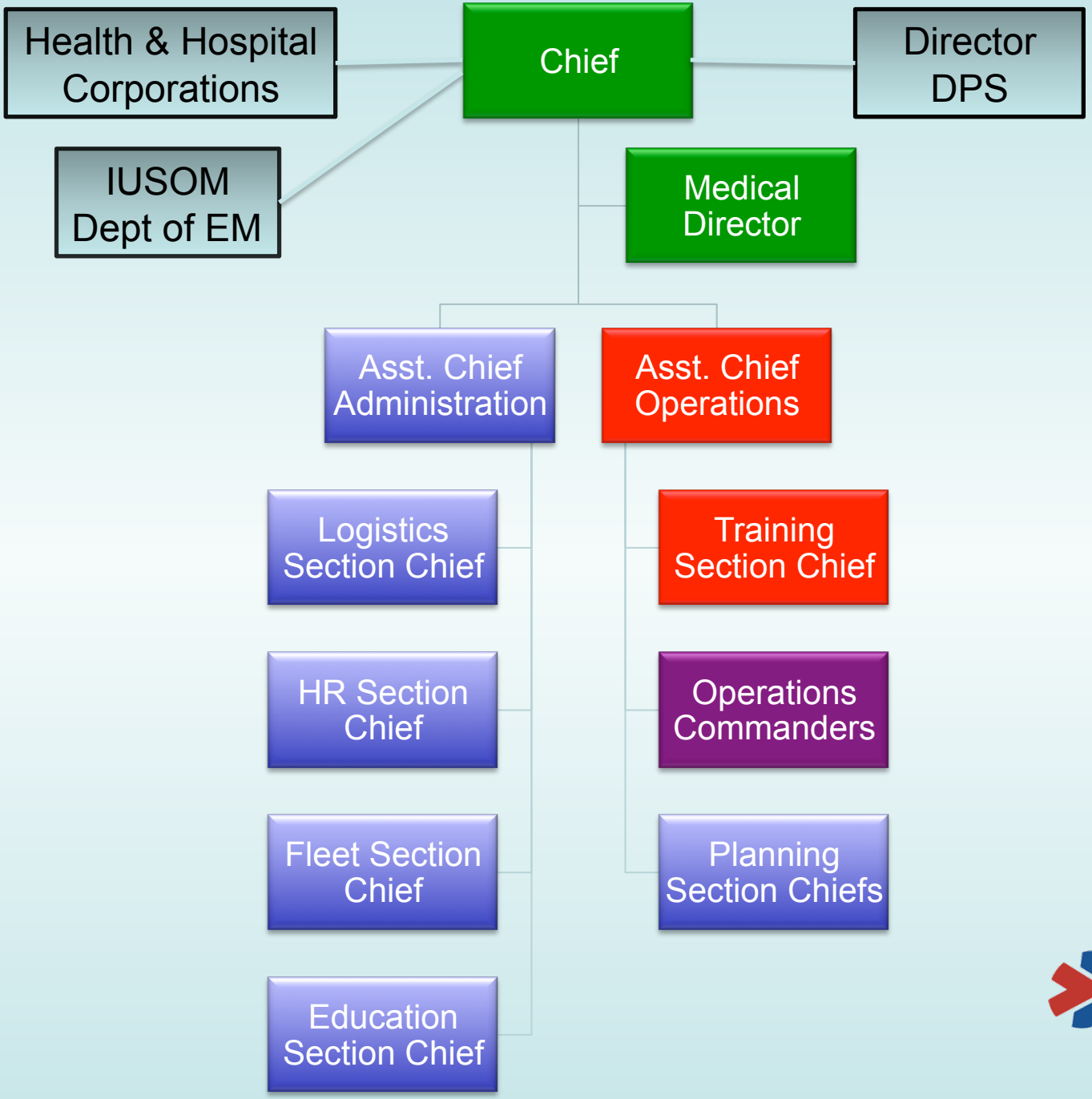
Process

- Strict adherence to the 4 Pillars
  - Patient Care, Education and Research, Investment and Sustainment, CQI and Accountability
- Third party chief with mixed general staff
- Phased implementation
- Focus on metrics, accountability, and reporting
- Focus on street level management


Health & Hospital Corporations
Chief
Director DPS
IUSOM Dept of EM
Medical Director
Asst. Chief Administration
Asst. Chief Operations
Logistics Section Chief
Training Section Chief
HR Section Chief
Operations Commanders
Fleet Section Chief
Planning Section Chiefs
Education Section Chief

Current Challenges

- Culture: gut everything & create a new culture and history
- Payroll/Staffing:
  - 24 and 12 hour shifts
  - IAFF representation
  - transition to single fair strategy
- Financial reporting: removed the hospital
- Optimizing efficiencies in deployment

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Current Challenges

- Quality improvement
  - develop resources, metrics and technology
- Building accountability
  - Implement discipline and HR policies that invest in, remediate, and incentivize the employee
- Integrating academics
- Leadership/mentorship development

3 Year Goals

- Consistent high quality provider
  - High moral
  - Highest caliber
- Dedicated leadership/mentorship track
- EMS academy
- Industry leading quality program
- Financial independence
- Dedicated research program

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