



»» MOVING E M S FORWARD »»

2020 ANNUAL REPORT

LOOKING BACK, BUT ALWAYS MOVING FORWARD.

IT'S A MOVEMENT.

kyems.com

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OUR MISSION

The Kentucky Board of Emergency Medical Services' mission is to ensure availability of high quality emergency medical services for the Commonwealth of Kentucky through collaboration with EMS providers and agencies by:

- » Ensuring quality, competent EMS care through effective oversight, communication and education;
- » Advancing professionalism of EMS providers and agencies;
- » Promoting the health and safety of patients, EMS professionals and agencies; and
- » Providing leadership for EMS.

HOW DO WE ACCOMPLISH OUR MISSION?

- Credentialing of all EMS responders in the state;
- Annual inspections of all EMS agencies and initial and annual inspections of ambulances licensed in Kentucky;
- Administration of ambulance grant funding.
- Processing of all EMS-related courses conducted by Kentucky EMS Training & Educational Institutions (TEIs).
- Approves EMS TEIs as National Registry Educational programs.
- Certification and licensure audits.
- Investigation of complaints against any EMS responder or agency.
- Due process for EMS responders and agencies under pending legal action.
- Administration of discipline of EMS responders and agencies.
- Approval of EMS medical directors and protocols
- Participation in disaster preparedness and mass casualty planning.
- Oversight and management of the EMS for Children (EMSC) & Cardiac Arrest Registry to Enhance Survival (CARES) programs.

OUR VISION

Through transparent practices, KBEMS will ensure and promote high quality emergency medical care across the Commonwealth of Kentucky.

OUR VALUES

Integrity

High Quality Care

Quality of Education

Competent Staff

Being Proactive, Not Reactive

Accountability of Board, Agencies & Individuals

A Highly Motivated and Progressive Board

KENTUCKY EMS OATH

As a member of Kentucky's Emergency Medical Services community, I pledge that I will strive to:

- Alleviate suffering, promote health, and do no harm;
- Maintain professional competence and demonstrate concern for the competence of my peers;
- Refuse to participate in illegal or unethical activity, and expose the same when engaged in by others;
- Advocate for my patients, my colleagues, and my profession; and
- Continuously improve my knowledge, skill, and abilities so that I can serve the public exceptionally.

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WELCOME FROM OUR EXECUTIVE DIRECTOR



EMS Family Members & Friends:

First, let's all collectively breathe. This year was, to put it lightly, different.

But as you always have done, and as you will continue to do, you were there to carry out selfless acts day-in and day-out to care for us all. You didn't do it because you had to, but did it because you felt called to do so.

If anyone has ever doubted your resiliency before, they clearly weren't paying close enough attention, and will surely not make the mistake of ever doubting it again.

COVID-19: The one phrase that we couldn't ignore. As I write this letter, I can honestly say that I haven't witnessed such a time in my entire professional EMS career.

Those of you on the front lines as first responders didn't let something like the massive COVID-19 pandemic stop you. But then again, nothing ever stops you.

Did it create new challenges? Of course. Did it seem like people forgot that not only were you fighting COVID, but you were also fighting the battles you fight 24 hours a day, 7 days a week and 365 days a year? Unfortunately, yes.

On top of that, each year you miss birthdays, anniversaries and celebrations of loved ones. You don't often get a moment to slow down and enjoy the holiday seasons. Not only is your physical health sometimes at-risk, but so is your mental health, which is equally as, if not more, important.

The truth is, we wouldn't be here if it wasn't for you. We are here to support you and champion you along the way, while showcasing as many of your accomplishments as we possibly can so you receive the recognition you deserve.

Now, as we continue to move Kentucky EMS forward, we'll still focus on our main goals to promote excellence through regulation; encourage healthy communities; enhance community support for EMS; collaborate with public health and emergency management coordination efforts; advocate for continued EMS integration into the healthcare community; focus our efforts on EMS research and strategic governance; and develop and manage an organized repository of information, standards and guidelines for EMS providers.

On behalf of myself and the Kentucky Board of Emergency Medical Services family, I want to say 'thank you.' I'm aware that is not quite enough, but please know you are valued and appreciated, and our admiration runs deep for you. You truly make a difference.

Please take care of yourselves and your loved ones, and remember that we are all in this together.

Respectfully,

Michael Poynter, EMT-P, CP-C, FACPE
Executive Director
Kentucky Board of Emergency Medical Services



OUR TEAM



Michael Poynter, Executive Director
Chuck O'Neal, Deputy Executive Director



Dr. Walt Lubbers, State Medical Advisor



Robert Andrew, Director of Education & Training
Courtney Robinson, Sr. License & Certification Specialist
Tammy Bicknell, License & Certification Specialist



Morgan Scaggs, EMSC Project Director



Drew Chandler, Director of EMS Data Systems
Monica Robertson, Director of EMS Research
Alethea Bernard, CARES Systems Administrator



Paul Phillips, Director of Operations
Ray Chesney, Appalachian Region Inspector Liaison
Raleigh Shelton, Derby Region Inspector Liaison
Eddie Slone, Pennyroyal Region Inspector Liaison



Calynn Fields, Resource Management Specialist
Greg Hiles, Marketing Manager
April Jensen, Financial Analyst
Caroyln Threlkeld, Administrative Assistant
Sam Lowe, Investigator

OUR BOARD



Philip Dietz, Chair
» Rep: Fire-Service Based License Class I Ground Ambulance Service Administrator
Tracey Franklin, Vice-Chair
» Representing EMS Education from a KY College that provides an EMS Educational Program

Adrienne Bryant
» Representing EMT Basic



Brandon Edmiston
» Representing Citizens-at-Large
Jessica Fette
» Representing Mayors
William Haugh
» Representing Hospital Administrators



Jeremy Hensley
» Rep: Publicly Operated Class I Ground Ambulance Service Administrator who is a Certified EMT, an AEMT or a Licensed Paramedic

John Holder
» Rep: Private Licensed Class I Ambulance Service Administrator who is a Certified EMT or Licensed Paramedic

Michael Mullins
» Rep: EMT who works for a Government Agency but is not serving in an Education Management or Supervisory capacity



Kevin Neal, Judge Executive
» Rep: County Judge/Executives Operating Licensed Class I Ground Ambulance Service

Timothy Price, M.D.
» Rep: Physician serving as a Medical Director of an Advanced Life Support Ambulance Service

Allison Rains, M.D.
» Rep: Physicians routinely involved in the Emergency Care of Ill or Injured Children



Michael Reynolds
» Rep: Ex-Officio

Chad Scott
» Rep: Ex-Officio

David Webb
» Rep: License Air Ambulance Service Administrators or Paramedics for a Licensed Air Ambulance

tough times
don't last,
tough
teams do.

for our most up-to-date team and board member listings, go to »»» kyems.com.

DID YOU KNOW?

- » Our Board is a volunteer board, with only expenses being covered.
- » Terms last three years.
- » In order to become a board member, you must apply through the Kentucky Governor's Boards and Commissions Office. They accept applications through their website. Check with the Boards and Commissions Office to confirm deadlines and the application process. Board Members are appointed annually every September.

BOARD ACCOMPLISHMENTS

- Phil Deitz was elected Chair of the Board for 2020-2021
- Tracey Franklin was elected Vice-Chair of the Board for 2020-2021
- The State Medical Advisor reviewed and approved fifty-nine (59) medical protocol submissions
- The Director of Field Operations processed twenty-three (23) agency Medical Director approvals
- Approved the filing of amendments to:
 - » 202 KAR 7:201- Emergency Medical Responders
 - » 202 KAR 7:301- Emergency Medical Technicians
 - » 202 KAR 7:330- Advanced Emergency Medical Technicians
 - » 202 KAR 7:401- Paramedics
 - » 202 KAR 7: 601-Training, Education, and Continuing Education
- Delegated COVID-19 Emergency Order authorization to the Executive Director in accordance with Senate Bill 150 and Executive Order 2020-043
- Approved KBEMS Budget for 2020-2021
- Approved the “Kentucky EMS Oath”
- Approved 2020-2021 Board/Committee/Subcommittee Schedule
- Approved the Community Paramedic Scope of Practice
- Approved the Community Paramedic Educational Curriculum
- Approved the EMS Provider Scope of Practice with Critical Care Paramedic addition.
- Approved use of the EMS Instructor Course as an equivalency
- Approved use of the State Fire & Rescue Training Pediatric Abusive Head Trauma program
- Adopted the NEMSIS 3.5 Implementation Timeline
- Approved Stakeholder letter related to COVID-19 influence on EMS Training and Educational Centers
- Approved KBEMS Facility Relocation
- Endorsed Position Statement on Fatigue Risk Management in EMS
- Approved amendment to Lexington Fire Department/EMS Pilot Program
- KBEMS Personnel Committee recommended Dr. Walter Lubbers as the next KBEMS State Medical Advisor

we're
all in
this
together.

LEGAL ACCOMPLISHMENTS

- Received and filled Eighty-Five (85) Open Records during the calendar year
- Conducted investigations of Thirty-Nine (39) complaints lodged against individuals, agencies, and TEs
- Issued seventy-one (71) Agency Data Statements of Violation for late EMS data submission consistent with 202 KAR 7:540
- Provided daily operational guidance to individuals, agencies, and others in regard to EMS statutory and regulatory interpretation
- Reviewed 9,972 criminal background checks for applicants for certification/licensure renewal
- Scheduled and provided staff facilitation and resources for Board, Standing Committee, Subcommittee, Task Force and Preliminary Inquiry Board meetings
- Created Emergency Waivers and Modifications to the following Administrative Regulations executed under COVID-19 Emergency Orders and the Commonwealth State of Emergency:
 - » 202 KAR 7: 201- Emergency Medical Responders
 - » 202 KAR 7: 301- Emergency Medical Technicians
 - » 202 KAR 7: 330- Advanced Emergency Medical Technicians
 - » 202 KAR 7: 401- Paramedics
 - » 202 KAR 7: 501- Ambulance Agency Licensure
 - » 202 KAR 7: 510- Air Ambulance Services
 - » 202 KAR 7: 540- EMS data collection, management, and compliance
 - » 202 KAR 7: 550- Required Equipment and vehicle standards
 - » 202 KAR 7: 560- Ground vehicle staff
 - » 202 KAR 7: 601- Training, education, and continuing education
 - » 202 KAR 7: 701- Scope of Practice Matters
 - » 202 KAR 7: 801- Medical Directors
- Worked collaboratively with the Kentucky Department for Medicaid, Kentucky Department of Revenue, and Kentucky Ambulance Providers Association to implement the Kentucky Ambulance Provider Assessment Program (House Bill 8)

MEET OUR COMMITTEES

KBEMS has multiple committees and subcommittees, made up of both members and non-members of the board, which meet throughout the year to focus on specific topics and initiatives.

Members shall have a term that expires September 30 of each calendar year. Reappointments for subsequent terms may be made by the board chair anytime after September 1 and before September 30.

Subcommittees serve in an advisory role to their respective standing committee and the board by providing guidance in terms of strategic planning, policy development and organization.

COMMITTEES OF THE BOARD

- Executive EMS for Children
- Data Collection Medical Oversight
- Education

SUBCOMMITTEES OF THE BOARD

- Cardiac & Stroke Care
- Mobile Integrated Healthcare & Community Paramedicine

EXECUTIVE COMMITTEE

The Executive Committee shall address legislative issues and proposals and review administrative regulations for submission to the board including:



MEMBERS

Tracey Franklin, Chair
 Joe Prewitt, Vice-Chair
 Carlos Coyle
 Jim Duke
 John Holder
 Michael Reynolds
 David Webb

Ex-Officio:
 Phil Dietz
 Chuck O'Neal
 Michael Poynter

(a) 202 KAR 7:020 - Board Organization: Recommending to the board promulgation of administrative regulations, amendment of administrative regulations, or repeal of administrative regulations relating to:

- » 1. All levels of personnel licensed or certified by the board and ambulance services licensed or certified by the board;
- » 2. Rules and operating procedures for the board and each of its standing committees and task forces;
- » 3. EMS Grant Program; and
- » 4. EMS for Children Program.

(b) Serving as a resource for board staff:

- » 1. In reviewing applications regarding requests for funding under programs administered by or overseen by the board;
- » 2. With the development of funding programs or applications, including state and federal grants pertaining to EMS and monitoring and reviewing the grants once received by the Board;
- » 3. With creating and recommending to the board a biennial budget for the board prior to submission to appropriate state agencies;
- » 4. With identifying, developing and recommending to the board sources of funding for its programs; and
- » 5. In developing reimbursement programs and providing consult for emergency medical service providers.

For annual meeting dates, archived minutes and current committee members, go to kyems.com.

We're all better together.

DATA COLLECTION COMMITTEE

The Data Collection Committee shall consist of seven (7) members appointed by the board chair in the manner established in 202 KAR 7:020. The committee shall meet at least six (6) times annually, and:

(a) Any office of the board staff member specifically employed through or designated by the Kentucky Community and Technical College System (KCTCS) for the purpose of EMS data collection and analysis shall serve as the staff liaison for the Data Collection Committee.

(b) The Data Collection Committee shall be responsible for the following:

- » 1. The development of a statewide plan for data collection and compliance;
- » 2. Identification of information initiatives for EMS in Kentucky;
- » 3. Identification and research of funding sources tied to EMS data collection;
- » 4. Assistance to licensed services with questions or other needs associated with this administrative regulation, KRS Chapter 311A, and other issues associated with the board's statutory authority to require data collection and submission; and
- » 5. Matters identified by board members, the chair, or the executive director that involve data collection, data submission, or information use.

MEMBERS

Mike Rogers, Chair
Joe Prewitt, Vice-Chair
Trish Cooper
Garland Gilliam
Sarah Robeson
John Shuttleworth
Jason Siwula

Ex-Officio:
Drew Chandler
Michael Poynter
Monica Robertson

EDUCATION COMMITTEE

The Education Committee shall consist of seven (7) members representative of EMS Educators in the state of Kentucky. At least one (1) voting member of the Education Committee shall also be a member of the Kentucky Board of Emergency Medical Services. The Committee shall meet at least six (6) times annually.

(a) Assist the board in developing a strategic plan for EMS education in the state of Kentucky;

(b) Act as a resource for EMS educators and EMS TElS in the Commonwealth; and

(c) Assume the lead role in formulating, drafting, and sending to the board for approval and subsequent promulgation of all administrative regulations that set the standards and requirements for EMS education in Kentucky.

MEMBERS

Debbie Berry, Chair
Jimmy VanCleve, Vice-Chair
Chuck Cremeans
David Fifer
Tracey Franklin
Tim May
Ashley Powell

Ex-Officio:
Robert Andrew
Michael Poynter

MEDICAL OVERSIGHT COMMITTEE

The Medical Oversight Committee shall address issues pertaining to quality assurance, medical control, scope of practice, medical standards of curricula or other related issues as may be assigned by the board.

MEMBERS

Tim Price, M.D., Chair
John Holder, Vice-Chair
Brandon Johnson
Jeremy Jeffrey
Steve Listerman
Brandon Remley
Dr. Jeff Thurman

Ex Officio:
Walt Lubbers, MD
Michael Poynter
Chuck O'Neal

EMS FOR CHILDREN COMMITTEE

MEMBERS

Mary Fallat, MD, Chair
Morgan Scaggs, Vice-Chair
Miranda Boots
Margaret Denise Gupton
Erika Janes
Landon Jones, MD
Mark McDonald, MD
Susan Pollack, MD
Matilda Carol Wright

Ex-Officio:

Scottie Day, MD
David Foley, MD
Sandra Herr, MD
Bari Lee Mattingly
Michael Poynter
Melanie Tyner-Wilson

The Emergency Medical Services for Children Committee may include but not be limited to the establishment of the following:

- (a) Guidelines for necessary out-of-hospital medical service equipment;
- (b) Guidelines and protocols for out-of-hospital pediatric emergency medical services;
- (c) Assistance in the development and provision of professional education programs for emergency medical services personnel for the provision of emergency care of infants and children;
- (d) Coordination and cooperation between the Emergency Medical Services for Children Program and other public and private organizations interested or involved in emergency care for children;
- (e) Assistance with the purchase of equipment for the provision of medical services for children only; and

(f) The scope of activities carried out by and the provision of staff for the Emergency Medical Services for Children Program shall be commensurate with the availability of funds.

CARDIAC & STROKE CARE SUBCOMMITTEE

This subcommittee is made up of experts from rural and urban areas of Kentucky to evaluate systems of care both in and out of the hospital setting; identify opportunities for improvement; implement interventions targeting improvement; and to evaluate successes and challenges incorporating sustainability.

MEMBERS

Justin Fraser, MD, Chair
Lacey Shumway, Vice-Chair
Brian Baker
Debbie Berry
Tracey Crawford
Phil Dietz
William Dillon, MD
Curtis Given, MD
Jeremy Jeffrey
Alex Kuh
Jerry Roy, MD
Megan Switzer
Jim Williams

Ex Officio:

Walt Lubbers, MD
Chuck O'Neal
Monica Robertson

MOBILE INTEGRATED HEALTHCARE & COMMUNITY PARAMEDICINE SUBCOMMITTEE

The intent for the creation of this subcommittee is to relieve the potential healthcare provider shortage, particularly in rural areas, as well as prepare to meet the future demand on the healthcare system with the aging of the 'Baby Boomer' generation by exploring the community paramedicine approach to pre-hospital health care.

MEMBERS

Walter Lubbers, MD, Chair
James Hacker, Vice-Chair
Scott Helle
Seth Lockard
John Luck
Brent Turvey
Jim Williams

Ex Officio:

Michael Poynter
Chuck O'Neal
Monica Robertson

EDUCATION, CERTIFICATION & LICENSURE ACCOMPLISHMENTS

- Revised the 202 KAR 7:201, 7:301, 7:330, 7:401, and 7:601 regulations to address the EMS provider shortages and EMS training center closures due to the COVID-19 pandemic; these regulations were later submitted to, and approved by, the board.
- All EMS provider applications, forms and website guidance were revised in response to the COVID-19 emergency regulations, allowing our specialists to complete same-day, thereby, significantly increasing the number of EMS providers in Kentucky.
- Created an accessible option for Kentucky EMS providers to obtain CE during the EMS training center closures resulting from the COVID-19 pandemic. KBEMS is the first state EMS office to work in partnership with Jones and Bartlett Learning (Public Safety Group) to create an affordable online EMS continuing education (CE) training package.
- Continued support of the KY TRAIN learning management system training modules for: Telephone-Cardiopulmonary Resuscitation (T-CPR) for telecommunicators; First Responder Opioid Awareness and Exposure Training in cooperation with the Kentucky Department for Public Health; and Alpha-gal syndrome awareness.
- Created and implemented online training module for First Responder Narcan Administration course in cooperation with the Kentucky Department for Public Health, providing safety recommendations to first when in the presence of an opioid crisis.
- Created and implemented online training module for EMS Provider Pediatric Abusive Head Trauma course in cooperation with the Kentucky Emergency Medical Services for Children Program.
- Completed digital conversions of certification and licensure files into the Kentucky Emergency Medical Services Information System (KEMSIS).
- Developed and implemented new applications to meet the changing needs of EMS providers and improve the processes to streamline NREMT certification update application, downgrade application, provider and service refund application, service personnel update application, initial Training and Educational Institution (TEI) application, and restricted certification application
- Participated in the National Association of State EMS Officials Personnel Licensure Council and Education Committee and the Kentucky Medical Orders for Scope of Treatment Coalition.

2020 BY THE NUMBERS

6,491

EMS Provider Renewals Issued

1,100

Support Tickets Answered

325

EMS Provider CE Audits

237

Individual EMS Credential Verification Requests

187

EMS TEI Policy Audits

165

Medical Director Credential Audits

165

Initial EMS Certification Course Approval Numbers

72

EMS TEI Renewals

26

EMS TEI Inspections for Initial Certification & Upgrades

12

CE Course Approvals for KY EMS/Healthcare Symposiums

- Worked in partnership with the J.B. Speed School of Engineering, University of Louisville to develop an emergency vehicle driving training simulator for EMS and other emergency responders.

PRE-COVID VS. COVID CERTIFICATIONS/LICENSES

Issued 2,667 EMS provider certifications and/or licenses. This includes initial, reinstatement, reciprocity and temporary.

	EMR	EMT	AEMT	PARAMEDIC	CRITICAL CARE	EDUCATOR
PRE-COVID INITIAL	18	209	8	49	33	9
PRE-COVID RECIPROCITY	0	61	7	46		
PRE-COVID REINSTATEMENT	4	20	0	8		
PRE-COVID TEMPORARY	0	10	1	9		
COVID INITIAL	0	314	51	151		88
COVID RECIPROCITY	3	150	32	164		5
COVID REINSTATEMENT (NO FEE)	102	752	102	160		
COVID REINSTATEMENT (WITH FEE)	0	8	1	4		9
COVID TEMPORARY	0	19	45	15		
TOTALS	127	1543	247	606	33	111

EMS FOR CHILDREN PROGRAM ACCOMPLISHMENTS

- Provided and supported pediatric education for EMS providers throughout the state.
- Represented KBEMS and EMS on multiple state and national boards and committees focused on pediatric issues.
- Morgan Scaggs served as Chair of the Pediatric Emergency Care Council of the National Association of State EMS Officials until November 2020.
- Distributed pediatric transport devices, length-based resuscitation tapes, and Safe Infant packets to EMS agencies.
- Publication of the KIDSTUFF newsletter.
- Hosted the 4th annual meeting of the Kentucky Pediatric Emergency Care Coalition, a collaborative effort focused on improving pediatric emergency care in the emergency department.
- Recognized two additional hospital emergency departments as Pediatric Ready, bringing the total number of recognized facilities to seven.
- Recognized 24 EMS Agencies for their commitment to improving pediatric emergency care.



RECOGNIZED FOR THE 3RD CONSECUTIVE YEAR

Hebron Fire Protection District
 Jessamine Co. EMS
 Madison Co. EMS
 The Medical Center EMS

RECOGNIZED FOR THE 2ND CONSECUTIVE YEAR

Buechel Fire Protection District
 Burlington Fire Protection District
 City of Pikeville Fire & EMS
 Georgetown Scott Co. EMS
 Kings Daughters Medical Transport
 Murray Calloway Co. Hospital Ambulance Service
 Oldham Co. EMS
 Somerset Pulaski Co. EMS

RECOGNIZED FOR THE 1ST YEAR

Ballard Co. EMS
 Baptist Health Louisville EMS
 Bath Co. EMS
 Henry Co. EMS
 Hopkinsville Christian Co. EMS
 Louisville Metro EMS
 Marshall Co. EMS
 Mayfield Graves Fire Department
 Montgomery Co. Fire & EMS
 St. Matthews Fire Department
 Woodford Co. EMS

KENTUCKY EMSC PERFORMANCE MEASURES

- » By 2026, 90 percent of EMS agencies in the state or territory have a designated individual who coordinates pediatric emergency care.
- » In 2017, 21% of KY agencies met this metric and reassessment will be completed in 2021.
- » By the end of 2019, 53% of 911-responding ground EMS services had designated a Pediatric Emergency Care Coordinator (PECC).
- » A recent study "found that the availability of a PECC in an agency is associated with increased frequency of pediatric psychomotor skills evaluations.
- » By 2026, 90 percent of EMS agencies will have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment.

*Hilary A. Hewes, Michael Ely, Rachel Richards, Manish I. Shah, Stephanie Busch, Diane Pilkey, Katherine Dixon Hert & Lenora M. Olson (2018): Ready for Children: Assessing Pediatric Care Coordination and Psychomotor Skills Evaluation in the Prehospital Setting, Prehospital Emergency Care, DOI: 10.1080/10903127.2018.1542472

FIELD OPERATIONS ACCOMPLISHMENTS

- Completed inspections for all EMS agencies in Kentucky.
- Staffed the Kentucky State Emergency Operations Center for the COVID-19 pandemic, in conjunction with other KBEMS staff, until a "remote" model was established.
- Implemented Emergency Modifications to EMS Agency Kentucky Administrative Regulations:
 - » 202 KAR 7:501
 - » 202 KAR 7:510
 - » 202 KAR 7:540
 - » 202 KAR 7:545
 - » 202 KAR 7:550
 - » 202 KAR 7:555
 - » 202 KAR 7:560
 - » 202 KAR 7:801
- Conducted a webinar to introduce and explain the changes made to the above-referenced Kentucky Administrative Regulations.
- Created numerous guidance documents for KBEMS COVID-19 Response, including:
 - » Interim Guidance for KY EMS Agencies for COVID-19 Response
 - » Conservation of PPE Guidance
 - » On-Duty COVID-19 Precautions for EMS Providers Infographic
 - » COVID-19 Medical Spanish Terminology for EMS Providers Infographic
- Provided guidance on conducting agency and vehicle inspections during COVID-19.
- Introduced and implemented a method to conduct remote/virtual inspections of agencies and vehicles/aircraft.
- Conducted weekly survey of Kentucky EMS Agencies to assess EMS agency staffing levels for COVID-19 response.
- Assisted Kentucky Department of Public Health with allocation of Personal Protective Equipment for EMS agency COVID-19 response.
- Assisted with implementation of weekly/monthly KBEMS EMS Agency Administrator calls.
- Coordinated with Somerset Community College to acquire and distribute face shields that they created with 3D printing method.
- Advised KBEMS Fee Regulation Task Force.

the
show
must
go
on.
and
we
made
sure
it
did.

1,208
Licensed Ambulances
76
Vehicles Added
IN 2020

DATA ACCOMPLISHMENTS



- Awarded a grant from the Kentucky Transportation Cabinet's Office of Highway Safety for \$93,440.00 to continue work on the Kentucky State Ambulance Reporting System (KSTARS) data program.
- Migrated KEMSIS and KSTARS to Amazon Web Services hosting for improved performance and resilience.
- Built fee-free emergency reinstatement applications in KEMSIS for COVID-19 pandemic response resulting in 1,012 issued credentials.
- Pivoted all individual applications in KEMSIS to coincide with COVID-19 pandemic emergency regulations.
- Converted numerous PDF checklists to dynamic pages on the website for easier access and optimized experience for mobile device users.

- Hired Alethea Bernard to coordinate the statewide Cardiac Arrest Registry to Enhance Survival (CARES) project.
- Participated in Kentucky Highway Safety Traffic Records Advisory Council.
- Participated with National Pre-Hospital and Hospital Data Integration Summit in Washington, DC.
- Drew Chandler served as Secretary for the Data Management Council of the National Association of State EMS Officials (NASEMSO).
- Voted to revise portions of 202 KAR 7:540 Data Collection Regulation to improve timeliness and quality of submissions.
- Performed a soft-release of the Biospatial data visualization platform.
- Performed daily administration and maintenance activities to ensure operational readiness of all systems.

KSTARS & KEMSIS HIGHLIGHTS

834,474

Incident Reports Received in KSTARS

2,634

Customer Support Portal Cases Fielded

139

Software Development Enhancements

to KEMSIS & KSTARS

62

Data Requests Processed for Agencies with

Data Sharing Agreements

50

Open Record Requests Processed for

KEMSIS Certification & License Data

18

Open Record Requests Processed for KSTARS Data

analyzing
data
drives
better
decision
making.

MISSION: LIFELINE

The American Heart Association recognizes the critical life-saving role prehospital emergency services provide to the overall success of a STEMI system of care. The availability of 12-lead ECGs and well trained EMS providers allow for rapid identification of STEMIs, early activation of hospital emergency and cardiac teams and transportation to a STEMI Receiving or Referral center for immediate care.

The EMS agencies recognized here have achieved 75% or higher on the following criteria that are applicable to their systems:

» Patients with non-traumatic chest pain ≥ 35 years, treated and transported by EMS who receive a prehospital 12-lead electrocardiogram.

» STEMI patients transported directly to a STEMI receiving center with prehospital first medical contact-to-device time ≤ 90 minutes.

» Lytic-eligible patients transported to a STEMI referring center with a door-to-needle time in ≤ 30 minutes.

2020 AMERICAN HEART ASSOCIATION MISSION: LIFELINE RECIPIENTS

GOLD PLUS

Anchorage Middletown Fire & EMS
Buechel Fire EMS
City of Erlanger Fire/EMS
Georgetown-Scott Co. EMS
Louisville Metro EMS
Medical Center EMS
Murray Calloway Co. EMS

SILVER PLUS

Mercy Regional EMS
St. Matthews Fire & Rescue

BRONZE PLUS

Somerset-Pulaski Co. EMS

GOLD

Independence Fire District
Jessamine Co. EMS
Madison Co. EMS
Montgomery Co. Fire & EMS
Oldham Co. EMS

SILVER

Estill Co. EMS
Jeffersontown Fire & EMS
Lyon Co. EMS

BRONZE

Mayfield-Graves Co. Ambulance

AMBULANCE BLOCK GRANT

KRS 311A.155 authorizes the Kentucky Board of Emergency Medical Services to maintain a Block Grant fund program for the purpose of assisting units of local government in the provision of emergency medical services. This administrative regulation establishes standards and criteria governing the allocation of emergency medical services funding assistance to eligible applicants. An annual grant allocation in the amount of \$10,000.00 is distributed to each applicant county that is in compliance.

GRANT MONEY AWARDED	
2020	\$1,030,000
2019	\$1,080,000
2018	\$1,060,000
2017	\$980,000
2016	\$1,035,870

MOST FREQUENTLY PURCHASED ITEMS WITH BLOCK GRANT FUNDING

Ambulance, Chassis/Remount,
Lease Payment

Power Stretcher

Video Laryngoscope

Training Equipment
& Manikins

Mechanical Chest
Compression Device

EZ IO Drills/Bags

Mobile/Portable Radio

Stryker Stair Chair
Hazmat Equipment

Backboard

Monitor/Defibrillator

Traction Splint

Transport Ventilator

Laptop Computer

COVID-19: A WHOLE NEW WORLD

Coronavirus a.k.a. COVID-19, you were and still are a mean one.

In 2020, you flipped and forced our world, our nation and our Commonwealth in a new direction. You came in like a wrecking ball. Simply put, you created a whole new world and a whole new way of operating in the EMS profession and in our every day lives in general.

In fact, although we didn't know it at the time, but as you are reading this, you, that nasty COVID monster you, have succeeded in eclipsing the number of pandemic deaths than those that resulted from the infamous Spanish Flu of 1918.

You've made face masks a "thing," even though EMS professionals and healthcare workers have long been following this face mask rule along with other safety precautions and guidelines before you were a "thing."

Because of you, we've "quarantined," "social distanced" and more. We've never seen so many bottles of hand soap and sanitizer. We couldn't find the essentials in stores. Life has been (and still is) restrictive. It's just different.

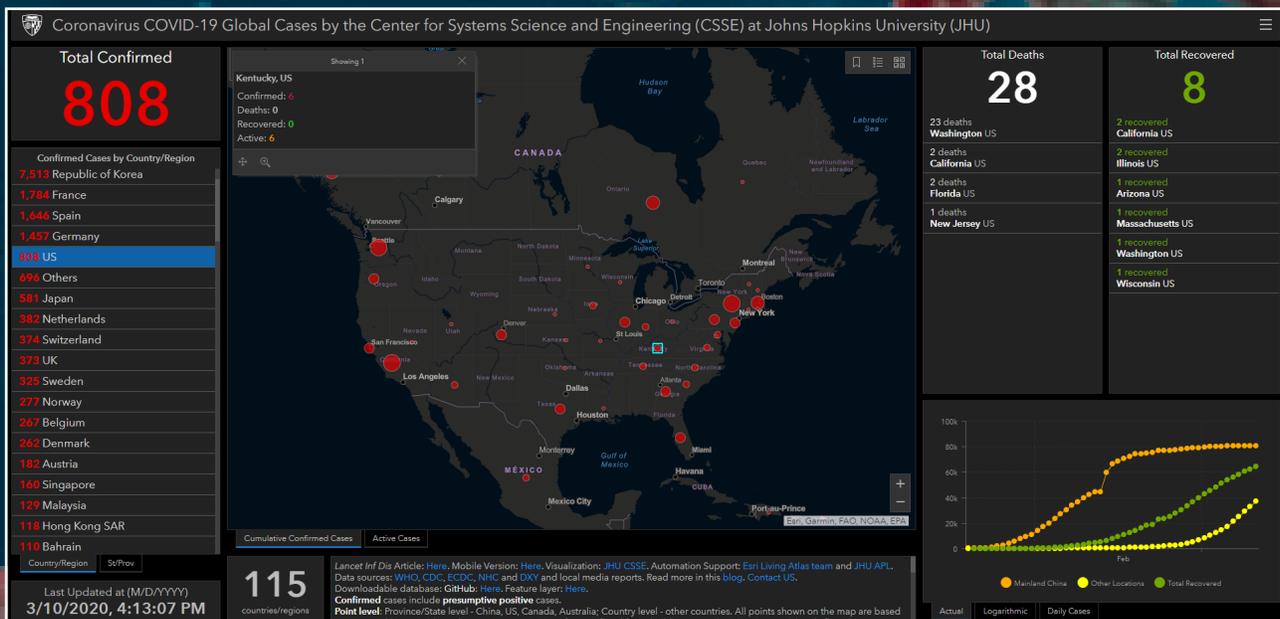
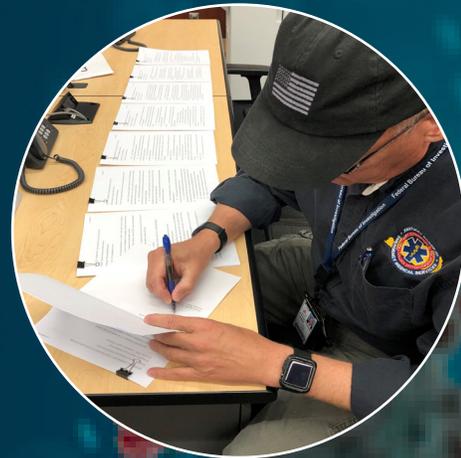
You've ignited fears of going to grocery stores, public places and traveling in general. You've ruined vacations and special celebrations. You've shut down restaurants, schools and businesses.

Patients' hospital needs have far exceeded capacity. Rooms have been filled with patients who had to be intubated. You've caused ruthless deaths.

First responders, emergency personnel and front line workers were (and still are), pushed to their limits. On top of 24/7/365 case load they were already dealing with, they were now forced to attend to your elusive, evolving, and cruel disease.

You've ensued panic in some cases as you revealed new information and details about yourself almost every day. The effects you've had on physical and mental health are immeasurable.

The world is at a halt, waiting on you to end. But we can only end you by working together. At a certain point, it was fight or flight time. And guess what? EMS, first and front line professionals rallied and chose to fight for us all, just as they always do. There was no other option.



OUR OPERATIONS

The Kentucky Board of Emergency Medical Services began manning rotating staff at the Kentucky Department for Public Health's (KDPH) State Emergency Operations Center (EOC) in Frankfort in March 2020. While select KBEMS staff were present in Frankfort, other staff continued working remotely for the rest of the year, and were able to complete everyday tasks with no interruption other than taken on new tasks resulting from COVID amid daily Microsoft Teams meetings.

While we received updates from Gov. Andy Beshear and the KDPH at the State EOC, our directors provided updates to those entities in return.

We jumped into action by issuing new emergency orders, waivers and modifications to administrative regulations promulgated by the Board, which necessary to protect public health and safety, and dealt with:

- »» First Responders; EMTs; Requirements for examination, certification, and recertification of the advanced emergency medical technician; Paramedics; Training, education, and continuing education; and Scope of Practice.
- »» Ambulance agency licensure; Air ambulance services; EMS data collection, management and compliance; License classifications; Required equipment and vehicle standards; Ground agencies; Ground vehicle staff; and Medical directors.

We quickly developed a special page on our kyems.com website to house information for providers as well as general education resources to help others spread information and not spread COVID. Other than the previously mentioned items, we included other resources:

- »» Provider checklists for completing certifications & licensure
- »» Statewide EMS Administrators Conference Call Archives, which were held on a weekly basis in March-May of 2020; and later scheduled on a as-needed basis
- »» Infographics, flyers and guidance on: Opioid Overdose & COVID-19; Cardiac Arrest/STEMI Incident studies; Vehicle Inspection; Physical and Mental Well-being; safety precautions; best practices; PPE; Spanish language information; and more
- »» CDC and other national and local resources

Near daily updates were also pushed out through KBEMS owned and earned media, which included heavy use of social media content-specific messaging, and through our Heads Up! mobile app.

Most importantly, we all came together as one team dedicated to moving Kentucky EMS forward, just like we always do, and we couldn't have done that without the support of our Commonwealth's resilient EMS heroes.

We received pictures of our KBEMS flag appearing with a crew at Times Square in New York City; teams finding a way to celebrate National EMS Week in a new fashion. Random acts of kindness and recognitions filled our pages, as did so much more.

As tough as these times have been, it's also a wonderful reminder that there are so many people out there, especially in our profession, committed to fighting the good fight and making unthinkable, selfless sacrifices to take care of the greater good.

We are truly all in this together, and we always will be. The truth is, we all make one another better.



EMS PROVIDER LEVELS



EMERGENCY MEDICAL RESPONDER (EMR)

INITIAL TRAINING HOURS = 50
RECERTIFICATION HOURS = 17

Possess knowledge and skills necessary to provide immediate lifesaving interventions while awaiting additional EMS resources to arrive; provide assistance to higher-level personnel at the scene of emergencies.

ADVANCED EMERGENCY MEDICAL TECHNICIAN (AEMT)

INITIAL TRAINING HOURS = 400
RECERTIFICATION HOURS = 48

Performs interventions with basic and advanced equipment typically found on an ambulance, and is an important link for administering ALS care from the scene to the emergency health care system.

EMERGENCY MEDICAL TECHNICIAN (EMT)

INITIAL TRAINING HOURS = 150
RECERTIFICATION HOURS = 24

Possess knowledge and skills necessary to stabilize and safely transport patients ranging from non-emergency and routine medical transports to life threatening emergencies.

PARAMEDIC

INITIAL TRAINING HOURS = 2,000
RECERTIFICATION HOURS = 60

An allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients, and who possesses the complex knowledge and skills necessary to provide patient care and transportation.

EMS is a vital component of healthcare, on any given day, in almost every community in our nation, responding to calls for help, 24/7/365.

According to the 2011 National EMS Assessment, EMS responds to 37 million calls per year in the United States with annual expenditures of approximately \$5 billion!

24/7/365



TYPE I

A Type I is a Cab Chassis with modular body. The major feature of a Type I ambulance is that it is based on a truck style body with a separate driver compartment. Most heavy duty ambulances are of this type.



TYPE II

Type II ambulances are a long wheelbase van type with an Integral cab design. Many long-distance transport services use Type II ambulances because of their increased fuel efficiency. In general they do not make for practical emergency services because of their cramped spaces.



TYPE III

A Type III ambulance, much like a Type I ambulance, has a separate square patient compartment that is mounted onto an existing chassis. The difference between the two ambulances lies in what types of chassis are used. A Type 3 ambulance is mounted on the cut-a-way chassis of a van, whereas Type I ambulances utilize a truck chassis.



ROTOR WING

Rotary-wing refers to the rotating “wings” (or blades) used by helicopters. Helicopter ambulances are used in a variety of situations, primarily dealing with emergency response. Hospitals utilize them to carry specially trained air EMS teams out to a location where a patient has been injured, and then to escort the patient safely and quickly back to the hospital.



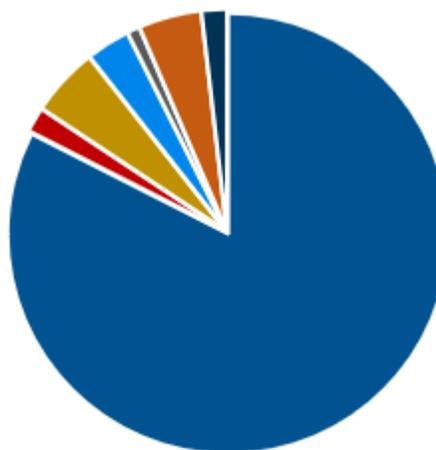
FIXED WING

Fixed-wing refers to wings that do not move, or are “fixed” in a specific location on the aircraft. Longer-distance air ambulances possess high-tech medical equipment to accommodate a patient and a medical crew. Fixed-wing ambulances are a necessity for quickly and comfortably transporting patients across countries, oceans and continents.

Kentucky Licensed Agencies

KY Licensed Agencies

Classification	#	%
Class I	179	82.5%
Class II	4	1.8%
Class III	11	5.1%
Class IV	7	3.2%
Class VI	2	.9%
Class VII	10	4.6%
Class VIII	4	1.8%



■ I ■ II ■ III ■ IV ■ VI ■ VII ■ VIII

Permit Level

ALS Only	19	ALS & BLS	176
BLS Only	19	ALS - Rotor, ALS/BLS - Fixed	3

Agency Organization Type

Community, Non-Profit	47	Hospital	23
Fire Department	53	Private, Non-Hospital	55
Governmental/ Non-Fire	38		

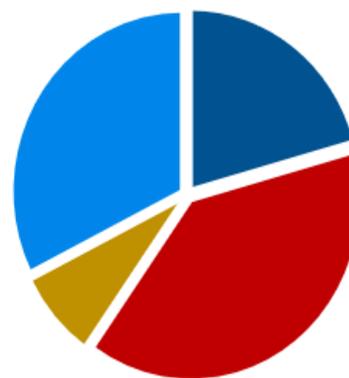
- »»» **CLASS I** Class I ground ambulance services shall operate at the ALS or BLS level to provide emergency and nonemergency transportation.
- »»» **CLASS II** Class II ground ambulance services shall operate at the BLS level only to provide nonemergency transportation.
- »»» **CLASS III** Class III ground ambulance services shall operate at the ALS level only to provide critical care, emergency or nonemergency transportation between health care facilities.
- »»» **CLASS IV** Class IV ground ambulance services shall operate at the ALS or BLS level to provide emergency and nonemergency transportation for restricted locations such as industrial sites and other sites that do not provide services outside a designated site.
- »»» **CLASS VI** Class VI services provide ALS medical first response without patient transport.
- »»» **CLASS VII** Class VII rotor wing air ambulance services may provide ALS emergency / or nonemergency transportation. Fixed wing class VII services may provide ALS or BLS emergency or nonemergency transportation.
- »»» **CLASS VIII** Class VIII services provide BLS or ALS pre-hospital care above the first-aid level at special events, sports events, concerts, or large social gatherings.

KENTUCKY TRAINING & EDUCATIONAL INSTITUTIONS

Kentucky Licensed Training & Educational Institutions

Training & Educational Institution Types

Classification	#	%
EMS-TEI 1	0	0%
EMS-TEI 2	37	20.7%
EMS-TEI 3	70	39.1%
EMS-TEI 4	14	7.8%
EMS-TEI CE	58	32.4%



■ EMS-TEI 2 ■ EMS-TEI 3 ■ EMS-TEI 4 ■ EMS-TEI CE

159 Courses Issued for 2020

6
EMR Courses

121
EMT Courses

18
AEMT Courses

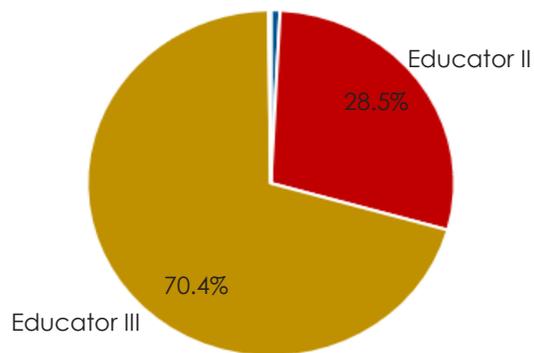
14
Paramedic Courses

EMS-TEI LEVELS

- »» EMS-TEI 1 Certified to teach EMR.
- »» EMS-TEI 2 Certified to teach EMR and EMT.
- »» EMS-TEI 3 Certified to teach EMR, EMT, and AEMT.
- »» EMS-TEI 4 Certified to teach EMR, EMT, AEMT, and Paramedic.
- »» EMS-TEI CE Certified to teach Continuing Education only.

Kentucky Licensed Educators

Educator Levels		
Level	#	%
Educator I	4	.8%
Educator II	141	28.5%
Educator III	348	70.4%
Educator IIIIR	1	.2%
Total	494	100%



Top 15 Educator County of Residence

1. Jefferson	6. Kenton	11. Jessamine
2. Fayette	7. Pike	12. Lincoln
3. Pulaski	8. Clark	13. Boyd
4. Boone	9. Hardin	14. Garrard
5. McCracken	10. Scott	15. Laurel

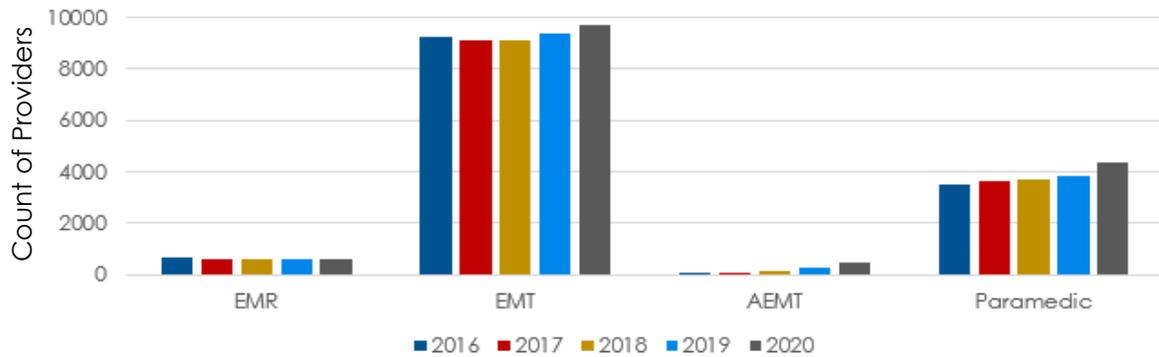
Educator Licenses Issued in 2020

	Educator I	Educator II	Educator III	Educator IIIIR
Initial	0	18	79	0
Renewal	3	122	356	2
Reciprocity	0	0	5	0
Reinstatement	0	2	7	0
Total	3	142	447	2

EDUCATOR LEVELS

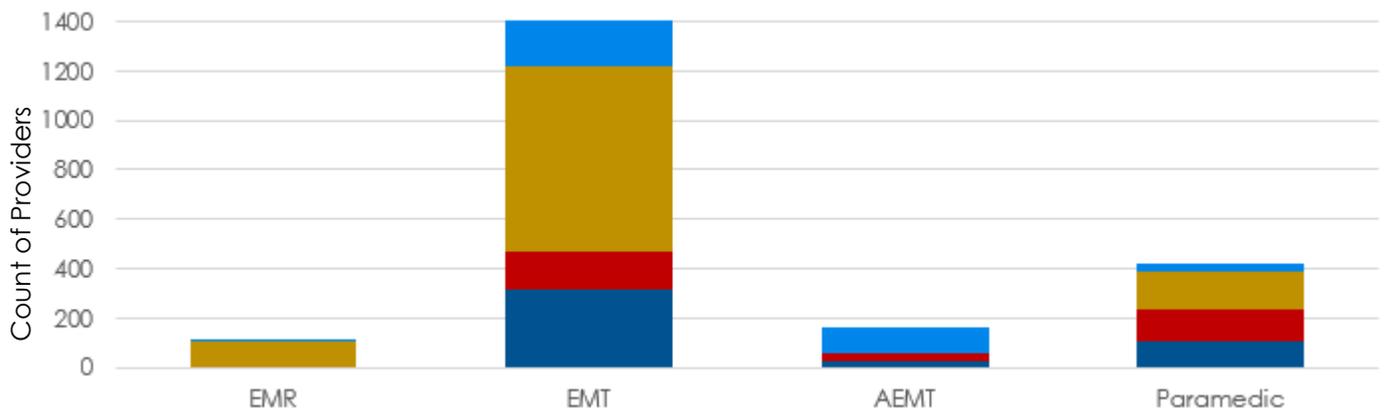
- »» **EDUCATOR I** | EMR Initial or Continuing Education Courses
- »» **EDUCATOR II** | EMR or EMT Initial or Continuing Education Courses
- »» **EDUCATOR III** | EMR or EMT Initial or Continuing Education Courses;
AEMT or Paramedic Initial or Continuing Education Courses
- »» **EDUCATOR IIIIR** | AEMT or Paramedic Initial or Continuing Education Courses

Kentucky Certified / Licensed Providers



	2016	2017	2018	2019	2020
EMR	639	632	599	569	593
EMT	9,257	9,081	9,136	9,370	9,717
AEMT	61	102	155	251	450
Paramedic	3,495	3,632	3,702	3,857	4,369
Total	13,452	13,447	13,592	14,047	15,129

2020 Emergency Certifications

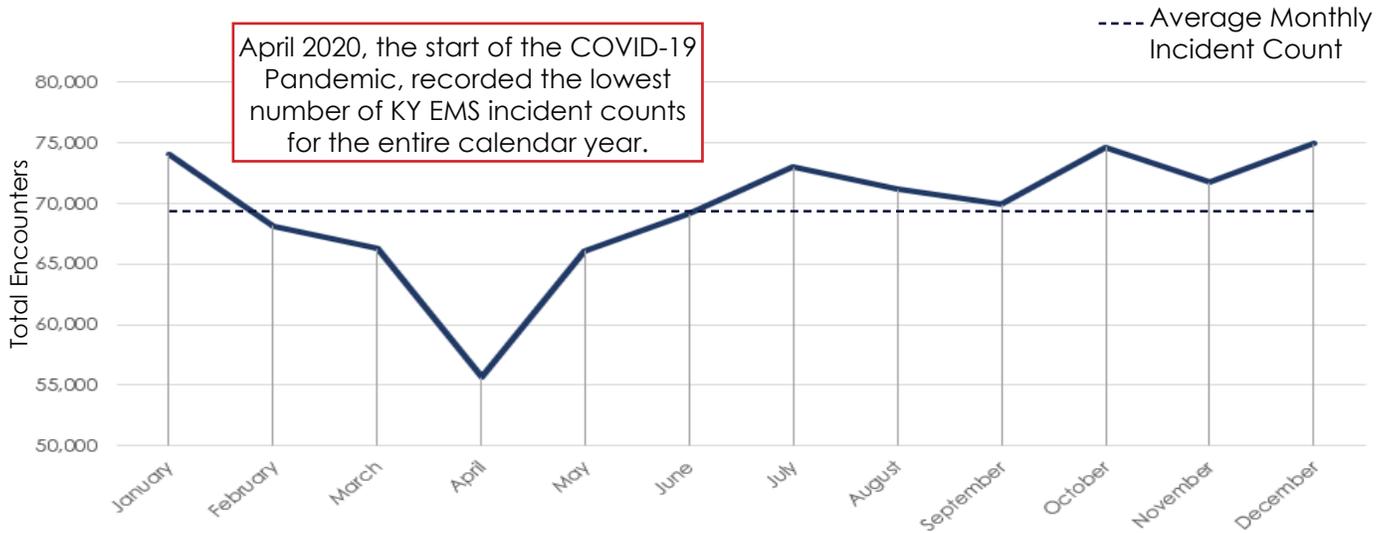


	Initial	Reciprocity	Reinstatement	Temporary	Total
EMR	1	3	102	1	107
EMT	315	154	748	184	1,401
AEMT	27	29	4	106	166
Paramedic	102	130	155	35	422
Total	445	316	1,009	326	2,096

KENTUCKY INCIDENTS REPORTED TO KSTARS

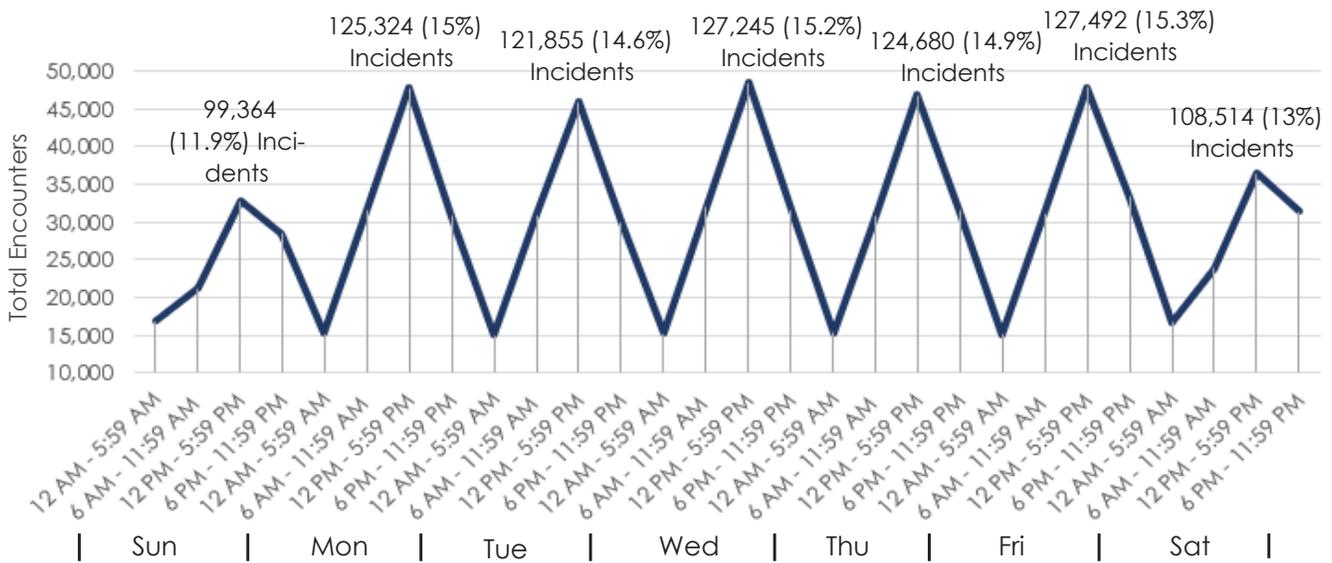
834,474 EMS Incidents
Reported to KSTARS for Calendar Year 2020

Monthly Incidents

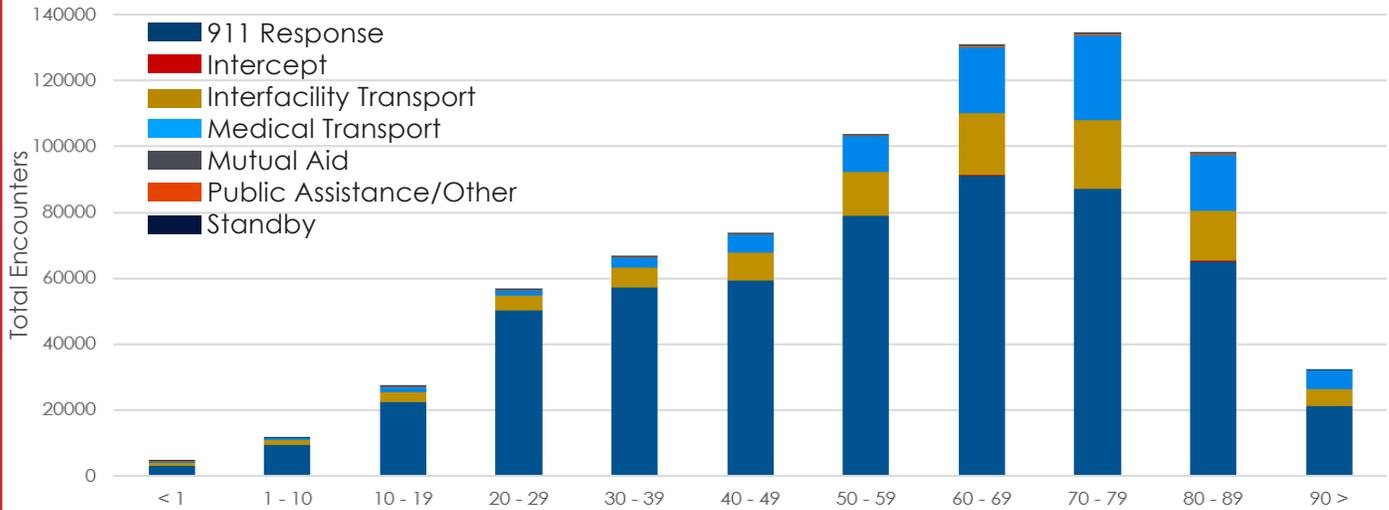


January	73,988 (8.9%)	May	66,056 (7.9%)	September	69,907 (8.4%)
February	68,150 (8.2%)	June	69,092 (8.3%)	October	74,629 (8.9%)
March	66,259 (7.9%)	July	72,959 (8.7%)	November	71,712 (8.6%)
April	55,629 (6.7%)	August	71,167 (8.5%)	December	74,926 (9.0%)

Incident Peak Times by Day of Week



Patient Age Range by Service Requested

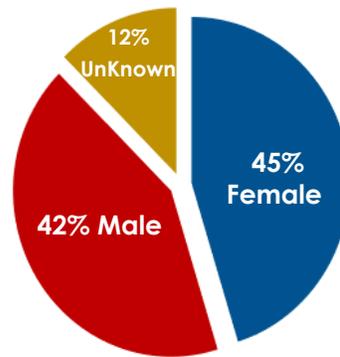


Age Range	# (%)	Age Range	# (%)
<1 Years of Age	4,484 (.6%)	50 - 59 Years of Age	103,568 (14%)
1 - 9 Years of Age	11,709 (1.6%)	60 - 69 Years of Age	130,667 (17.6%)
10 - 19 Years of Age	27,201 (3.7%)	70 - 79 Years of Age	134,200 (18.1%)
20 - 29 Years of Age	56,623 (7.6%)	80 - 89 Years of Age	97,925 (13.2%)
30 - 39 Years of Age	66,628 (9%)	90 - 99 Years of Age	32,160 (4.3%)
40 - 49 Years of Age	73,588 (9.9%)		

Top 10 Patient Residence by County

County	#	%
Jefferson	129,384	15.5%
Fayette	42,570	5.1%
Kenton	22,278	2.7%
Warren	16,880	2%
Madison	14,547	1.7%
Boone	14,538	1.7%
Hardin	13,189	1.6%
Boyd	12,203	1.5%
Daviess	11,888	1.4%
Campbell	11,588	1.4%

Patient Gender & Race

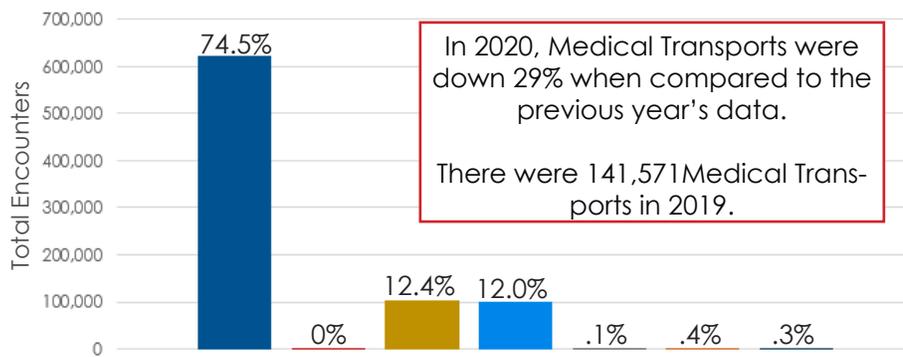


Female	377,570 (45%)
Male	352,136 (42%)
Unknown	104,771 (12%)

American Indian or Alaska native	324 (0%)
Asian	1,988 (.2%)
Black or African American	83,266 (10.4%)
Hispanic or Latino	7,550 (.9%)
Native Hawaiian or Other Pacific Islander	592 (.1%)
Not Applicable/ Not Recorded	132,843 (15.3%)
White	574,083 (71.7%)

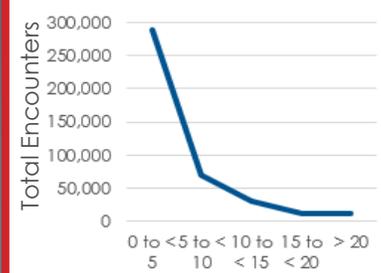
KENTUCKY INCIDENTS BY SERVICE & RUN TIMES

Type of Service Requested



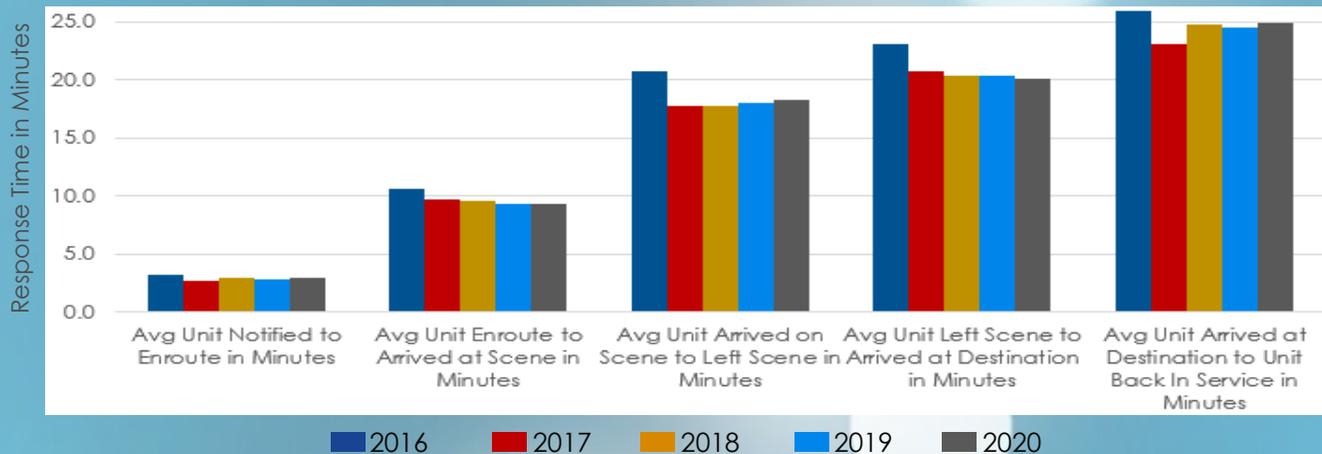
911 Response	623,140	Mutual Aid	963
Intercept	387	Public Assistance/Other Not Listed	3,742
Interfacility Transport	103,145	Standby	2,687
Medical Transport	100,403		

Mileage to Scene



Mileage	
0 to < 5	288,123 (34.5%)
5 to < 10	68,515 (8.2%)
10 to < 15	30,905 (3.7%)
15 to < 20	11,750 (1.4%)
> 20	10,975 (1.3%)
Not Recorded 424,209 (50.8%)	

Average Run Times in Minutes



Average Service Response Times	2016	2017	2018	2019	2020
Unit Notified to Enroute	3.2 Minutes	2.7 Minutes	2.9 Minutes	2.9 Minutes	2.9 Minutes
Unit Enroute to Arrived at Scene	10.7 Minutes	9.7 Minutes	9.6 Minutes	9.2 Minutes	9.3 Minutes
Unit Arrived on Scene to Left Scene	20.7 Minutes	17.7 Minutes	17.7 Minutes	18 Minutes	18.2 Minutes
Unit Left Scene to Arrived at Destination	23 Minutes	20.8 Minutes	20.3 Minutes	20.3 Minutes	20.1 Minutes
Unit Arrived at Destination to Unit Back in Service	25.9 Minutes	23.1 Minutes	24.7 Minutes	24.6 Minutes	24.8 Minutes
Average Unit Notified by Dispatch to Unit Back in Service	1 Hour 24 Minutes	1 Hour 14 Minutes	1 Hour 15 Minutes	1 Hour 15 Minutes	1 Hour 15 Minutes

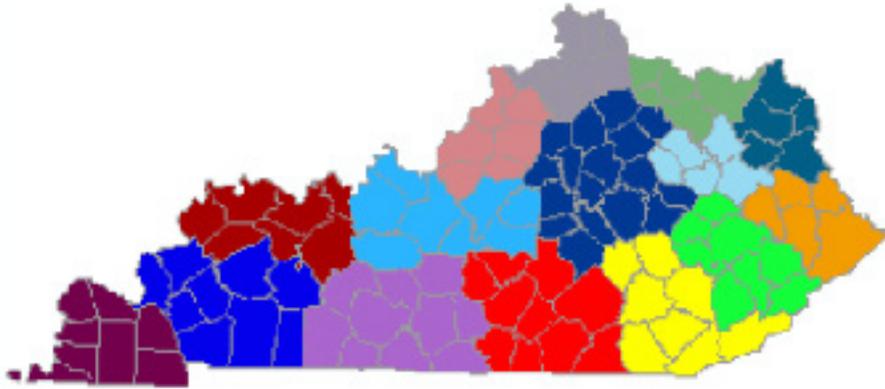
Top 10 Incident Complaints Reported by Dispatch

Incident Complaint Reported by Dispatch	Corresponding Provider Primary Impression	Count of Incidents
1. Sick Person = 114,615 Incidents	Weakness	14,257
	Not Recorded	9,656
	Generalized Abdominal Pain	6,488
2. Breathing Problem = 70,856 Incidents	Respiratory Distress, Acute	16,015
	Shortness of Breath	10,677
	Not Recorded	5,121
3. Falls = 68,665 Incidents	Injury, unspecified	8,657
	Not Recorded	7,702
	Weakness	7,451
4. Traffic/Transportation Incident = 54,149 Incidents	Not Recorded	9,694
	Injury, Unspecified	8,946
	Encounter for General Examination without Complaint	8,257
5. Chest Pain (Non-Traumatic) = 39,758 Incidents	Chest Pain, Unspecified	14,976
	Chest Pain, Other	4,309
	Not Recorded	2,984
6. No Other Appropriate Choice = 36,003 Incidents	Not Recorded	6,735
	Altered Mental Status	3,922
	Weakness	3,146
7. Unknown Problem/Person Down = 27,675 Incidents	Not Recorded	11,418
	Altered Mental Status	1,495
	Obvious Death	1,396
8. Unconscious/Fainting/Near-Fainting = 22,412 Incidents	Syncope and Collapse	1,147
	Not Recorded	2,335
	Altered Mental Status	2,128
9. Overdose/poisoning/Ingestion = 19,653 Incidents	Not Recorded	3,730
	Poisoning by Heroin	3,465
	Poisoning by Unspecified Drugs	1,913
10. Abdominal Pain/Problems = 19,444 Incidents	Generalized Abdominal Pain	9,246
	Not Recorded	2,553
	Acute Abdomen	1,612

911 Scene Responses only

KENTUCKY INCIDENTS BY CALL VOLUME

Total Call Volume by Region



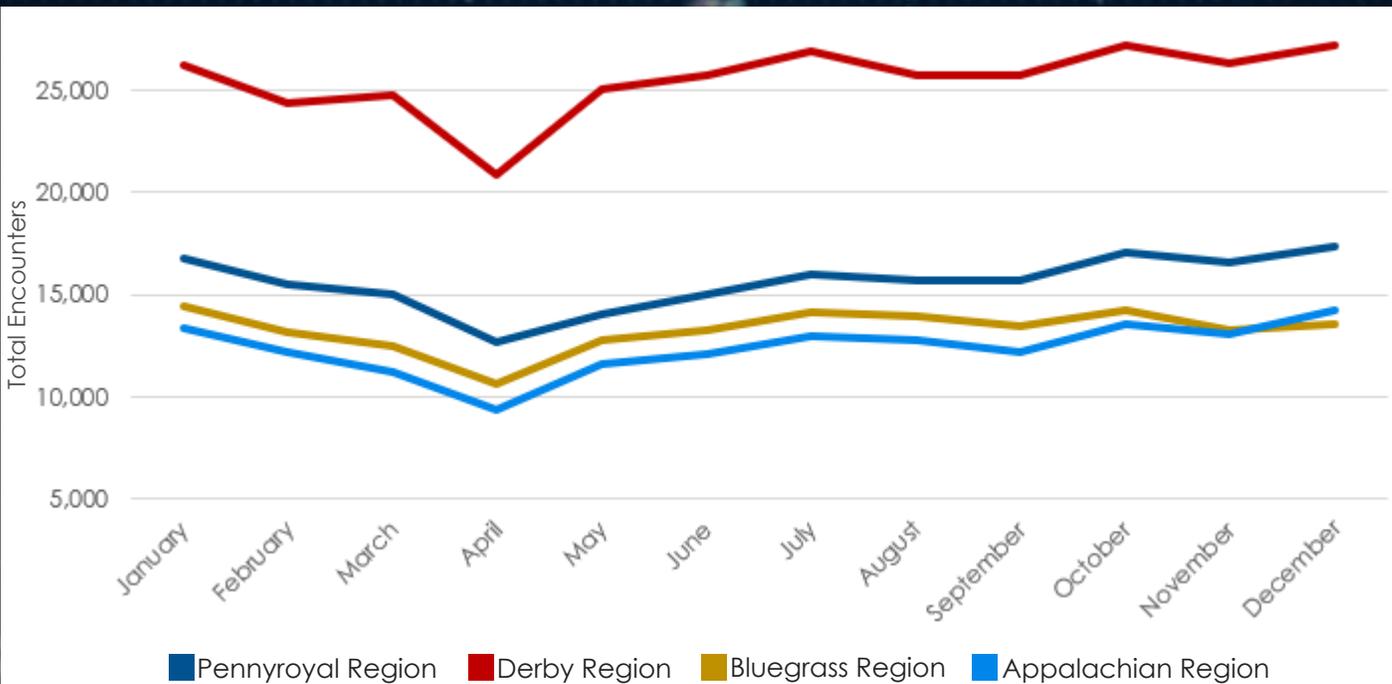
Pennyroyal Region	
District 1	33,041
District 2	31,534
District 3	33,676
District 4	50,462
District 14	38,451
Total	187,164

Derby Region	
District 5	40,275
District 6	192,326
District 7	73,422
Total	306,023

Bluegrass Region	
District 8	9,514
District 15	149,587
Total	159,101

Appalachian Region	
District 9	10,575
District 10	35,425
District 11	27,541
District 12	27,870
District 13	47,009
Total	148,420

Monthly Call Volume by Region



KENTUCKY INCIDENTS BY PATIENT DESTINATION

622,706 Patients Transported by EMS

Top 10 Facility Destinations

- Jefferson
- Fayette
- Kenton
- Warren
- Boyd
- Hardin



1. University of Louisville Hospital	22,892	6. St. Elizabeth Edgewood	14,950
2. University of KY Hospital - Chandler Medical Center	21,577	7. The Medical Center at Bowling Green	14,370
3. Baptist Health Louisville	18,747	8. Kings Daughters Medical Center	13,272
4. Norton HSP/Norton CHDRN HSP/Norton Healthcare Pavilion	17,462	9. Hardin Memorial Hospital	12,723
5. Norton Audubon Hospital	16,842	10. Baptist Health Lexington	12,383

Based on incident reports submitted to KSTARS using a valid facility ID code.

Transport Mode From Scene

Reason's for Choosing Destination	Emergent	Non-Emergent	Total (%)
Patient's Choice	39,941	143,211	183,152 (22%)
Closest Facility	51,806	130,946	182,752 (22%)
Patient's Physician's Choice	7,456	72,967	80,423 (10%)
Protocol	15,706	30,054	45,760 (5%)
Other	1,940	42,561	44,501 (5%)
Family Choice	5,145	14,093	19,238 (2%)
Regional Specialty Center	9,003	5,111	14,114 (2%)
Insurance Status/Requirement	90	5,079	5,169 (1%)

The above data does not include Not Recorded/NotApplicable incidents.

Destination Type

Hospital- ED	358,347 (43%)
Hospital- Non ED	139,537 (17%)
Nursing Home/ASL	60,526 (7%)
Home	21,961 (3%)
Medical Office/Clinic	19,979 (2%)
Other	9,374 (1%)
Other EMS Responder (Air)	2,862 (<1%)
Free Standing ED	1,180 (<1%)
Morgue	269 (<1%)
Police/Jail	188 (<1%)
Other EMS Responder (Ground)	124 (<1%)
Urgent Care	26 (<1%)
Mental Health Facility	5 (<1%)

The above data does not include Not Recorded/Not Applicable incidents.

KENTUCKY GROUND VS. AIR TRANSPORT INCIDENTS

605,691 Ground Transports

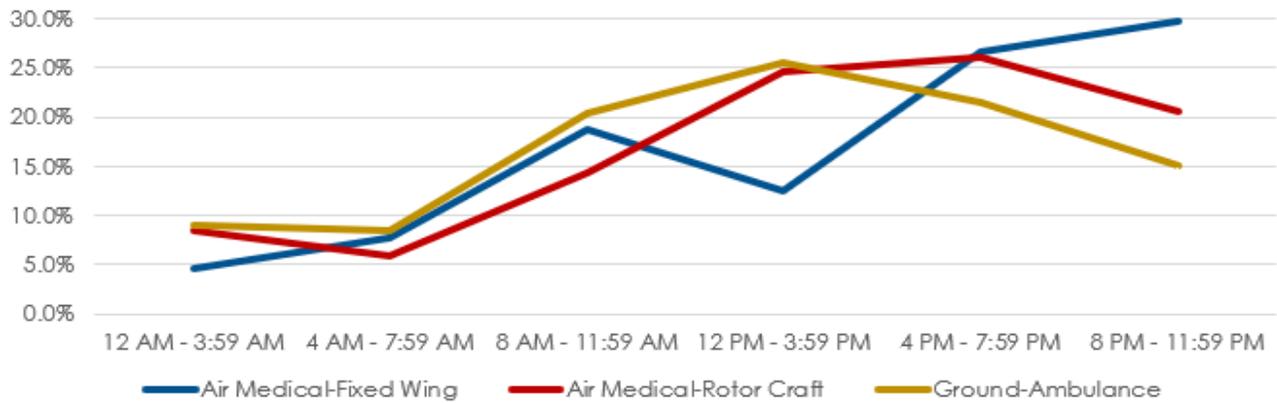


10,177 Air Transports

Provider Primary Impression

Ground Transports		Air Transports	
Top 5 Provider Primary Impressions	#	Top 5 Provider Primary Impressions	#
Weakness	52,122 (8.6%)	Injury, Unspecified	1,934 (19%)
Altered Mental Status	30,580 (5%)	Stroke	1,157 (11.4%)
Other Reduced Mobility	25,735 (4.2%)	Altered Mental Status	881 (8.7%)
Generalized Abdominal Pain	23,294 (3.8%)	Acute Pain, Not Elsewhere Classified	332 (8.3%)
Injury, Unspecified	21,821 (3.6%)	Respiratory Distress, Acute	296 (2.9%)

Incident Peak Times



Type of Service Requested

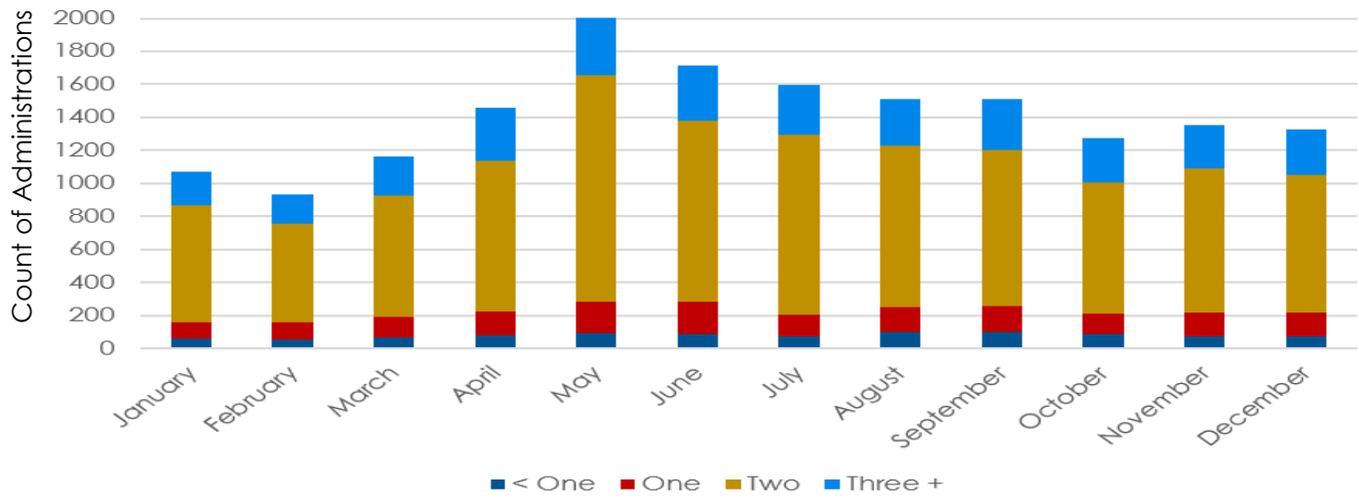
Service Type	Ground Transports	Air Transports
911 Response	423,713 (70%)	4,141 (41%)
Intercept	201 (0%)	0 (0%)
Interfacility Transport	89,467 (15%)	5,968 (59%)
Medical Transport	91,036 (15%)	62 (<1%)
Mutual Aid	441 (<1%)	3 (0%)
Public Assistance	667 (<1%)	1 (0%)
Standby	165 (0%)	0 (0%)

Air Medical - Rotor Wing Transports	10,113	Air Medical - Fixed Wing Transports	64
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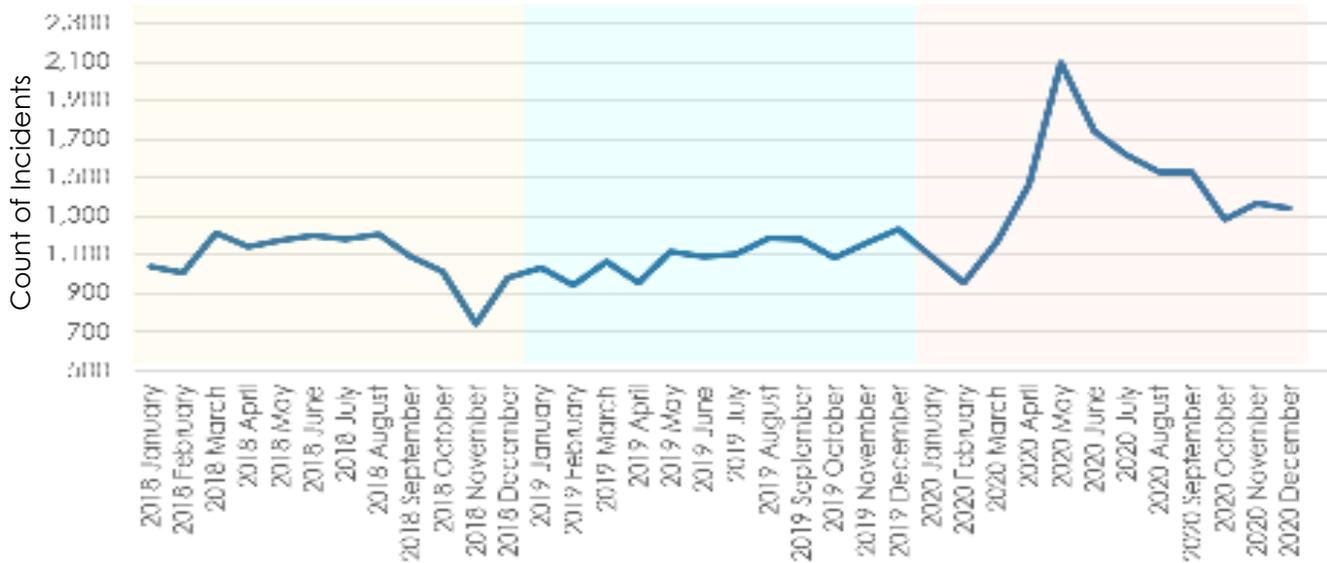
KENTUCKY NALOXONE ADMINISTRATION INCIDENTS

17,173 Naloxone Administrations

Monthly Naloxone Administrations *by Dosage*



Yearly Naloxone Administrations *by Month*



Patient Condition After Receiving Naloxone

Patient Improved	62%
Patient Unchanged	37%
Patient Worse	<1%

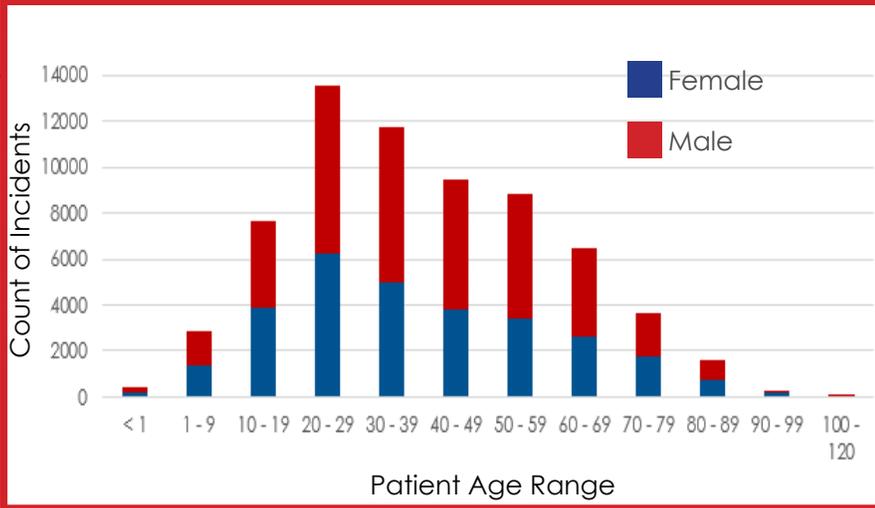
Peak Times

	AM			PM		
Hour Range	12 - 3:59	4 - 7:59	8 - 11:59	12 - 3:59	4 - 7:59	8 - 11:59
%	11.8%	7.9%	12.9%	20.8%	24.4%	22.2%

KENTUCKY HIGHWAY SAFETY INCIDENTS

46,003 Traffic / Transportation Incidents

Patient Age Range & Gender



55,000
Traffic/Transportation Incidents Reported by Dispatch

795
Mass Casualty Traffic/Transportation Incidents

10,374
Traffic Incidents with No Airbag Deployed or No Airbag Present

1,097
Traffic Incidents with Critical Patient Acuity

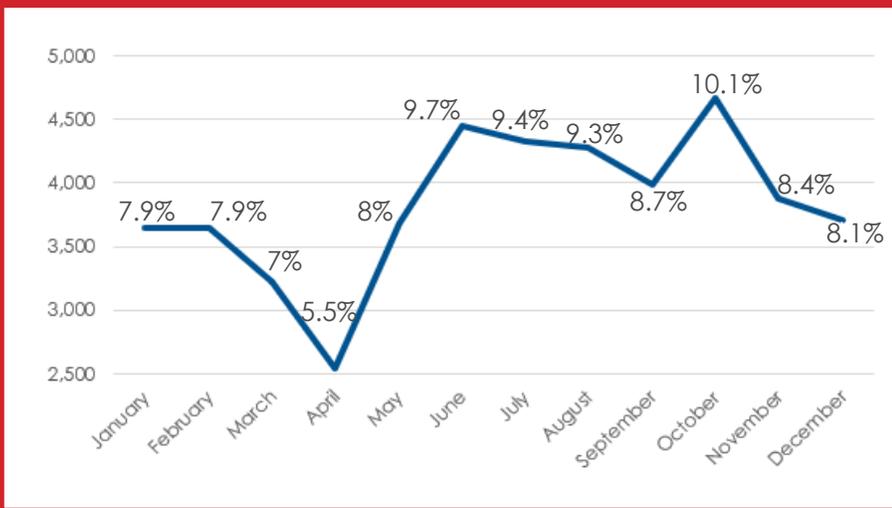
2,135
Traffic Incidents with Positive Alcohol / Drug Use Indicators

70%
Traffic Incident Patients who were also the Driver of the Vehicle

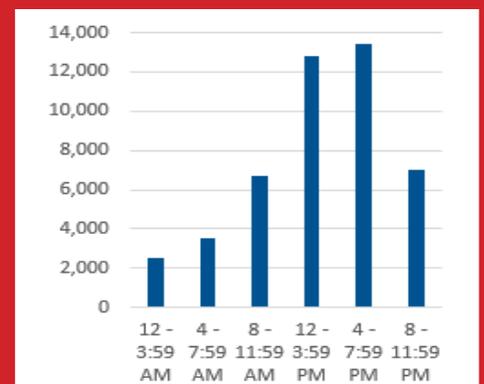
Top 10 Counties Where Traffic / Transportation Incidents Occurred

1. Jefferson	11,080	6. Hardin	1,020
2. Fayette	3,159	7. Laurel	934
3. Warren	1,241	8. Daviess	802
4. Madison	1,215	9. Bullitt	685
5. McCracken	1,038	10. Henderson	666

Peak Times by Month



Peak Times by Hour Range

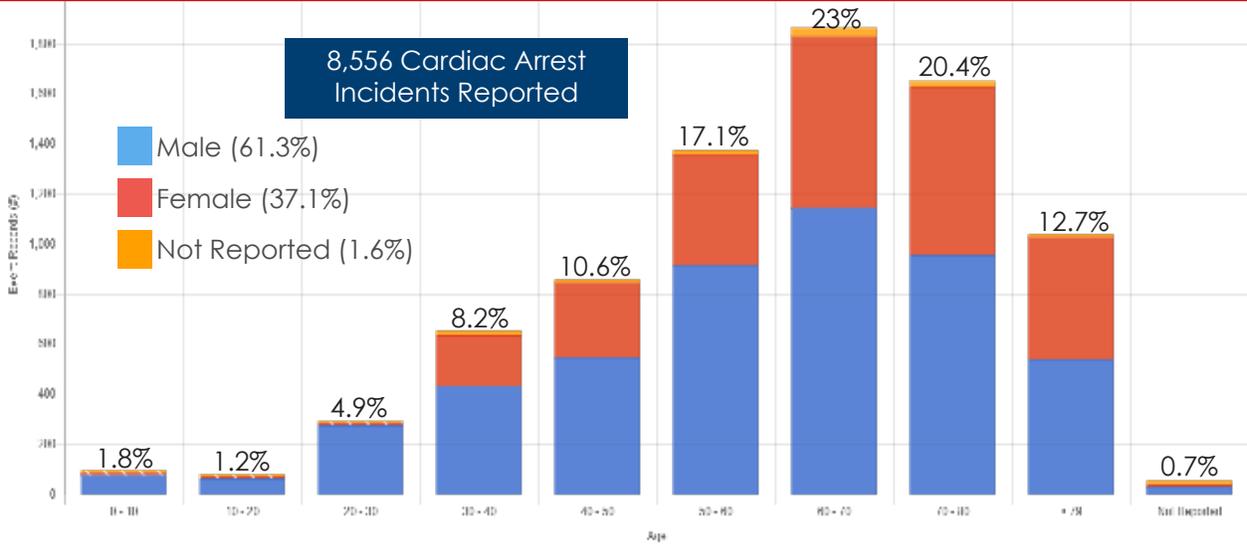


Highway safety incidents are defined as incidents where the complaint reported by dispatch is equal to 'Traffic/Transportation' and incident location type contains any "highway, roadway, or street".

KENTUCKY CARDIAC ARREST INCIDENTS

Cardiac Arrest Incidents

Patient Age & Gender



Measure	Description	% True	Numerator	Numerator Unknown	Denominator	% Unknown
Bystander AED	Percentage of cardiac arrest events occurring prior to EMS arrival for which an AED was utilized by a bystander.	7%	418	255	6,364	4%
Bystander CPR	Percentage of cardiac arrest events occurring prior to EMS arrival for which CPR was performed by a bystander.	31%	1,975	1,260	6,364	20%
Bystander Witnessed	Percentage of cardiac arrest events occurring prior to EMS arrival that were witnessed by a bystander.	42%	2,647	117	6,364	2%
Called in Field	Percentage of cardiac arrest events which were treated and called in the field	20%	1,244	240	6,072	4%
ET Intubation of Cardiac Arrest Patients	Percentage of cardiac arrest patients who are given an endotracheal intubation.	47%	2,934	0	6,196	0%
ROSC at Patient Transfer	Percentage of cardiac arrest events for which ROSC was maintained at the time of patient transfer.	8%	717	1,557	8,553	18%
Sustained ROSC	Percentage of cardiac arrest events for which a sustained ROSC was attained.	4%	379	1,557	8,553	18%

Labeled as cardiac arrest if any of the following are true: Cardiac arrest (eArrest.01) indicates "Yes, Prior to EMS Arrival" or "Yes, After EMS Arrival". Provider primary/secondary impressions (eSituation.11/eSituation.12) indicate any of the following ICD-10-CM codes (sub-codes included): I46.

»» CURRENT BOARD PROJECTS MOVING #KYEMS FORWARD »»

- »» Development of Administrative Regulations for Community Paramedics and Community Paramedic Programs and Wilderness Paramedics.
- »» Development of an Administrative Regulation, specifying a schedule for submission, and prompt review and decision making with regard to protocols, standing orders, and medical control documents submitted to the board.
- »» Development of EMS Physician Medical Director training and credentialing program.
- »» Amendments to:
 - »» 202 KAR 7:201- Emergency Medical Responders
 - »» 202 KAR 7:301- Emergency Medical Technicians
 - »» 202 KAR 7:330- Advanced Emergency Medical Technicians
 - »» 202 KAR 7:401- Paramedics
 - »» 202 KAR 7:601- Training, education, and continuing education
 - »» 202 KAR 7:540- EMS data collection, management, and compliance
 - »» 202 KAR 7:030- Fees
- »» Continued development of C.A.R.E.S. Program to enhance cardiac arrest survival.
- »» Development of sexual assault awareness online EMS training platform.
- »» Continued development of EMS recruitment and retention strategies.

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THANK YOU

To our KBEMS Administrative Staff who often work behind-the-scenes;

to all of our Board Members;

to all of our Committee, Subcommittee, Task Force and Work Group Members;

and to all of you who support EMS,

who continuously give us your feedback and input, and share your stories, thank you.

We cannot do this without you.

We are only here because of you.

And we cannot put into words how thankful we are for the sacrifices that you, your family and friends, colleagues and other loved ones make.

Thank you for allowing us to support you and for including us in the EMS family.

You are moving #kyemsforward.

We are all in this together, and we are all better together.



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