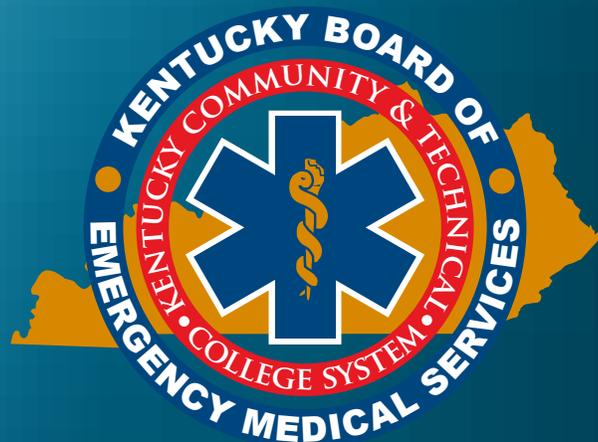


ANNUAL REPORT 2016



KENTUCKY BOARD OF EMERGENCY MEDICAL SERVICES

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Message from the Executive Director

Every single day Kentucky Emergency Medical Responders, Emergency Medical Technicians, Advanced–Emergency Medical Technicians and Paramedics serve the people of the Commonwealth with pride. They deliver exceptional pre-hospital emergency medical care 24 hours a day, 365 days a year. While EMS professionals and projects in Kentucky continue to receive national recognition, we continually strive to improve service delivery and elevate our standards of excellence.

The Kentucky Board of Emergency Medical Services strives to establish a unified, comprehensive and effective EMS system within the Commonwealth of Kentucky, ensuring that the EMS systems across our state will be recognized as leaders in the prehospital care arena. We will satisfy this goal by promoting excellence through regulation, encouraging healthy communities, enhancing community support for EMS, and collaborating with public health and emergency management coordination efforts. The Kentucky Board of EMS will advocate for continued EMS integration into the healthcare community, focusing our efforts on EMS research and strategic governance, and developing and managing an organized repository of information, standards and guidelines for EMS providers.



I can proudly say that our staff accepts the challenge to support progressive development of EMS in the Commonwealth of Kentucky, and we believe that through collaborative efforts with each EMS agency and provider in Kentucky, that we will enhance the health and safety of our citizens.

Respectfully,

Mike Poynter
Executive Director
Kentucky Board of Emergency Medical Services



Mission Statement

KBEMS 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.

KBEMS accomplishes this mission through:

- ◆ 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).
- ◆ Certification and licensure audits.
- ◆ Approval for students to test at the National Registry Level.
- ◆ Investigation of complaints on 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) Program.

KBEMS also hosts and participates in numerous EMS meetings and conferences statewide and is an active member of the National Association of State EMS Officials (NASEMSO) and National EMS Management Association (NEMSMA).

VISION

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

VALUES

- ◆ Integrity
- ◆ High quality care
- ◆ Quality of education
- ◆ Competent staff
- ◆ Accountability of board, agencies, and individuals.
- ◆ Being proactive, not reactive
- ◆ Highly motivated and progressive board
- ◆ Advancement of EMS profession
- ◆ Citizen and provider safety
- ◆ Ethical standards in dealing with issues.



KY & EMS Fast Facts

KY FAST FACTS:

Square Miles: 40,409mi²
 Population: 4,425,092
 Population Density: 110 people per square mile
 High School Graduation Rate: 83%
 Per Capita Income: \$23,741
 Median Household Income: \$43,342
 Prevalence of Obesity (Adults): 33%
 Prevalence of Overweight (Adults): 67%
 Prevalence of Smoking (Adults): 26%
 Drug Arrests (per 100,000 population): rate 1,322
 (Retrieved from Kentuckyhealthfacts.org)

Nationally EMS treats 25 - 30 million patients per year in the United States with annual expenditures of about...

\$5,000,000,000 Billion!

4 EMS Provider Levels

Provider	Initial Training Hours	Recertification Hours (Every 2 Years)
EMR	50	17
EMT	150	24
AEMT	400	48
Paramedic	2,000	60

Emergency Medical Responder (EMR)-

EMRs have the knowledge and skills necessary to provide immediate lifesaving interventions while awaiting additional EMS resources to arrive. EMRs also provide assistance to higher-level personnel at the scene of emergencies and during transport.

Emergency Medical Technician (EMT)-

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

Advanced Emergency Medical Technician (AEMT)-

AEMTs perform interventions with the basic and advanced equipment typically found on an ambulance. The Advanced Emergency Medical Technician is a link from the scene to the emergency health care system.

Paramedic-

A Paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation.



Board Members



David E. Bentley, M.D.

Representing: Physician licensed in Kentucky serving as medical director of an Advanced Life Support Ambulance Service.



Andrew C. Bernard, M.D.

Representing: Trauma Surgeon licensed in Kentucky



Joe Bradshaw

Representing: Licensed Air Ambulance Service Administrator or Paramedic for a licensed Air Ambulance Service headquartered in Kentucky



Carlos Coyle

Representing: Paramedic who works for a government agency but is not serving in an educational, management, or supervisory capacity.



Nancye C. Davis

Representing: Emergency Medical Services Educator from a Kentucky College that provides an EMS Educational Program



Phil Dietz

Representing: Fire Service Based, licensed Class I Ground Ambulance Service Administrator who is a certified Emergency Medical Technician or licensed Paramedic



Board Members



Jim Duke, Board Chairman

Representing: Advanced Life Support, government-operated Ambulance Service Administrator who is a certified Emergency Medical Technician or a Licensed Paramedic.



Timothy Dukes

Representing: Hospital Administrators



Todd Early

Representing: Private licensed Class I Ground Ambulance Service Administrator who is a certified Emergency Medical Technician or a licensed Paramedic who is a resident of Kentucky.



Joseph Iocono, M.D.

Representing: Physician licensed in Kentucky who routinely is involved in the emergency care of ill and injured children



Jamey Locke

Representing: Citizen having no involvement in the delivery of medical or emergency services.



Walter Lubbers, M.D.

Representing: Physician Licensed in Kentucky having a primary practice in the delivery of emergency medical care



Board Members



James Nickell

Representing: County Judge/Executive from a county that operates, whether directly or through contract services, a licensed Class I Ground Ambulance Service



Joseph Prewitt, Vice-Chairman

Representing: Volunteer-staffed, licensed Class I Ground Ambulance Service Administrator who is a certified Emergency Medical Technician or licensed Paramedic.



Aaron Stamper

Representing: Basic Life Support, Licensed Class I government-operated Ground Ambulance Service administrator who is a certified Emergency Medical Technician or a Licensed Paramedic.



Lloyd Leslie Stapleton

Representing: Mayor of a city that operates, either directly or through contract services, a licensed Class I Ground Ambulance Service



Michael Sutt

Representing: Emergency Medical Technician - Basic, who works for a government agency but is not serving in an educational, management, or supervisory capacity.



Jimmy Vanclave

Representing: First Responder who is not serving in an educational, management, or supervisory capacity



Notable Board Actions



In 2016, The Kentucky Board of Emergency Medical Services took the following action:

- ◆ Welcomed the following newly appointed members of the Board:
Lloyd Leslie Stapleton, *Mayor of Prestonsburg*
Aaron Stamper, *Executive Director, Jessamine Co. EMS*
- ◆ Approved “Mobile Integrated Healthcare/ Community Paramedicine” Pilot Program applications for:
 1. Louisville Metro EMS, Louisville
 2. Oldham County EMS, LaGrange
 3. The Medical Center EMS, Bowling Green
 4. Yellow Ambulance, Louisville
 5. Mayfield-Graves County EMS
- ◆ Ratified Minimum Data Point Reporting for Mobile Integrated Health/Community Paramedicine Pilot Programs.
- ◆ Ratified the Fiscal Year 2017 KBEMS Budget
- ◆ Line of Duty Death benefits for EMS Providers legislation was enacted. (The John Mackey Bill)
- ◆ The Board promulgated Administrative Regulations related to Line of Duty Death benefits for EMS providers, which were submitted to the General Assembly for passage.
- ◆ Provided a Recommendation that all Certified/ Licensed EMS Personnel receive training in Traffic Incident Management Systems (TIMS) by 12/31/2017.
- ◆ Board Recommendation for Ambulance Services to collect NEMSIS Element ePatient.19- Patient Email Address.
- ◆ Accepted the following Pediatric Abusive Head Trauma Courses to meet the PAHT requirements for EMS providers:
 1. Kentucky Board of Nursing (KBN) PAHT Courses
 2. Kentucky Department of Criminal Justice Training PAHT Course
 3. CHI Health at Home PAHT Course
- ◆ Endorsed a KBEMS Community Paramedicine “Description of the Profession”
- ◆ Awarded \$1,009,885.17 in Ambulance Block Grant Funding to licensed ambulance services in the Commonwealth.
- ◆ Board Approval to require valid facility ID’s on all KSTARS (NEMSIS) Incident Reports.





Committees of the Board

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



EXECUTIVE COMMITTEE

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

(a) 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.

(c) Making recommendations to the board regarding fees to be charged by the board.

Members:

Joe Bradshaw, Chair
Joe Prewitt
Jamey Locke
Mike Sutt
Carlos Coyle

Ex Officio:

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



Committees of the Board

EDUCATION COMMITTEE

The Education Committee shall consist of seven (7) voting 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. The purpose and charge of the Education Committee shall be to:

- (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-TEIs 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:
Jimmy VanCleve, Chair
Terri Bailey
Debbie Berry
Lee Brown
Nancye Davis
Phillip Ferguson
Jamie Goodpaster

Ex Officio:
Robert Andrew, Director of Education & Training



EMSC COMMITTEE

The Emergency Medical Services for Children Program 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.

Members:
Mary Fallat, Chair, EMSC Principle Investigator
Sandra Herr, Vice-Chair
Morgan Scaggs, EMSC Program Manager
Susan Pollack
Margaret Gupton
Erika Janes
Melanie Tyner-Wilson
Scottie Day
Carol Wright

Ex Officio:
Bari Lee Mattingly
Mark McDonald
Marsh Frontz
David Foley





Committees of the Board

DATA COLLECTION COMMITTEE

The Data Management Committee shall consist of seven (7) members appointed by the board chair in the manner established in 202 KAR 7:020.

(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 Management Committee.

(b) The Data Management 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.

(c) The Data Management Committee shall schedule on an annual basis at least six (6) regular meetings.

Members:

John Hultgren, Chair
Linda Basham
Joe Prewitt
Michael Singleton
Sara Robeson
Michael Schwendau
Michael Rogers



Ex Officio:

Drew Chandler, Data Administrator
Monica Robertson, Data Coordinator

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:

Dr. Eric Bentley– Chair
Lee Turpin
Todd Early
Dr. Walter Lubbers
Dr. Irvin Smith– Vice-Chair
Ben Wofford

Ex Officio:

Dr. Julia Martin, State Medical Advisor
Chuck O'Neal, Deputy Executive Director



KStARS
KENTUCKY STATE AMBULANCE
REPORTING SYSTEM



Mission: Lifeline EMS Award Recipients

**MISSION:
LIFELINE**

Seconds count when a patient suffers a ST-Segment Elevation Myocardial Infarction (STEMI) heart attack. The agencies recognized here have implemented the American Heart Association's systems of care guidelines in treating these time-sensitive patients.



BRONZE

Air Methods
Independence Fire District
Meade County EMS

GOLD

Anchorage Fire and EMS
Bullitt County EMS
Jessamine County EMS
Louisville Metro EMS
Madison County EMS
The Medical Center EMS
Mercy Regional EMS
Shelby County EMS
Winchester Fire-EMS

SILVER

Boyle County EMS
Hardin County EMS
PHI Air Medical
Woodford County EMS

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 pre-hospital 12-lead electrocardiogram
- ◆ STEMI patients transported directly to a STEMI receiving center with pre-hospital 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

KBEMS Staff



Robert Andrew
Director of Education & Training



Tina McBride
Senior Administrative Assistant



Drew Chandler
Data Administrator



Chuck O'Neal
Deputy Executive Director



Ray Chesney
Inspector/ Liaison



Paul Phillips
Director of Field Operations



Courtney Collins
Certification Specialist



Michael Poynter
Executive Director



Paula Coyle
Inspector/ Liaison



Monica Robertson
Data Coordinator



Calynn Fields
Resource Management Specialist



Morgan Scaggs
Project Manager– EMS for Children



Brooke French
Certification Specialist



Janet Sweeney
Financial Analyst



Sam Lowe
Investigator



Corissa Walters
Inspector/ Liaison



Dr. Julia Martin
State Medical Advisor

76% of KBEMS employees are currently or were previously certified/licensed EMS providers.



Agency Accomplishments

FIELD OPERATIONS

- ◆ Implemented Online KBEMS KEMSIS Inspection Module.
- ◆ Director of Field Operations, Paul Phillips, participated with National Association of State EMS Officials Safe Transport of Children, and Agency and Vehicle Licensure Committee.
- ◆ Assisted with coordination of Region 15 Healthcare Coalition MASH Showcase at the Lexington Airport
- ◆ Purchased two fleet vehicles to replace high-mileage field staff vehicles.
- ◆ Director's Forum at KEMA Conference.
- ◆ Inspected over 220 agencies, and over 1200 vehicles.
- ◆ Created and distributed the results of the 2016 EMS Workforce Survey.



EMSC

- ◆ KYEMSC provided and supported pediatric education for EMS providers throughout the state.
- ◆ KYEMSC represented KBEMS and EMS on multiple state and national boards and committees focused on pediatric issues.
- ◆ Morgan Scaggs elected to the Chair-Elect position of the Pediatric Emergency Care Council of the National Association of State EMS Officials.
- ◆ KYEMSC distributed pediatric transport devices, length-based resuscitation tapes, and Safe Infant packets to EMS agencies.

EDUCATION & TRAINING

- ◆ Ms. Courtney Collins joined KBEMS as a Certification Specialist for the board.
- ◆ Facilitated meetings for the revision of 202 KAR 7:201, 7:301, 7:330, 7:401 & 7:601.
- ◆ Implemented a quarterly newsletter (Education Matters).
- ◆ Adopted the National Registry of Emergency Medical Technician's (NREMT) Early Hours Program.
- ◆ Adopted the NREMT National Continued Competency Program (NCCP).
- ◆ Initiated a statewide project with Kentucky Homeland Security and The National Center for Biomedical Research and Training (NCBRT) to establish trainers in EMS Agencies/Training and Educational Institutions across the state to provide Site Protection through Observational Techniques (SPOT) training for EMS and other emergency responders in their service regions.
- ◆ Initiated a statewide project to improve EMS responder safety on roadway incidents by collaborating with the Kentucky Division of Federal Highways.
- ◆ Disaster Preparedness and Mass Casualty Incident Subcommittee (DPMCI) completed and released the KBEMS Mass Casualty Incident Triage Methodology and Mass Casualty Incident Management Courses (Modules I & II) to EMS services and EMS-TEIs.
- ◆ Created and implemented electronic inspection process for EMS-TEIs.

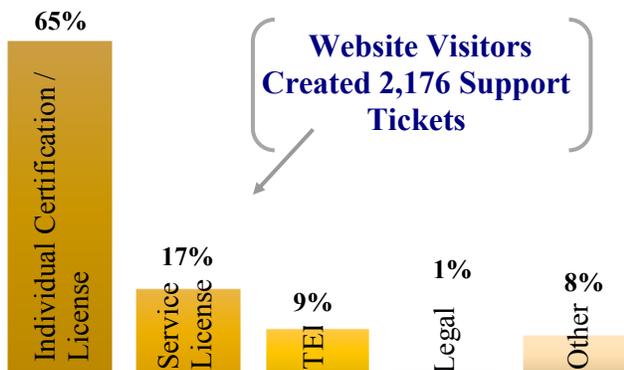




Agency Accomplishments

DATA

- ◆ Created the Data Coordinator position; hired Monica Robertson as the Data Coordinator.
- ◆ Decommissioned NEMSIS 2 dataset on January 1, 2016 and implemented mandatory NEMSIS 3 reporting for all licensed agencies in the Commonwealth of Kentucky.
- ◆ Collected NEMSIS V3 data from 98% of EMS organizations.
- ◆ Created a data submission tool for key data elements as required for Mobile Integrated Health/ Community Paramedicine Pilot Programs.
- ◆ Awarded a grant from the Kentucky Transportation Cabinet for \$93,000 to continue work on the Kentucky State Ambulance Reporting System (KSTARS) data program.
- ◆ Implemented a support portal with FAQ knowledgebase and ticketing system.
- ◆ Implemented a new website design as well as alternative URL's to the KBEMS website. KBEMS can now be found at kbems.kctcs.edu, kyems.com, and kentuckyems.com.
- ◆ Provided 'Best Practices' lecture at ImageTrend Connect Conference.
- ◆ 6,779 knowledgebase articles viewed.
- ◆ Approximately 10,000 inbound and outbound office calls.



LEGAL

- ◆ Conducted investigations on seventy-three (73) complaints lodged against individuals, agencies, and TEIs.
- ◆ Received and filled one hundred one (101) Open Records Requests during the calendar year.
- ◆ Facilitated and provided scheduling and resources for sixty-nine (69) Board, Standing Committee, Subcommittee, and Preliminary Inquiry Board meetings.
- ◆ Assisted the American Heart Association (AHA) in the passage of legislation requiring high-school seniors to learn CPR.

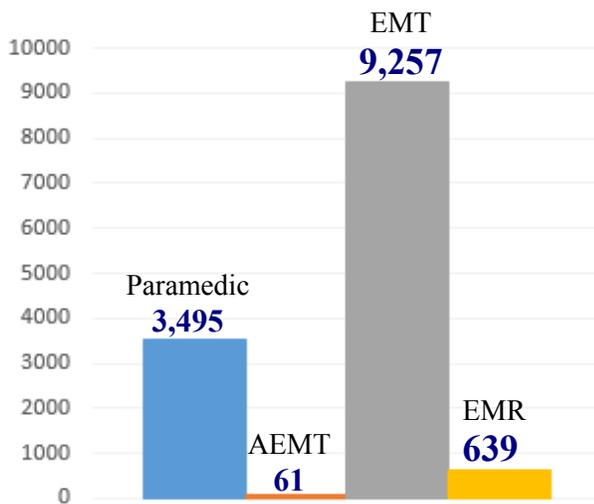




Provider Snapshot

TOTAL EMS PROVIDERS in 2016 **13,452**

Providers in KY as of 12/31/2016

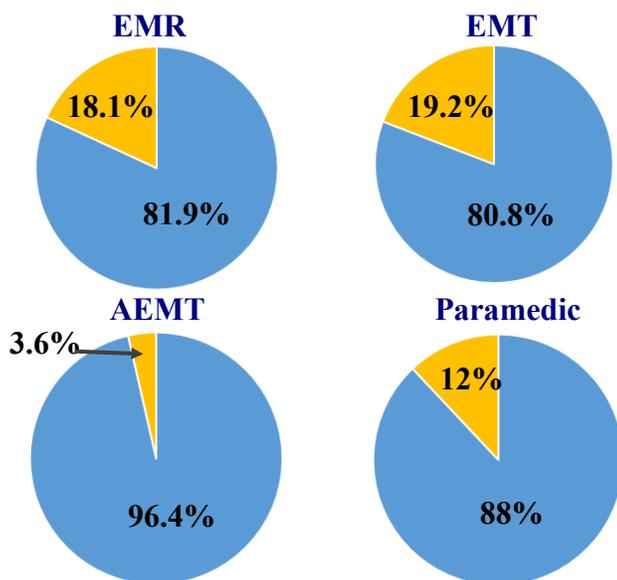


2016 Initial Certifications / Licenses		
Provider Level	Count	%
Paramedic	153	15.9%
Advanced EMT	32	3.3%
EMT	722	75.4%
EMR	51	5.4%
Total	959	100%

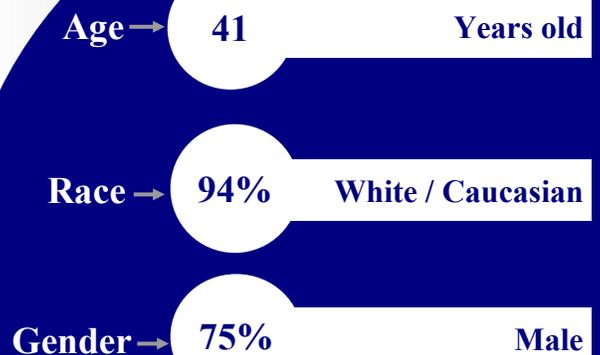
2016 Reciprocity Certifications / Licenses		
Provider Level	Count	%
Paramedic	160	50.63%
Advanced EMT	2	.63%
EMT	153	48.42%
EMR	1	.32%
Total	316	100%

2016 Provider Recertification

Renewed (Blue) Expired (Yellow)



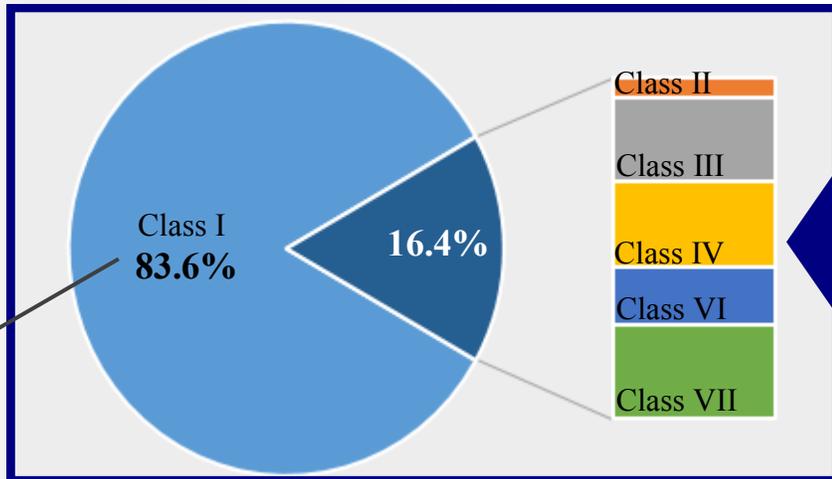
Average Provider





Agency Snapshot

220 Licensed Agencies in Kentucky



17 Basic Life Support (BLS) Agencies
167 Advanced Life Support (ALS) Agencies

Licensed Agencies		
Agency Class	# of Agencies	%
Class I	184	83.6%
Class II	2	.9%
Class III	9	4.1%
Class IV	9	4.1%
Class VI	6	2.7%
Class VII	10	4.6%
Total	220	100%

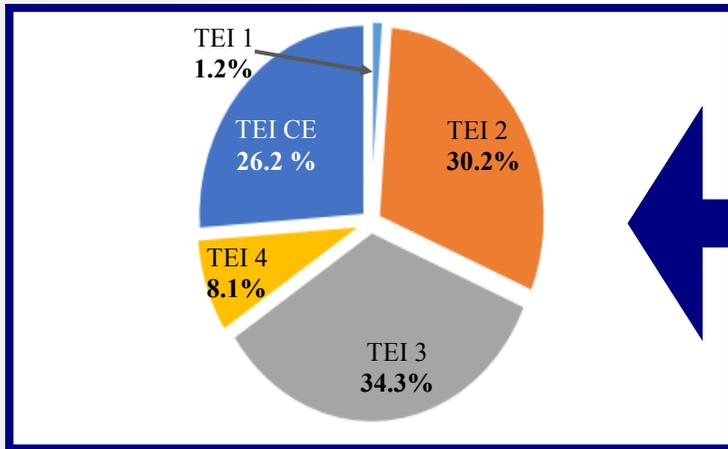
Agency Type	Description
Class I	Class I ground ambulance services shall operate at the ALS or BLS level to provide emergency and nonemergency transportation.
Class II	Class II ground ambulance services shall operate at the BLS level only to provide nonemergency transportation.
Class III	Class III ground 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.



Agency Snapshot

172

Training and Educational Institutions



TEI Type	# of Institutions	%
EMS-TEI 1	2	1.2%
EMS-TEI 2	52	30.2%
EMS-TEI 3	59	34.3%
EMS-TEI 4	14	8.1%
EMS-TEI CE	45	26.2%
Total	172	100%

A TEI is an organization that is certified by KBEMS to teach future and present EMS providers. TEIs are certified by KBEMS to teach continuing education courses, or courses to certify/license individuals at the levels certified or licensed by KBEMS (Emergency Medical Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, and Paramedic).

TEI Type	Description
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.



EMS Vehicles



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. As a result, a lot of people wonder what exactly the difference is between the two types of ambulances. The difference lies in what types of chassis are used. A Type 3 ambulance is mounted on the cut-a-way chassis of a van. By contrast, Type I ambulances utilize a truck chassis.



Air (Rotor-Wing)

The name rotary-wing refers to the rotating “wings” (or blades) that are 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.



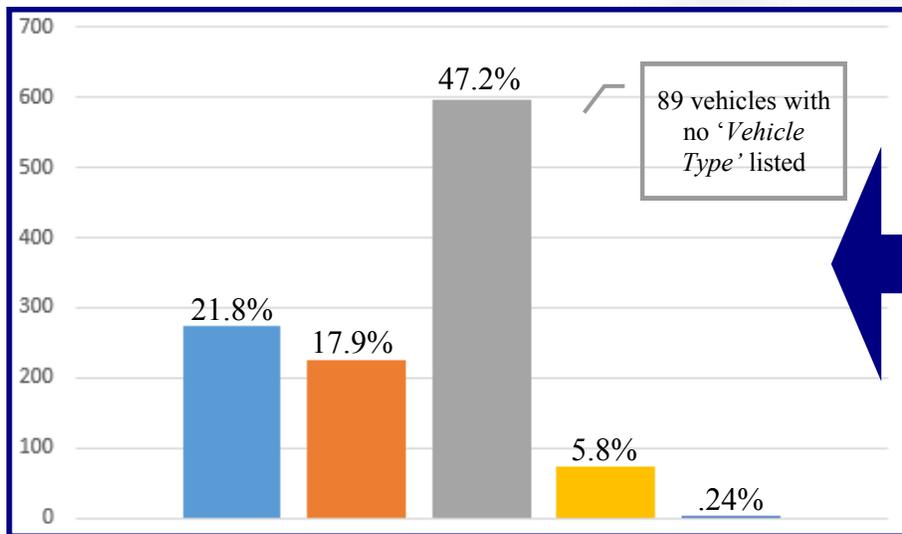
Air (Fixed-Wing)

The term “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.



EMS Vehicles

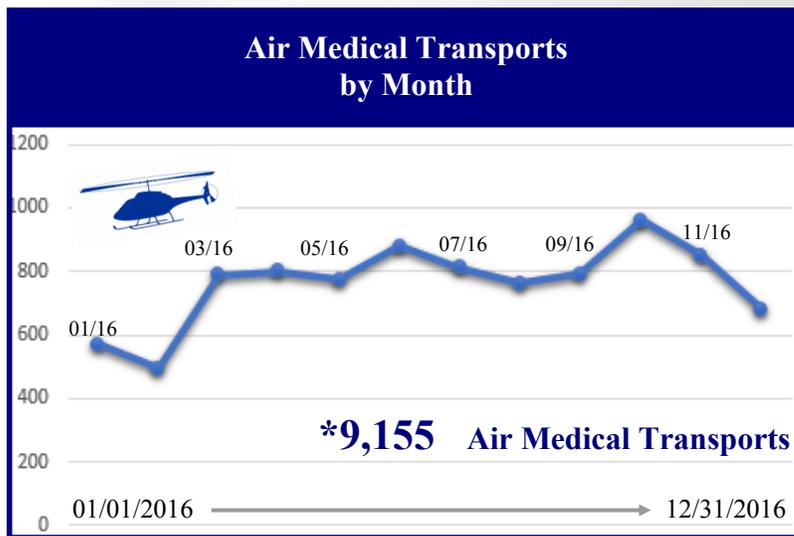
1,264 Licensed Ambulances



Ambulance Type	Count	%
Type I	275	21.8%
Type II	226	17.9%
Type III	597	47.2%
Air (Rotor-Wing)	74	5.8%
Air (Fixed-Wing)	3	.24%

Average Ground Vehicle	
Per Agency	6
Year	2010
Make	Ford

Agency	
Maximum	57
Minimum	1



In 2016, Field Staff traveled over 53,000 miles to perform Agency and Vehicle Inspections. This is the equivalent of over **2 trips around the Earth!**

*The figures appearing in this publication are approximations based on data collected within KSTARs for CY2016. During the NEMSIS V2 to V3 transition several agencies/incidents went unreported.



EMS Incidents

Total Incidents

Reported to KSTARS in 2016

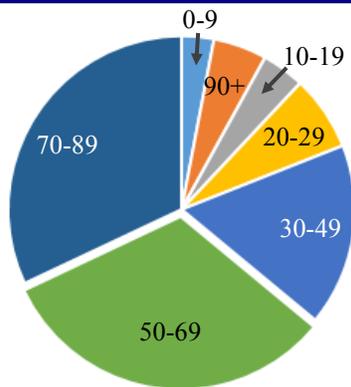
***704,709**



58,725

Average Incidents
per month

Patient Age Range



Age Range	%
0-9 Years	3%
10-19 Years	4%
20-29 Years	7%
30-49 Years	17%
50-69 Years	32%
70-89 Years	32%
90+ Years	5%

*69% of patients were aged 50+

Patient Gender

Male	42%
Female	48%

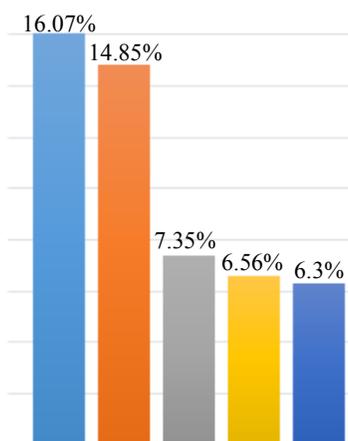
(10% not reported to KSTARS)

Top 10 Provider Impressions

Not Reported	138,262
Weakness	100,482
Injury, Unspecified	29,717
Altered Mental Status	27,064
General Examination	24,976
Pain, Unspecified	22,167
Respiratory Distress, Acute	21,538
Other General Symptoms and signs	19,902
Chest Pain, Unspecified	19,857
Abdominal Pain, Unspecified	15,960

Top 5 EMS Incident Complaints Reported by Dispatch

Incident	# of Runs	%
Transfer/Interfacility/Palliative Care	111,264	16.07%
Sick Person	102,835	14.85%
Breathing Problem	50,863	7.35%
Traffic/Transportation Incident	45,405	6.56%
Falls	43,636	6.3%
Total	354,003	51.13%



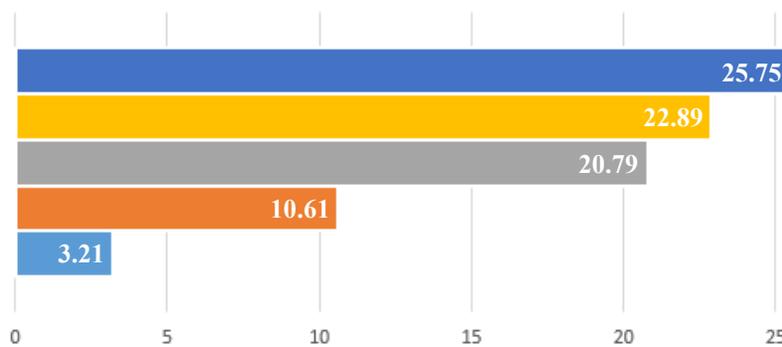
*The top 5 Incident Complaints Reported by Dispatch accounts for 51.13% of all EMS Incidents.

*The figures appearing in this publication are approximations based on data collected within KSTARS for CY2016. During the NEMSIS V2 to V3 transition several agencies/incidents went unreported.



EMS Incidents

Average Run Times in Minutes



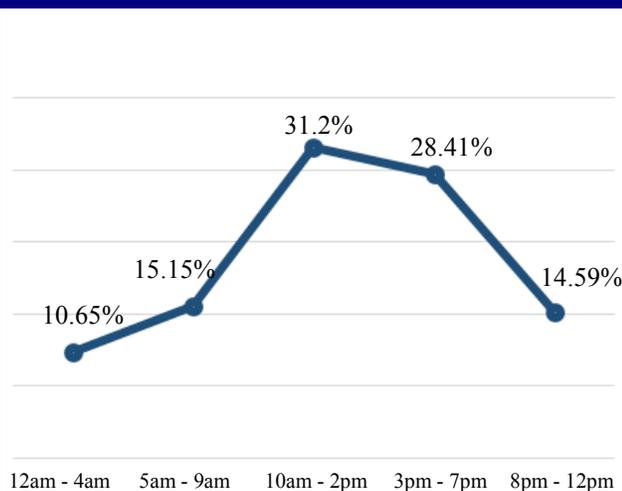
- Average Unit Arrived at Destination to Unit Back in Service
- Average Unit Left Scene to Arrived at Destination
- Average Unit Arrived on Scene to Left Scene
- Average Unit Enroute to Arrived at Scene
- Average Unit Notified to Enroute in Minutes

***1.38 Hours**
Average Unit Notified by Dispatch to Unit Back in Service.

Top 10 Medications Administered by EMS

Medication	Count
Oxygen	113,145
Nitroglycerin	18,504
Aspirin	15,045
Albuterol	14,897
Ondansetron	11,784
Fentanyl	11,311
Naloxone	8,569
Epi 1:1,000	5,517
Ipratropium	4,827
Glucose	3,767

Incident Call Times by Hour Range



Incident Hour Range	#of Runs
12am - 4am	73,787
5am - 9 am	104,913
10am - 2pm	216,108
3pm - 7pm	196,746
8pm - 12pm	101,036

Average Validity Score

76.34

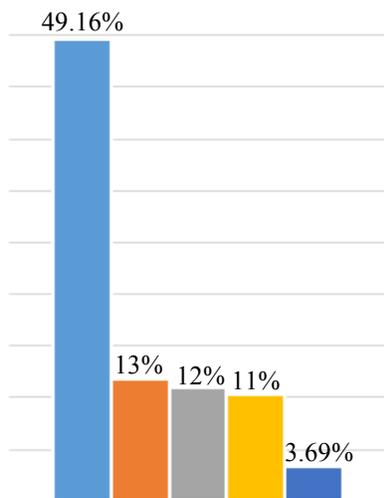
*Validity is scored on a 100 point scale.

*The figures appearing in this publication are approximations based on data collected within KSTARS for CY2016. During the NEMSIS V2 to V3 transition several agencies/incidents went unreported.



EMS Incidents

Top 5 Patient Destinations



Destination	Count
Hospital-Emergency Department	445,855
Not Recorded	117,860
Nursing Home/Assisted Living Facility	109,903
Hospital-Non-Emergency Department Bed	104,116
Medical Office/Clinic	33,443

Top 3 Incident Location Types

Location	Count
Hospital	163,995
Non-institutional (private) residence	130,163
Nursing home	62,746

Miscellaneous Incidents

2,781

Mass Casualty Incidents

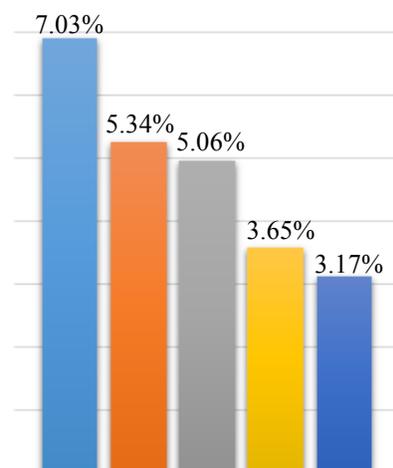
1,130

Stab/Gunshot Penetrating Trauma Incidents

5,563

Patients Deceased at Scene

Top 5 Treatments / Procedures Provided by EMS



Treatments / Procedures	Count
Extremity Vein Catheterization	69,146
12 Lead ECG Obtained	52,508
3 Lead ECG Obtained	49,722
Moving a patient to a stretcher	35,880
Patient Assessment	31,120

*The figures appearing in this publication are approximations based on data collected within KSTARS for CY2016. During the NEMSIS V2 to V3 transition several agencies/incidents went unreported.



Opioid Crisis

***8,569** Naloxone Administration by EMS

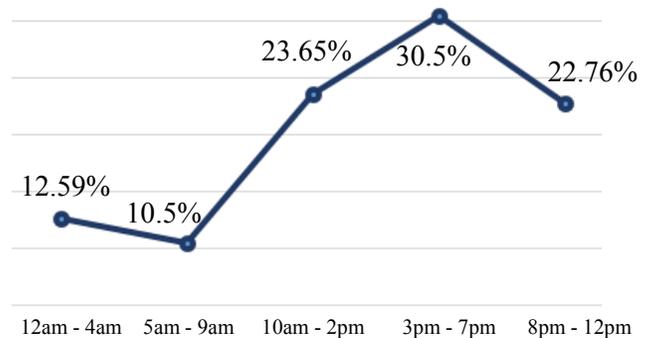
NALOXONE PATIENTS



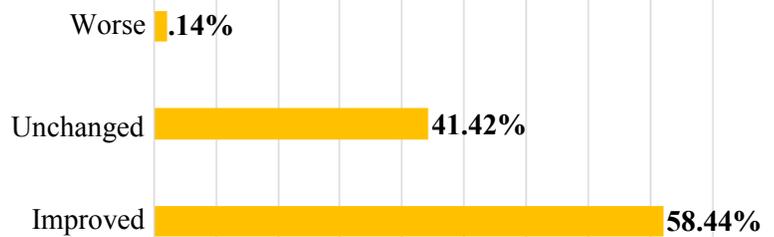
Naloxone County Data	
# of Counties with at least 1 Incident	110
Average Incidents per County	78.61
Maximum Incidents per County	858

Top 5 Counties	Naloxone Administration Count
Kenton	858
Fayette	699
Campbell	598
Madison	417
Boone	412

Naloxone Call Times By Hour Range



Patient Condition after Receiving Naloxone



*The figures appearing in this publication are approximations based on data collected within KSTARS for CY2016. During the NEMSIS V2 to V3 transition several agencies/incidents went unreported.



Attrition Survey

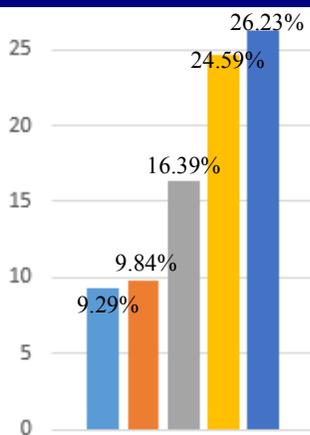
This report presents the findings of KBEMS' 2016 Attrition Survey; the primary objective of this study is to determine the trends and other factors that contribute to Kentucky EMS employee attrition. The survey was administered to 1,523 KY EMS providers who discontinued their License/Certification in 2016.

Participant Demographics

N = 197
(15.72% Response Rate)

Male 70.56%
Female 29.44%

Top 5 Primary Reasons for Allowing License/Certification to Expire



Primary Reason	Count
Retired	48
Low salary and/or poor benefits package	45
Relocated	30
Poor management and/or hostile work environment	18
External factors; not my choice to leave EMS	17
Total	158

The additional 13.66%:

Unable to find a full-time position (8), Work injury (7), Inflexible Work Schedule (5), Simply did not enjoy working in EMS (3), and Lack of promotion opportunities (2)

Provider Level at time of Expiration

EMR	4.64%
EMT	65.98%
AEMT	1.03%
Paramedic	28.35%

Age Range

18-24	5.08%
25-34	30.46%
35-44	22.84%
45-54	16.75%
55-64	20.81%
65+	4.06%

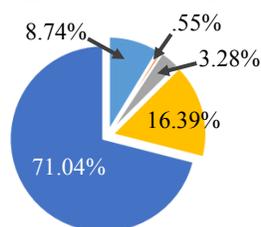
Education

High School Diploma	5.08%
Some College	30.46%
Associate's Degree	22.84%
Bachelor's Degree	16.75%
Master's Degree	20.81%
Doctorate	4.06%

Participant Attitudes and Perceptions

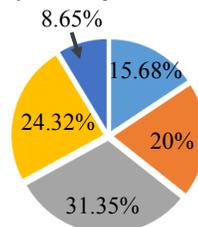
Salary

I believe that EMS professionals deserve a higher annual salary.



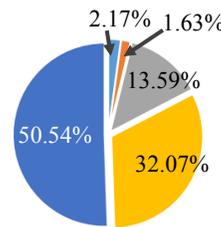
Career Recommendation

If a friend asked me, I would recommend that they take a job in EMS.



Workplace Stress

I believe that working as an EMS provider is highly stressful.



Legend: Strongly Disagree (light blue), Disagree (orange), Neutral (grey), Agree (yellow), Strongly Agree (dark blue)

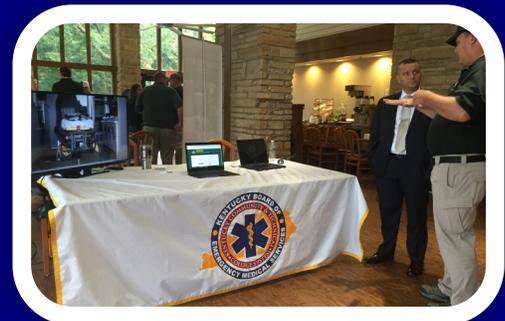
Top 5 career fields previous EMS providers are now working: 1. Health & Medicine 23.98% (41) 2. Fire 9.94% (17) 3. Self-Employed 9.94% (17) 4. Transportation 8.19% (14) 5. Government 6.43% (11)



Current Projects of the Board



- ◆ Continued work with agencies engaged in Mobile Integrated Health/ Community Paramedicine Pilot Programs.
- ◆ Destination guidance recommendations for EMS Providers concerning Stroke Patients.
- ◆ Planning for 2018 EMS Leadership in Kentucky Summit and EMS Day on the Hill collaborative.
- ◆ Promulgation of 202 KAR 7:810- EMS Line of Duty Death Regulation.
- ◆ Amendments to 202 KAR 7:501- Ground Ambulance and 202 KAR 7:520-Block Grant.
- ◆ Amendments to 202 KAR 7:801- Medical Directors.
- ◆ Support of the 2017 Kentucky EMS Conference and Expo.
- ◆ Representation on the Kentucky Wireless Interoperability Executive Committee.
- ◆ Representation on the National InfraGard Board of Directors.
- ◆ Representation on numerous councils of the National Association of State EMS Officials (NASEMSO).
- ◆ Collaboration and data sharing with the Kentucky Health Information Exchange (KHIE).
- ◆ Collaboration and data sharing with the Kentucky Department of Transportation.
- ◆ Collaboration with healthcare and law enforcement partners in research of Heroin overdose and Naloxone administration by EMS professionals.
- ◆ Scheduling and coordination of Situational Awareness through Observational Techniques (SPOT) Training in collaboration with Louisiana State University.
- ◆ Endorsement of Traffic Incident Management System (TIMS) training for all certified and licensed EMS personnel in Kentucky.
- ◆ Amendments to 202 KAR 7:601- Training, Education, and Continuing Education.





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SUPPORTING EMS. SUPPORTING YOU.