# The Report

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## Combat Care
A handful of specially trained paramedics pull double duty on the most dangerous job in the city: the SWAT team. Read more on page 10.

## Making the Move
Saturday, Dec. 7, 2013, was a historic day for health care in Marion County, and Indianapolis EMS played a major role. Read more on page 12.
Right Care. Every Patient. Every Time.

A division of the Indianapolis Department of Public Safety (DPS), Indianapolis Emergency Medical Services (EMS) is a partnership between the City of Indianapolis, Indiana University School of Medicine (IUSM) and Health and Hospital Corporation of Marion County (HHC), with Eskenazi Health as the supporting health care system. Indianapolis EMS strives to provide the best pre-hospital medical services to the community through the endless pursuit of excellence in patient-centered care, education, efficiency, efficacy, safety and quality of service. Indianapolis EMS serves the community not only through emergency care, but also through unique outreach programs and educational opportunities.

Formed on Dec. 26, 2010, by merging emergency medical services that were provided by the Indianapolis Fire Department (IFD) and Eskenazi Health, Indianapolis EMS is now the largest provider of emergency medical care in Indianapolis and the state, responding to nearly 100,000 911 calls each year. This division of DPS is a true third-service entity, on par with both police and fire services. This independent service entity is led by the Indianapolis EMS chief, who must be a faculty member within, or recruited by, the Department of Emergency Medicine at the IUSM. The Indianapolis EMS chief is the chief of EMS for the City of Indianapolis and reports directly to the director of public safety for all municipal daily operations.

Indianapolis EMS is driven by the pursuit of its mission, “Right Care. Every Patient. Every Time.” EMS providers and leadership strive to adhere to the organization’s four core values – compassion, excellence, integrity and unity – to execute a comprehensive vision of emergency medical response to be a health care leader in the efficient delivery of high-quality patient care and science and in the professional development and engagement of providers.
At Indianapolis EMS, a sense of community is the driving force behind everything we do. We serve our community on a daily basis, focused on the best, most efficient care for our patients across Marion County. We also foster a sense of community within our service, united as public safety officers in the services we provide to our city.

In 2013, we served our community in new ways, growing our relationship with our patients and our supporters. We focused efforts on community outreach and paramedicine with our new CORE Mobile Integrated Health division, reaching out to frequent 911 callers to provide them with the appropriate health care resources and jumpstarting in-home care programs to prevent hospital readmissions. We also worked with the Indianapolis Public School system to begin growing pre-hospital care providers before they graduate high school, providing EMT training as a course option.

We extended our reach into the community with a heart health check at Washington Square Mall, a high school field trip opportunity called Decision House to promote safety and smart choices among youth, and involvement in health fairs and other community activities. Our IndyCARES division participated in 45 events in 2013, connecting with nearly 2,000 individuals to demonstrate bystander CPR and provide information about cardiac arrest in Marion County. We know bystander CPR makes a difference in survival, and our IndyCARES initiative has a direct impact on our high resuscitation rates in Indianapolis.

While we strive to educate our community and provide the best care to the citizens of Indianapolis in their times of need, this year, our community came to our aid when we needed them most. In February 2013, we lost two of our EMS brothers when Private Timothy McCormick and Specialist Cody Medley were killed in the line of duty. The loss of these two very young men sent shock waves through our entire service. It was an emotional time that served as a harsh reminder of the realities of our line of work.

During this period of distress, the support we received from our fellow Indianapolis public safety agencies, our government and health care partners, our patients, the residents of Indianapolis and the public safety and EMS community across the state and the nation was overwhelming. At the public memorial we held for our comrades, visitors came from across state and national borders to lend their shoulders and stand with us as we grieved. We received countless messages from fellow public safety personnel and civilians alike, offering their condolences and expressing their respect for our work.

After this great loss, the Indianapolis EMS family came together, held firmly by our fellow residents. It is with this sense of community, stronger than ever before, that we move forward into the future. We are driven harder and inspired further to serve those around us with an unyielding dedication and a passion for saving lives.

We thank you for your support.
Services

911 EMS Response
Indianapolis EMS responded to more than 93,300 emergency calls in 2013, resulting in 68,174 transports in the Indianapolis metropolitan area. Indianapolis EMS deploys 32 ambulances during peak hours.

Tactical EMS (TEMS)
For over a decade, Indianapolis EMS and its predecessor organizations have been fully integrated into the IMPD Special Weapons and Tactics (SWAT) and Explosive Ordinance Disposal (EOD) teams, providing tactical medical support while responding to situations in the field. During 2013, the TEMS team participated in 236 actual tactical events, in addition to maintaining a robust training schedule.

Special Events
Indianapolis EMS provides EMS coverage for a wide array of events throughout the year in the Indianapolis area. In 2013, Indianapolis EMS provided coverage for 438 events, including the Indianapolis 500, the One America 500 Festival Mini-Marathon and Parade, and Indiana Pacers games.

Outreach and Community Paramedicine
Indianapolis EMS has developed unique divisions to expand the role of EMS in health care, enhancing patient care and improving the overall health of our city. The Community Outreach and Resource Efficiency (CORE) Mobile Integrated Health division utilizes community paramedicine and social work to provide patients with in-home services to reduce non-emergent 911 calls and hospital readmission rates. The Indy Cardiac Arrest Registry and Education Service (IndyCARES) aims to improve out-of-hospital cardiac arrest survival rates in Indianapolis by educating the public on bystander CPR.

Education and Training
The Indianapolis EMS Education Division works in partnership with IUSM and Eskenazi Health to provide a comprehensive program, incorporating an associate degree in paramedic science, certificate programs for paramedics and EMTs, hands-on learning, and continuing education. The Indianapolis EMS Training Division is responsible for maintaining the skills of our EMS providers by offering continuing education, skills testing and required certification classes, as well as introducing new products and protocols.
Scope

403 SQUARE MILES SERVED
by Indianapolis EMS crews. Indianapolis EMS serves the emergency pre-hospital needs of the majority of Marion County. In addition to serving 911 needs, Indianapolis EMS provides emergency medical services for a large number of special events throughout the year, gives tactical EMS support to the IMPD SWAT and EOD teams, and operates a non-emergent ambulance transport service (ATS) in support of Eskenazi Health.

835,000 POPULATION OF MARION COUNTY
as estimated by the United States Census Bureau, making Indianapolis the 13th largest city in the nation.

42 AMBULANCES
operated by Indianapolis EMS across Marion County. Approximately 32 ambulances are deployed during peak hours.

305 STAFF MEMBERS
employed with Indianapolis EMS as of Dec. 31, 2013, including both full- and part-time employees. This includes 289 paramedic and EMT providers.

93,909 INCIDENTS
to which Indianapolis EMS responded in 2013. The incident total includes response to a scene involving sick or injured patients.

68,174 TRANSPORTS
provided by Indianapolis EMS in 2013. The transport number is the total number of transfers of sick or injured patients to a health care facility by ambulance. This is a portion of the total incident response. Transports are further broken down into basic life support (BLS) transports and advanced life support (ALS) transports.

27,517 BLS TRANSPORTS
provided by Indianapolis EMS in 2013. BLS runs require basic medical care while the patient is transported to a health care facility.

40,657 ALS TRANSPORTS
provided by Indianapolis EMS in 2013. ALS runs require advanced medical care to support breathing and circulation functions while the patient is transported to a medical facility.
Response Times
We strive to balance rapid response with practices that lead to positive patient outcomes and maintain crew and bystander safety, adhering to a standard of response time of 10 minutes or less 90 percent of the time. In 2013, Indianapolis EMS performed above our standard, arriving on scene in 10 minutes or less on more than 92 percent of runs, with an average response time of six minutes and six seconds.

Customer Satisfaction
Indianapolis EMS maintains systematic collection and measurement of patient satisfaction scores. In 2013, our providers continued to give care that earned a high level of satisfaction, which is measured by surveys sent out to patients with each bill. Of the six questions asked on the survey, the percentage of respondents who selected “agree” and “strongly agree” were as follows:

<table>
<thead>
<tr>
<th>Statement</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>IEMS staff members were polite and courteous.</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>IEMS staff members treated you and your family with respect.</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>IEMS staff members cared for you in a professional manner.</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>IEMS staff members took your problem seriously.</td>
<td>95%</td>
<td>94%</td>
</tr>
<tr>
<td>IEMS staff members relieved your pain or discomfort.</td>
<td>88%</td>
<td>86%</td>
</tr>
<tr>
<td>Overall, you are satisfied with the services received.</td>
<td>94%</td>
<td>93%</td>
</tr>
</tbody>
</table>

Our paramedics and EMTs continued to perform at a very high level during 2013, as measured by the patients themselves and by Indianapolis EMS’s Continuous Quality Improvement (CQI) Committee. Indianapolis EMS remains committed to high-quality patient care and satisfaction and will continue to prioritize initiatives, research and programs that contribute to our vision.

“You saved my mother’s life.”
Finances

While both revenue and expenses increased slightly when comparing 2013 to 2012, the 2013 net loss from operations was approximately $800,000 less than in 2012. The increase in net patient revenue was due to an annual price increase, even though the actual number of billed transports was down slightly. Miscellaneous revenue increased in 2013, primarily due to an increase in special events revenue.

HHC’s support contribution went toward covering operating losses as well as capital expenditures.

Indianapolis EMS
For the Year Ended December 31, 2013, 2012 & 2011

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>%</th>
<th>2012</th>
<th>%</th>
<th>2011</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td><strong>Revenue:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Patient Revenue</td>
<td>$21,745,748</td>
<td>98.8%</td>
<td>$20,526,512</td>
<td>98.9%</td>
<td>$20,973,233</td>
<td>99.6%</td>
</tr>
<tr>
<td>Miscellaneous Revenue</td>
<td>263,238</td>
<td>1.2%</td>
<td>226,332</td>
<td>1.1%</td>
<td>93,228</td>
<td>0.4%</td>
</tr>
<tr>
<td><strong>Total Net Revenue</strong></td>
<td>22,008,986</td>
<td>100.0%</td>
<td>20,752,844</td>
<td>100.0%</td>
<td>21,666,461</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

| **Expenses:**          |       |      |       |      |       |      |
| Salaries and Wages     | 14,653,832 | 66.6% | 14,920,268 | 71.9% | 14,179,082 | 68.3% |
| Employee Benefits      | 4,949,073  | 22.5% | 4,817,416  | 23.2% | 4,756,109  | 22.0% |
| Total Payroll & Benefits| 19,602,905 | 89.1% | 19,737,684 | 95.1% | 19,135,191 | 90.8% |
| Medical & Professional Fees | 730,886 | 3.3%  | 347,122  | 1.7%  | 331,585  | 1.1%  |
| Purchased Services     | 1,116,781  | 5.1%  | 769,921  | 3.7%  | 662,106  | 3.1%  |
| Supplies (net)         | 1,538,269  | 7.0%  | 1,777,490 | 8.6%  | 1,892,201 | 9.0%  |
| Pharmaceuticals        | 219,931    | 1.0%  | 171,146  | 0.8%  | 330,558  | 1.6%  |
| Repairs & Maintenance  | 666,768    | 3.0%  | 550,478  | 2.7%  | 617,745  | 2.9%  |
| Utilities              | 164,362    | 0.7%  | 293,193  | 1.4%  | 228,721  | 1.1%  |
| Equipment Rental       | 76,929     | 0.3%  | 69,043   | 0.3%  | 70,057   | 0.3%  |
| Depreciation           | 18,013     | 0.1%  | -        | 0.0%  | -        | 0.0%  |
| Other Expenses         | 104,127    | 0.5%  | 63,732   | 0.3%  | 614,830  | 2.9%  |
| **Total Expenses**     | 24,238,971 | 110.1% | 23,779,809 | 114.6% | 23,719,942 | 112.6% |

| **Net Loss from Operations** | $ (2,229,985) | -10.1% | $ (3,026,965) | -14.6% | $ (2,653,481) | -12.6% |
| Health & Hospital Support | $ 3,372,000 |       | $ 3,021,500 |       | $ 3,372,000 |       |
### 2013 Sources of Revenue (without Health & Hospital Support)

<table>
<thead>
<tr>
<th>Revenue Type</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Medicare</td>
<td>35%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>13%</td>
</tr>
<tr>
<td>Commercial</td>
<td>42%</td>
</tr>
<tr>
<td>Self Pay</td>
<td>7%</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>1%</td>
</tr>
<tr>
<td>Worker’s Comp</td>
<td>2%</td>
</tr>
</tbody>
</table>

### 2013 Expenses

- Total Payroll & Benefits 89.1%
- Medical & Professional Fees 3.3%
- Supplies (net) 7%
- Purchased Services 5.1%
- Medical & Professional Fees 3.3%
- Repairs & Maintenance 3%
- Other Expenses 0.6%
- Other Expenses 0.6%
- Utilities 0.7%
- Pharmaceuticals 1%
- Equipment Rental 0.3%
- Depreciation 0.1%
Encased in a dimly lit concrete room deep inside a vacant building, heavily armored police officers huddle together to receive the details of their impending mission. They are briefed on the hostage situation at hand, informed of their strategy and the signals they will use to communicate as they make their way up flights of stairs and through darkened hallways toward armed perpetrators. At their side are paramedics, hoisting a similar amount of gear, poised to provide medical aid should something go wrong or should shots be fired.

Today, this mission is simply a training session. But the dangerous situations for which the IMPD SWAT team train are too often actualized in real-world situations. Just as important as the armed officers busting down the doors are the medical professionals bringing up the rear, ready to save a life if needed.

Tactical EMS (TEMS) has been integrated into the SWAT and EOD teams since 1999, when Wishard Ambulance Service and IFD paramedics were embedded alongside police officers.

Today, six paramedics from Indianapolis EMS and IFD, along with two Indianapolis EMS physician medical directors, make up the TEMS team. Between two and six members of the team go on every SWAT and EOD mission, from full call-outs for immediate crisis situations to scheduled, high-risk warrants being served to dangerous individuals. In 2013, the TEMS team participated in 236 actual tactical events.

What TEMS medics experience in this line of pre-hospital care is very different than the average 911 response. While traditional street medics arrive to a scene after an injury has already occurred, TEMS medics are in the action as it unfolds, hearing the gunshots as they penetrate, and often standing yards away from injury as it happens. They are also working in different environments, from large public buildings to open fields.
“The hard part is knowing where your danger areas are,” said AJ Warren, operations commander with Indianapolis EMS and a 13-year TEMS medic. “Knowing what the next step is going to be in the mission is critical. With the uniforms we wear, the bad guys could potentially confuse us with officers.”

A military veteran, Warren sees the similarities between SWAT and EOD missions and some forms of military combat. And the medical tactics are similar, too. Certain practices, like the use of Israeli bandages, come from what medics learned in Iraq and Afghanistan.

To transition into this urban combat environment, tactical medics train with the SWAT team three times a month, as well as go through specialized EMS training on tactical and casualty care, focusing on advanced skills in airway, lungs and bleeding. The team is also cross-trained in police tactics and is now permitted to carry firearms during missions.

Working as a medic with the SWAT team doesn’t just require more training, it also requires a certain type of person, said Dr. Andrew Stevens, deputy medical director with Indianapolis EMS and a member of the TEMS team. A TEMS medic has to be calm under fire – quite literally – and possess qualities that will allow him or her to gain the trust of the officers with whom they work side by side.

“The medicine piece is easy to teach, but it takes a different personality and different demeanor to be within the SWAT team,” said Dr. Stevens. “It’s an unpredictable environment. You have to be ready for anything.”

A big part of fitting in with the SWAT team is understanding the dynamics of this tight-knit group and the role that each individual plays.

“TEMS is about doing your part for the greater good of the entire team,” said Warren. “Everyone who is a part of this does a little piece to make each mission work. Everyone’s job is equally important.”

“Along with their armored vests, helmets and other protective gear, TEMS medics must carry necessary trauma supplies on their person during each SWAT mission. What each medic carries varies slightly, but some items they strap into their thigh rigs or pack into their medic bags include:

- Combat action tourniquets
- Quick Clot gauze sponges and hemorrhage control supplies
- Burn dressings
- Airway supplies
- IV supplies
- Stethoscope
- Gloves
- Narcotics, antibiotics and other medications
- Mass casualty triage tags
On Saturday, Dec. 7, 2013, across a roughly half-mile stretch of West 10th Street in downtown Indianapolis, some unusual things were happening. Nearly 30 ambulances were moving back and forth in calculated loops between several blocks of the city, transporting patients for a very special reason. The day that Eskenazi Health, Indianapolis EMS and all of Marion County had been anticipating for four years was finally here. Operation Go WEST was in progress.

**History in the Making**

In 2009, the decision was made to build a new hospital in place of the historic Wishard Memorial Hospital, pieces of which date back more than 100 years. This new facility would be a milestone in improving the health and wellness of the community and in the history of the City of Indianapolis. But transitioning a health care system of this size into a completely new facility is no easy task, and one not often attempted.

As three years of construction on the Sidney & Lois Eskenazi Hospital neared completion, plans were beginning to be made for moving day, when all patients and staff would walk Wishard’s halls one last time and enter into a new era inside the freshly painted walls and vast windows of the Eskenazi Health campus. With potentially more than 200 patients whose conditions and medical needs spanned a wide spectrum, the process had to be smooth, ensuring that patient care remained uninterrupted. To complete this task, Eskenazi Health enlisted the help of Indianapolis EMS.

Indianapolis EMS staff worked with Eskenazi Health leadership and the MESH Coalition, an emergency preparedness leader in Indianapolis, to choreograph the move from one hospital to the other. A dozen ambulance agencies from across central Indiana, the Indiana National Guard, the U.S. Navy Reserve and hundreds of volunteers from nursing schools, community organizations and the public were enlisted to serve as the movers for the precious human cargo. For months before move day, these organizations participated in mock patient moves and table-top exercises to perfect their plan, which would all come together on a chilly weekend in December known as Operation Go WEST.

“IEMS personnel are experienced in patient transport, but on such a large scale and with so many supporting players involved, a lot of planning had to be done,” said Andrew Bowes, planning section chief for Indianapolis EMS and a leader in the move process. “For months, we ran the process through, anticipating all possible adversities and accounting for every factor imaginable.”

Lt. Brian Neuffer works with members of the Indiana National Guard to receive patients at the new Sidney & Lois Eskenazi Hospital during the Dec. 7 move.

**A New Era of Health Care in Indianapolis**

Starting at 7 a.m. on move day, the Emergency Department at Wishard Memorial Hospital was closed for business, and the Michael & Susan Smith Emergency Department opened for its first patients at the Sidney & Lois Eskenazi Hospital. Wishard was systematically emptied department by department, floor by floor, room by room and bed by bed.

Patients were carefully monitored as they were led to one of 28 ambulances – a third of which were from Indianapolis EMS – a van or a bus. Teams of four or more medical personnel and volunteers accompanied each patient on their nearly half-mile journey.

As the groups arrived at the entrance to the new hospital, patients were greeted with rounds of applause from smiling volunteers who would lead them to their brand new beds. The private patient rooms on the Eskenazi Health campus quickly filled up until all 149 patients were transferred. The move was completed in just seven hours, more than five hours ahead of schedule.

More than 50 Indianapolis EMS employees participated in move day, transporting patients, overseeing operations, tracking patients and data, and lending a hand in many other capacities. Indianapolis EMS had a vital presence in the operations centers at both hospitals, as well as in the incident command center on the Eskenazi Health campus.

“So much work was put into this one day, and to see it be so successful was a great feeling,” said Dr. Charles Miramonti, chief of Indianapolis EMS. “This opportunity allowed our service to show what we are capable of accomplishing.”
FEBRUARY

**INDYCARES: HEALTH CARE HEROES FINALIST**

Indianapolis EMS’ IndyCARES division was chosen as a finalist for the 2013 Health Care Hero Awards in the Community Achievement in Health Care category for its efforts to reduce the rate of out-of-hospital cardiac arrest deaths in Marion County. The Health Care Hero Awards program is a prestigious competition presented by the Indianapolis Business Journal.

NEW ACADEMY SPACE

The service acquired a new location to utilize for Indianapolis EMS Academy classes and other large group instruction and meetings. The new space is located at 3978 Georgetown Rd.

APRIL

**CHIEF MIRAMONTI RECEIVES ACHIEVEMENT IN MEDICINE (AIM) AWARD**

St. Margaret’s Hospital Guild and the Indiana Blood Center awarded Dr. Charles Miramonti, chief of Indianapolis EMS, the prestigious Achievement in Medicine (AIM) Award for his contributions to the field of medicine in Indianapolis.

MAY

**PROM DECISION-MAKING CAMPAIGN**

Indianapolis EMS created a campaign to encourage positive decision-making among Indianapolis high school students during prom and graduation season. The campaign garnered community support as well as collaboration with other DPS agencies. It included custom posters and a press conference held at Broad Ripple Magnet High School.

**MCCORMICK & MEDLEY PUBLIC SAFETY AWARENESS DAY**

After the tragic passing of two service providers, Indianapolis EMS founded the McCormick & Medley Public Safety Awareness Day to increase awareness of emergency workers and create an opportunity for them to interact with the public. The inaugural event was held at Indianapolis City Market on May 22, 2013, during National EMS Week.

JUNE

**CORE MOBILE INTEGRATED HEALTH**

Indianapolis EMS announced its Community Outreach and Resource Efficiency (CORE) Mobile Integrated Health team. The effort consists of two parts: an outreach program to provide the necessary resources to patients who previously relied on the 911 emergency system for routine support and a community paramedicine program designed to decrease the 30-day readmission rates of congestive heart failure and pediatric asthma patients.

**FIRST ANNUAL STAFF PICNIC**

Indianapolis EMS held its first-annual staff picnic in Garfield Park. The picnic will be held each year as a fun summer activity for staff and their families.

**HARD ROCK CAFÉ BURGER EATING CHAMPS**

Facing off against teams from IFD and IMPD, Indianapolis EMS secured the title of burger eating champions at Hard Rock Café in celebration of the restaurant’s founding in 1971.

**SERVICE-WIDE MEMBERSHIP TO NAEMT**

Indianapolis EMS became the first EMS service of its size in the country to provide each certified employee a membership to the National Association of Emergency Medical Technicians (NAEMT). NAEMT offers thousands of dollars in savings to members.
OCTOBER

DECISION HOUSE 2013
Indianapolis EMS joined DPS and the Indy Public Safety Foundation in hosting the first annual Decision House event at the Indiana State Fairgrounds on Oct. 28, 2013. Decision House 2013 engaged approximately 1,100 Indianapolis high school freshmen and school faculty members in an interactive field trip that demonstrated the consequences of poor decision-making.

“HEROIN IS A THIEF” PUBLIC SERVICE ANNOUNCEMENT
Indianapolis EMS joined IMPD, the Marion County Coroner’s Office, Eskenazi Health Midtown Community Mental Health and Drug Free Marion County to warn citizens of Indianapolis about the dangers of heroin.

DECEMBER

MOVE TO ESKENAZI HEALTH CAMPUS
Indianapolis EMS helped to facilitate the transport of 149 patients from Wishard Memorial Hospital to the new Sidney & Lois Eskenazi Hospital. Indianapolis EMS worked with Eskenazi Health, the Indiana National Guard, the U.S. Navy Reserve and a dozen EMS agencies from across Central Indiana to coordinate the transport of all patients.

DPS RECOGNITION OF EXCELLENCE AWARDS
DPS hosted its first Recognition of Excellence Ceremony, honoring employees who go above and beyond their everyday duties for the good of the community. Of DPS’ approximately 3,200 employees, 45 were honored at the ceremony. Six Indianapolis EMS members were among the honorees.
Leadership

**Chief of Indianapolis EMS:** Charles Miramonti, M.D.

**Chief of Staff:** Charles Ford

**Chief of Operations:** Carl Rochelle

**Chief of Administration:** Kimberly Maxwell

**Chief of Service:** Stacy Mabrey

**Medical Director:** Mike Olinger, M.D.

**Deputy Medical Director:** Dan O’Donnell, M.D.

**Deputy Medical Director:** Andrew Stevens, M.D.

**Deputy Medical Director:** Elizabeth Weinstein, M.D.

**Education Section Chief:** Leon Bell

**Fleet Section Chief:** Brian Scott

**IT & Informatics Section Chief:** Tom Arkins

**Logistics Section Chief:** Kevin Gona

**Planning Section Chief:** Andrew Bowes

**Strategic Initiatives Section Chief:** Nick Ball

**Training Section Chief:** Mike McNutt

**Safety Officer:** Tammy Mabrey

**Communications Officer:** Lewie-Bob Hiatt

**CQI Officer:** Milon Berry

**Lead Public Information Officer:** Michelle O’Keefe

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**Welcoming New Members**

In 2013, we graduated three classes of Indianapolis EMS Academy recruits, totaling 35 providers. Two classes of the Eskenazi Health Paramedic Science Program, taught by Indianapolis EMS educators, were also graduated.
Support Indianapolis EMS

The Indianapolis EMS Fund of the Eskenazi Health Foundation has been established to continually enhance the quality of pre-hospital care in Marion County. Your tax-deductible gift to the Indianapolis EMS Fund will be used to support the ongoing needs and special programs of Indianapolis EMS, including the McCormick & Medley Memorial Scholarship for paramedics, and to promote EMS careers to Marion County youth. Your generous contribution to the Indianapolis EMS Fund is greatly appreciated.

Please send gifts to:
The Indianapolis EMS Fund
Eskenazi Health Foundation
720 Eskenazi Ave.
Indianapolis, IN 46202

To make a gift online, please visit www.IndianapolisEMS.org.

For more information about how to make a gift or include the Indianapolis EMS Fund in your estate planning, please contact Mike Eikenberry, senior gift officer, at 317.880.4900 or mike.eikenberry@eskenazihealthfoundation.org.

Thank you for your support.

Follow us online:

www.IndianapolisEMS.org

In Remembrance

On Feb. 16, 2013, Indianapolis EMS experienced a great tragedy with the line-of-duty deaths of Private Timothy C. McCormick and Specialist Cody S. Medley. Their passing was an enormous loss in the Indianapolis EMS family.

A street marker was erected at the corner of Senate Avenue and St. Clair Street in downtown Indianapolis that reads “McCormick & Medley EMS Memorial Way.” With this reminder, as well as the McCormick & Medley Memorial Scholarship and the McCormick & Medley Public Safety Awareness Day established in their honor, we strive to carry on their legacy of dedication and courage.

Our comrades will remain forever in our hearts.

Timothy C. McCormick

Cody S. Medley