

2012 – 2014

WISCONSIN

EMERGENCY MEDICAL SERVICES

PLAN



Submitted by: Brian Litza, Chief

Department of Health Services
Division of Public Health
Bureau of Communicable Diseases and Emergency Response
Emergency Medical Services Section

RECEIVED

MAR 15 2013

LEGISLATIVE REFERENCE BUREAU

2012 – 2014 WISCONSIN EMERGENCY MEDICAL SERVICES STATE PLAN

The 2012 – 2014 Wisconsin Emergency Medical Services Plan is prepared in accordance with s.256.08, Wisconsin Statutes, which directs the Department of Health Services to prepare a state emergency medical services plan and to identify priorities for changes in the state's emergency medical services system for the two years following preparation of the plan. Under s. 13.172 (2) of the statutes, the Department shall provide a copy of the state emergency medical services plan biennially to the legislature.

The National Highway Traffic Safety Administration (NHTSA), the Health Resources and Services Administration (HRSA) national *EMS Agenda for the Future*, and the Wisconsin State Health Plan, *Healthiest Wisconsin 2020* provided the guidance and vision for the 2012 – 2014 Wisconsin Emergency Medical Services Plan. The plan supports Wisconsin's overall goal for the future, to achieve an effective, efficient, and integrated Emergency Medical Services (EMS) System for the state.

There are ten essential components of an optimal EMS System. Listed below are each of those components, a description of each component, and the plan for priorities to improve Wisconsin's EMS System. In comparison to the previous plan there are reoccurring priorities that continue to be issues. This plan addresses those continuing issues.

1. REGULATION & POLICY

To provide a quality, effective system of emergency medical care, each state EMS system must have in place comprehensive enabling legislation with provision for a lead EMS agency. This agency has the authority to plan and implement an effective EMS system, and to promulgate appropriate rules and regulations for each recognized component of the EMS system (authority for statewide coordination; standardized treatment, transport, communication and evaluation, including licensure of out-of-hospital services and establishment of medical control; designation of specialty care centers; PIER programs). There is a consistent, established funding source to adequately support the activities of the lead agency and other essential resources which are necessary to carry out the legislative mandate. The lead agency operates under a single, clear management structure for planning and policy setting, but strives to achieve consensus among EMS constituency groups in formulating public policy, procedures and protocols. The role of any local/regional EMS agencies or councils who are charged with implementing EMS policies is clearly established, as well as their relationship to the lead agency. Supportive management elements for planning and developing effective statewide EMS systems include the presence of a formal EMS Medical Director, a Medical Advisory Committee for review of EMS medical care issues and an EMS Advisory Committee (or Board). The EMS Advisory Committee has a clear mission, specified authority and representative membership from all disciplines involved in the implementation of EMS systems.

Priorities for Improvement

- Develop a strategic plan in coordination with the EMS Board and EMS stakeholders to educate policy-makers regarding the importance of the emergency medical services system, including the financial and resource threats to its ongoing viability.

- Explore an alternative distribution model for the Funding Assistance Program consistent with state statutes.
- Develop in cooperation with EMS stakeholders and the Department a stable funding initiative to support the infrastructure of the Wisconsin EMS system.

2. RESOURCE MANAGEMENT

Central coordination and current knowledge (identification and categorization) of system resources are essential to maintain a coordinated response and appropriate resource utilization within an effective EMS system. A comprehensive State EMS Plan exists which is based on a statewide resource assessment and updated as necessary to guide EMS system activities. A central, statewide data collection (or management information) system is in place that can properly monitor the utilization of EMS resources; and data is available for timely determination of the exact quantity, quality, distribution and utilization of resources. The lead agency is adequately staffed to carry out central coordination activities and technical assistance. There is a program to support recruitment and retention of EMS personnel (both volunteer and career).

Priorities for Improvement

- Facilitate a National Highway Transportation Safety Administration technical assessment of the Wisconsin EMS system and correlate results with the previous reports. Move to address overarching issues identified within the assessment report.
- Develop programs for continuing the recruitment and retention of volunteer EMS personnel.
- Verify submitted ambulance service operation plans through periodic, on-site evaluations.
- Study and report on the EMS role and needs in disaster management. Develop guidelines on how EMS should integrate with the Wisconsin Emergency Management plans already in existence.
- Coordinate with the trauma system development.
- Explore and assist areas of the state that have difficulty staffing ambulance calls and explore regionalization options.

3. HUMAN RESOURCES AND TRAINING

The *EMS Education Agenda for the Future* is a vision for the future of EMS education and a proposal for an improved structured system to educate the next generation of EMS professionals. It includes a vision of improved efficiency in the national EMS education process, with enhanced consistency in education quality and increased entry-level graduate competence.

To ensure that the patient care provided by EMS is part of the overall management of the ill or injured patient, innovative approaches to education must be employed. These innovations must address the quality, content and accessibility of the education programs, both for initial training and for ongoing continuing education of EMS providers and provide enhancement as needed to meet the medical needs of patients in Wisconsin.

Priorities for Improvement

- Complete the transition to the National EMS Scope of Practice and National EMS Education Standards.
- Research the provision of initial and continuing education through various educational delivery options including distance learning.
- Investigate and prepare recommendations on the concept of minimum competencies versus curriculum adherence.
- Support the training centers in obtaining paramedic program accreditation in preparation for the transition to the national education standards.

4. TRANSPORTATION

Safe, reliable ambulance transportation is a critical component of an effective EMS system. The transportation component of the State EMS Plan includes provisions for uniform coverage, including a protocol for air medical dispatch and a mutual aid plan. This plan is based on a current, formal needs assessment of transportation resources, including the placement and deployment of all out-of-hospital emergency medical care transport services. There is an identified ambulance placement or response unit strategy, based on patient need and optimal response times. The lead agency has a mechanism for routine evaluation of transport services and the need for modifications, upgrades or improvements based on changes in the environment (i.e., population density). Statewide, uniform standards exist for inspection and licensure of all modes of transport (ground, air, water), as well as minimum care levels for all transport services (minimum staffing and credentialing). All out-of-hospital emergency medical care transport services are subject to routine, standardized inspections, as well as "spot checks" to maintain a constant state of readiness throughout the state. There is a program for the training and certification of emergency vehicle operators.

Priorities for Improvement

- Continue to prompt the Wisconsin Department of Transportation to open TRANS 309 to adjust the ambulance equipment standards.
- Complete development of administrative rules that would provide direction for air transport.

5. FACILITIES

It is imperative that the seriously ill patient be delivered in a timely manner to the closest, appropriate facility. The lead agency has a system for categorizing the functional capabilities of all individual health care facilities that receive patients from the out-of-hospital emergency medical care setting. This determination should be free of political considerations, is updated on an annual basis and encompasses both stabilization and definitive care. There is a process for verification of the categorizations (i.e., on-site review). This information is disseminated to EMS providers so that the capabilities of the facilities are known in advance and appropriate primary and secondary transport decisions can be made. The lead agency also develops and implements out-of-hospital emergency medical care triage and destination policies, as well as protocols for specialty care patients (such as severe trauma, burns, spinal cord injuries and pediatric emergencies) based on the functional assessment of facilities. Criteria are identified to guide interfacility transport of specialty care patients to the appropriate facilities. Diversion policies are developed and utilized to match system resources with patient needs; standards are clearly

identified for placing a facility on bypass or diverting an ambulance to another facility. The lead agency has a method for monitoring if patients are directed to appropriate facilities.

Priority for Improvement

- Develop and publish a list of hospitals and their specialty care designations. Specifically identify those facilities designated as primary stroke centers, S-T elevation myocardial infarction (STEMI) centers, and trauma designated facilities.

6. COMMUNICATION

A reliable communications system is an essential component of an overall EMS system. The lead agency is responsible for central coordination of EMS communications (or works closely with another single agency that performs this function), and the State EMS Plan contains a component for comprehensive EMS communications. The public can access the EMS system with a single, universal phone number, such as 9-1-1 (or preferably Enhanced 9-1-1), and the communications system provides for prioritized dispatch. There is a common, statewide radio system that allows for direct communication between all providers (dispatch to ambulance communication, ambulance to ambulance, ambulance to hospital, and hospital to hospital communications) to ensure that receiving facilities are ready and able to accept patients. Minimum standards for dispatch centers are established, including protocols to ensure uniform dispatch and standards for dispatcher training and certification. There is an established mechanism for monitoring the quality of the communication system, including the age and reliability of equipment.

Priorities for Improvement

- Review and comment by the EMS Board and Department regarding statutory language for certification of dispatchers and dispatch centers developed by the Governor-appointed Interoperability Communications Standards Group.
- Finalize the revisions to the State EMS communication plan and disseminate to EMS providers.

7. PUBLIC INFORMATION AND EDUCATION

To effectively serve the public, each state must develop and implement an EMS public information and education (PI&E) program. The PI&E component of the State EMS Plan ensures that consistent, structured PI&E programs are in place that enhance the public's knowledge of the EMS system, support appropriate EMS system access, demonstrate essential self-help and appropriate bystander care actions, and encourage injury prevention. The PI&E plan is based on a needs assessment of the population to be served and an identification of actual or potential problem areas (i.e., demographics and health status variables, public perceptions and knowledge of EMS, type and scope of existing PI&E programs). There is an established mechanism for the provision of appropriate and timely release of information on EMS-related events, issues and public relations (damage control). The lead agency dedicates staffing and funding for these programs, which are directed at both the general public and EMS providers. The lead agency enlists the cooperation of other public service agencies in the development and distribution of these programs, and serves as an advocate for legislation that potentially results in injury/illness prevention.

Priorities for Improvement

- Develop a broad-based public information and education plan that would target, in part, policy makers and the general public. Among other topics, this should address emergency medical services and trauma systems.
- Continue to develop the EMS website to be the primary source of information regarding Wisconsin EMS.

8. MEDICAL DIRECTION

EMS is a medical care system that involves medical practice as delegated by physicians to non-physician providers who manage patient care outside the traditional confines of office or hospital. As befits this delegation of authority, the system ensures that physicians are involved in all aspects of the patient care system. The role of the State Medical Director for EMS is clearly defined, with legislative authority and responsibility for EMS system standards, protocols and evaluation of patient care. A comprehensive system of medical direction for all out-of-hospital emergency medical care providers (including basic life support) is utilized to evaluate the provision of medical care as it relates to patient outcome, appropriateness of training programs and medical direction. There are standards for the training and monitoring of direct medical control physicians, and statewide, standardized treatment protocols. There is a mechanism for concurrent and retrospective review of out-of-hospital emergency medical care, including indicators for optimal system performance. Physicians are consistently involved and provide leadership at all levels of quality improvement programs (local, regional, statewide).

Priorities for Improvement

- Continue to enhance the required credentials of EMS medical directors, based upon the level of the EMS programs involved.
- Develop periodic, statewide and regional forums for local EMS medical directors to meet with the state EMS medical director and other Bureau staff, discuss common issues, and share solutions, and exploit electronic options for facilitating continual interaction among EMS medical directors.
- Translate the current medical director course into an interactive and measurable program that can generate a course completion certificate.
- Collaborate with EMS for Children on issues related to children.

9. TRAUMA SYSTEMS

To provide a quality, effective system of trauma care, each state must have in place a fully functional EMS system; trauma care components must be clearly integrated with the overall EMS system. Enabling legislation should be in place for the development and implementation of the trauma care component of the EMS system. This should include trauma center classification (using ACS-COT, APSA-COT and other national standards as guidelines), triage and transfer guidelines for trauma patients, data collection and trauma registry definitions and mechanisms, mandatory autopsies and quality improvement for trauma patients. Information and trends from the trauma registry should be reflected in PIER and injury prevention programs. Rehabilitation is an essential component of any statewide trauma system and hence these services should also be considered as part of the classification process. The statewide trauma system (or trauma

system plan) reflects the essential elements of the model trauma care system plan. The goals of the WI trauma system are to ultimately prevent injuries from occurring and to reduce the severity of injuries once they do occur.

Priorities for Improvement

- Support the state trauma system with the deployment of the updated triage and transport guidelines.
- Support continued collaboration with the WI trauma system.

10. EVALUATION

A comprehensive evaluation program is needed to effectively plan, implement and monitor a statewide EMS system. The EMS system is responsible for evaluating the effectiveness of services provided victims of medical or trauma related emergencies; therefore the EMS agency should be able to state definitively what impact has been made on the patients served by the system. A uniform, statewide out-of-hospital data collection system exists that captures the minimum data necessary to measure compliance with standards (i.e., a mandatory, uniform EMS run report form or a minimum set of data that is provided to the state); data are consistently and routinely provided to the lead agency by all EMS providers and the lead agency performs routine analysis of this data. Pre-established standards, criteria and outcome parameters are used to evaluate resource utilization, scope of services, effectiveness of policies and procedures, and patient outcome. A comprehensive, medically directed statewide quality improvement program should be established to assess and evaluate patient care, including a review of process (how EMS system components are functioning) and outcome.

Priorities for Improvement

- Provide summary feedback information, derived from submitted data, to the state's EMS provider agencies.
- Develop a process (evaluation tools) to evaluate all EMS system activities and incorporate into existing committee work.
- Prepare for the transition from the National EMS Information System data set version 2.0 to 3.0.
- Create standard reports of system data to be used as indicators of the EMS system status.

Special Component - PREPAREDNESS FOR LARGE SCALE EVENTS (Public Health Emergency)

As shown in the previous plan with the 2009 H1N1 influenza emergency, the State of Wisconsin needs to be prepared for large scale public health emergencies. The integration of EMS within these activities is essential in assuring a coordinated response when the time is needed.

Priorities for Improvement

- Assure state and regional involvement of EMS in emergency response plans.
- Prepare and disseminate proper guidance to the EMS community in response to any declared public health emergency.
- Assure continued involvement in after-action planning activities that result from evaluations of operations to better prepare for future events.



DIVISION OF PUBLIC HEALTH

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December 22, 2011

Hearing Report - State Emergency Medical Services Plan
Held Thursday, December 22, 2011, 1:00 – 2:00 p.m.
Room 372, 1 West Wilson Street, Madison, Wisconsin 53703

Hearing opened at 1:00 PM by Brian Litza, EMS Section Chief

Comments received by the one attendee.

One written comment received in favor of the report.

One written comment via e-mail (listed below).

No written comments against the report.

Hearing closed at 2:00 PM By Brian Litza, EMS Section Chief

1. REGULATION & POLICY

Jan Victorson

Comment 1: Under the description of this area the stakeholder language very vague (generic) – I hope that this does include local providers.

Comment 2: It is important that the urban systems understand the rural systems and vice versa.

Comment 3: Regarding the funding assistance program it is important that the formula take into consideration the initial intent that rural areas are a priority for receiving this money.

EMS Section response

Comment 1: Yes it does.

Comment 2: This is important and is an ongoing educational process.

Comment 3: DHS has made it a priority to assure that the rural areas are receiving the money out of this program that they are entitled which is why this objective has been included.

2. RESOURCE MANAGEMENT

Jan Victorson

Comment 1: Bullet 4 – This is really a local issue.

Comment 2: Bullet number 6 - I believe should be “regionalization”.

EMS Section response

Comment 1: This is an important observation and the EMS Section will communicate to the preparedness section.

Comment 2: That is correct - Changed

3. HUMAN RESOURCES AND TRAINING

James P Flanagan FF/EMT-IV

Comment 1:

“As the Gen Y’rs make entry into the EMS, they may come, as I find them coming into the Fire Service, with a sense of entitlement, but also with an unwillingness to be leaders and being held accountable beyond their personal circle of influence. This one topic may present itself as your greatest challenge. As an adjunct instructor in the Technical College System, I found myself as being unsupportive of the EMS systems adoption of education, without experience, case in point, paramedic training had previously required a prior time in the field as an EMT before moving onto this course of education. I now am confronted with 18 year olds being trained (that sense of

entitlement), without a clue of the reality of the fields environment. I have had EMT's who have froze in the field when confronted for the first time with real world trauma, fortunately the events found several EMT's on scene to pick up the ball and move the care process on without impact. Further how does an 18 year old youth develop the maturity needed to address the field environment without experience? Hopefully, the answer will not be to let them start earlier age. I know that it can be said that they are asked to defend our nation at the age of 18, but the military does match the person to the job by performing very intensive evaluating processes prior to placement or enlistment, and once placed there, support it with equally intensive focused training, which would further thin the numbers to those most qualified".

Jan Victorson

Comment 2: It is important the curriculum is taught as it was intended. There appears to be significant other information that is being taught over and above the curriculum and the scope. This becomes a problem in our area because of the limited people and time available from them to volunteer.

EMS Section response

Comment 1: This is not specifically addressed in the EMS plan. However, as the EMS workforce ages they will be replaced by younger individuals. Unfortunately the EMS community, while seeing the value in some field experience before entering higher training, had determined that this was requirement that prevented individuals from free access to educational opportunities. The EMS training system is a partnership between the educational system and the service. The training prepares them with the knowledge and the service should be providing continuing education to develop them into a functioning emergency provider

Comment 2: The new administrative rule DHS 110 has built in quality assurance tools for us to assure that the training centers are keeping to the curricula and not having "creep".

5. FACILITIES

James P Flanagan FF/EMT-IV

Comment 1: I would encourage the EMS system address one item which I feel may be contributing to some needless delays in accessing the appropriate facility, that being the public misconception of an **Urgent Care Center** where clinics offering this service may be doing so at the peril of its customer. In my above example this point of access may have been the appropriate choice if it is a 24/7 walk in clinic operation. But in my own community I feel all too often the ambulance calls to one such facility was the result of the public's misunderstanding of a cardiac events needs and the facilities ability to address that event and could possible negatively impact event outcomes.

Jan Victorson

Comment 2: Is there a list and what is the mechanism for dissemination? Most local services know the capabilities of each hospital.

EMS Section response

Comment 1: The current objectives should assist in educating the public on the proper use of the EMS system and access to the healthcare system.

Comment 2: The list will be compiled through a hospital and ambulance service survey. The list will be disseminated through the WI EMS Section website and direct e-mail communication to all services.

6. COMMUNICATIONS

Jan Victorson

Comment 1: regarding dispatchers its important remember that some agencies only have one dispatcher.

Comment 2: Sometimes local service forget that there are communication standards of which they must adhere.

EMS Section response

Comment 1: Noted.

Comment 2: The current EMS Communication plan is under revision and should be disseminated shortly. When it is re-published it should assist services in remembering this requirement.

7. PUBLIC INFORMATION AND EDUCATION

James P Flanagan FF/EMT-IV

Comment 1: "It is indicated that it is a goal of the plan to "enhance the public's knowledge of the EMS system", further you would desire to support system access, self-help and bystander care activities. While these are admirable goals they will do nothing to address the abuses that are prevalent within the Emergency access system. I would encourage an emphasis be placed back into the school system where basic first aid be again taught as part of an overall health and healthy life styles education process. Additionally, we need to understand children having children will never lead to a good outcome, as they are completely unprepared for that responsibility , and as an EMT for 34 years, I have seen where fibril seizures to often come from poor fever management, of which their grandparent had a better understanding of. The ready access via 911 leads to an ambulance being used to move that child to an **Emergency Room**, when an earlier access to the doctor's office would save all of society the added cost and misuse of these valuable resources".

Jan Victorson

Comment 1: This seems to be very broad.

EMS Section response

Comment 1: The current objectives should assist in educating the public on the proper use of the EMS system.

Comment 2: It was stated broadly to allow as many activities as possible.

8. MEDICAL DIRECTION

Jan Victorson

Comment 1: Please support and do not impede the local medical directors authority to manage quality assurance.

EMS Section response

Comment 1: There is no intent to remove local authority of the medical director.

9. TRAUMA SYSTEMS

Jan Victorson

Comment 1: The regional trauma advisory councils have been very helpful and effective in our area.

EMS Section response

Comment 1: None.

Special Component - PREPAREDNESS FOR LARGE SCALE EVENTS (Public Health Emergency)

Jan Victorson

Comment 1: Emergency preparedness is really a local issue and it is important that different programs and agencies do not duplicate initiatives. This adds significant work to the local emergency manager trying to respond to multiple programs and agencies when it's the local response system that is continuing to carry the burden of the work to multiple agencies for the same federal or state objectives.

EMS Section response

Comment 1: This is an important observation and the EMS Section will communicate to the preparedness section.

General Comments

James P Flanagan FF/EMT-IV

Comment 1: "Lastly, my concern that much of this entire document does not address the costs that it may place on all citizens. National health care is slowly becoming an idea whose time has not yet come. Why, costs beyond the burdening debt this Nation needs to be addressed, we have made the Pollyanna perception that all will be provided to you is unworkable. The alien concept of self-reliance has resulted in the stunned disbelief of, I losing my home. Having started a volunteer ambulance service from the one previously conducted by a funeral home. It was the willingness of those individuals to volunteer to work for well below minimum wage because it was for their community that provided this most valuable emergency service at a reasonable price. The service moved to the I-85 level and continued to operate on a volunteer dominated system. This same system today has evolved to the Paramedic level and the bulk of the members are no longer volunteer, employing several full-time Paramedics, all being paid at an appropriate wage rate, support by an escalated fee structure. Which will now find that the pending Medicare reimbursements falling and falling short of the costs it took to provide that service. Have we arrive at the state of where unless we drive in the Cadillac, we will leave the Chevy in the garage, and not drive at all".

EMS Section response

Comment 1: The purpose of this document is to outline the operational objectives of improving the Wisconsin EMS system which is why it does not address concerns of the healthcare system in general.

ATTENDEES

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COMMENTORS

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State of Wisconsin
Department of Health Services

RECEIVED
JUL 17 2012

Scott Walker, Governor
Dennis G. Smith, Secretary

BY:

July 9, 2012

Robert J. Marchant
Senate Chief Clerk
B20 SE Capitol
Madison, WI 53702

Patrick E. Fuller
Assembly Chief Clerk
17 West Main Street, Room 401
Madison, WI 53703

Dear Mr. Marchant and Mr. Fuller:

The Department of Health Services is pleased to submit to you and the legislature the State Emergency Medical Services Plan. The plan was prepared by the Division of Public Health-EMS Section, as required by s.256.08 Wis. Stats.

Wisconsin's EMS System continues to grow and mature. Over the past two years, it has strengthened partnerships and completed an administrative rule revision. It is now focused on strengthening and improving the system. Significant objectives included in the plan include:

- Facilitate a National Highway Transportation Safety Administration technical assessment of the Wisconsin EMS system and correlate results with the previous reports. Move to address overarching issues identified within the assessment report.
- Develop a strategic plan in coordination with the EMS Board and EMS stakeholders to educate policymakers regarding the importance of the emergency medical services system, including the financial and resource threats to its ongoing viability.
- Develop a broad-based public information and education plan that would target, in part, policymakers and the general public. Among other topics, this should address emergency medical services and trauma systems.

The EMS system continues to develop its primary mission "...to ensure that the highest quality and standards of pre-hospital emergency medical care is available to all citizens of and visitors to Wisconsin."

Sincerely,

Dennis G. Smith
Secretary

Enclosures

