



2014 – 2016

**WISCONSIN
EMERGENCY MEDICAL SERVICES
PLAN**

RECEIVED

JAN 28 2014

LEGISLATIVE REFERENCE BUREAU

Department of Health Services
Bureau of Communicable Diseases and Emergency Response
EMS Program
P-00576 December 18, 2013

2014 – 2016 WISCONSIN EMERGENCY MEDICAL SERVICES STATE PLAN

The 2014 – 2016 Wisconsin Emergency Medical Services Plan is prepared in accordance with s.256.08, Wisconsin Statutes, which directs the Department of Health Services (DHS) 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 2014 – 2016 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.

The following plan is based on a National Highway Traffic Safety Administration (NHTSA) assessment conducted in June of 2012. This assessment identified 53 recommendations for improvement of the EMS system. These recommendations were then reviewed by DHS, the EMS Board, and stakeholders throughout the state to identify the most important recommendations. This 2014-2016 plan incorporates these priorities.

1. REGULATION & POLICY

National Highway Traffic Safety Administration Standard:

“Each State should have in place comprehensive enabling legislation, regulations, and operational policies and procedures to provide an effective statewide system of emergency medical and trauma care and should:

- Establish the EMS program and designate a lead agency;
- Outline the lead agency's basic responsibilities, authorities, including licensure and certification as well as the designation of emergency medical services regions;
- Require comprehensive EMS system planning;
- Establish a sustainable source of funding for the EMS and trauma system;
- Require prehospital data collection which is compatible with local, state and national efforts such as the National EMS Information System (NEMSIS) and evaluation;
- Provide authority to establish minimum standards related to system elements such as personnel, services, specialty care facilities and regional systems and identify penalties for noncompliance;
- Provide for an injury/trauma prevention and public education program;

- Integrate the special needs of children and other special populations throughout the EMS system.
- Integrate pediatric EMS needs into State statutes, rules and regulations.”¹

Priorities for Improvement

- 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.
- Continue to develop, in cooperation with EMS stakeholders and the Department, an initiative to support a stable infrastructure of the Wisconsin EMS system.

2. RESOURCE MANAGEMENT

National Highway Traffic Safety Administration Standard:

“Each State EMS lead agency should identify, categorize, and coordinate resources necessary for establishment and operation of regionalized, accountable EMS and trauma systems. The lead agency should:

- Maintain a coordinated response to day-to-day emergencies as well as mass casualty events or disasters and ensure that resources are used appropriately throughout the state;
- Have policies and regulations in place to assure equal access to basic emergency care for all victims of medical or traumatic emergencies;
- Provide adequate triage, including trauma field triage, and transport of all victims by appropriately certified personnel (at a minimum, trained to the emergency medical technician [EMT] level) in properly licensed, equipped, and maintained ambulances;
- Provide transport to a facility that is appropriately equipped, staffed and ready to administer to the needs of the patient, including specialty care hospitals (section 4: Transportation);
- Appoint an advisory council, including pediatric EMS representation, to provide broad-based input and guidance to the state EMS system and to provide a forum for cooperative action and for assuring maximum use of resources; and
- Coordinate with State Highway Safety Agency and other State Agencies in the development of the Strategic Highway Safety Plan to ensure that EMS system information is used to evaluate highway safety problems and to improve post-crash care and survivability.”¹

Priorities for Improvement

- Develop programs for continuing the recruitment and retention of volunteer EMS personnel.
- Verify submitted ambulance service operation plans through periodic, on-site evaluations.
- Collaborate with the preparedness and trauma programs in the development of healthcare coalitions.
- Explore and assist areas of the state that have difficulty staffing ambulance calls and explore regionalization options.

3. HUMAN RESOURCES AND TRAINING

National Highway Traffic Safety Administration Standard:

“Each State should ensure that its EMS system has essential trained and certified/licensed persons to perform required tasks. These personnel include: first responders (e.g., police and fire), prehospital providers (e.g., emergency medical technicians and paramedics), communications specialists, physicians, nurses, hospital administrators, and planners. Each State should provide a comprehensive statewide plan for assuring a stable EMS workforce including consistent EMS training and recruitment/retention programs with effective local and regional support. The State agency should:

- Ensure sufficient availability of adequately trained and appropriately licensed EMS personnel to support the EMS system configuration;
- Assure an ongoing state EMS personnel needs assessment that identifies areas of personnel shortage, tracks statewide trends in personnel utilization and which establishes, in coordination with local agencies, a recruiting and retention plan/program;
- Establish EMT as the state minimum level of licensure for all transporting EMS personnel;
- Routinely monitor training programs to ensure uniformity, quality control and medical direction;
- Use standardized education standards throughout the State that are consistent with the National EMS Education Standards;
- Ensure availability of continuing education programs, including requirements for pediatric emergency education;
- Require instructors to meet State requirements;
- Assure statutory authority, rules and regulations to support a system of EMS personnel licensure that meets or exceeds the national EMS Scope of Practice Model, new National Education Standards, as they are available, and other aspects of the EMS Education Agenda for the Future; and
- Monitor and ensure the health and safety of all EMS personnel.”ⁱ

Priorities for Improvement

- Identify the process required to change Statute 256 to reflect the National Scope of Practice Change in levels.
- 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.
- Work with the Wisconsin Technical College System to identify alternative clinical locations.
- Develop and deploy an instructor evaluation system that involves both the EMS office and the Wisconsin Technical College System Office.

4. TRANSPORTATION

National Highway Traffic Safety Administration Standard:

“Each State should require safe, reliable EMS transportation. States should:

- Develop statewide EMS transportation plans, including the identification of specific EMS service areas and integration with regionalized, accountable systems of emergency care;
- Implement regulations that establish regionalized, accountable systems of emergency care and which provide for the systematic delivery of patients to the most appropriate specialty care facilities, including use of the most recent Trauma Field Triage Criteria of the American College of Surgeons/Committee on Trauma;
- Develop routine, standardized methods for inspection and licensing of all emergency medical transport services and vehicles, including assuring essential pediatric equipment and supplies;
- Establish a minimum number of personnel at the desired level of licensure on each response and delineate other system configuration requirements if appropriate;
- Assure coordination of all emergency transports within the EMS system, including public, private, or specialty (air and ground) transport and including center(s) for regional or statewide EMS transportation coordination and medical direction if appropriate; and
- Develop regulations to ensure ambulance drivers are properly trained and licensed.”ⁱ

Priorities for Improvement

- Continue to work with the Wisconsin Department of Transportation to revise TRANS 309 to adjust the ambulance equipment standards.
- Investigate the effects of the implementation of emergency vehicle operation and driver safety training policy as required in DHS 110.35(2)(a) and whether this has improved ambulance driver safety and reduced ambulance crashes.

5. FACILITIES

National Highway Traffic Safety Administration Standard:

“It is imperative that the seriously injured (or ill) patient be delivered in a timely manner to the closest appropriate facility. Each State should ensure that:

- Both stabilization and definitive care needs of the patient are considered;
- There is a statewide and medically accountable regional system, including protocols and medical direction, for the transport of patients to state-designated specialty care centers;
- There is state designation of specialty medical facilities (e.g., trauma, burns, pediatric, cardiac, etc.) and that the designation is free of non-medical considerations and the designations of the facilities are clearly understood by medical direction and prehospital personnel;
- Hospital resource capabilities (facility designation), including ability to stabilize and manage pediatric emergencies, are known in advance, so that appropriate primary and secondary transport decisions can be made by the EMS providers and medical direction;

- Agreements are made between facilities to ensure that patients, including pediatric patients, receive treatment at the closest, most appropriate facility, including facilities in other states or counties;
- Hospital 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 appropriate facilities.”ⁱ

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.
- Continue to foster development of specialty care systems of care such as stroke, S-T elevation myocardial infarction (STEMI), and trauma.

6. COMMUNICATION

National Highway Traffic Safety Administration Standard:

“An effective communications system is essential to EMS operations and provides the means by which emergency resources can be accessed, mobilized, managed, and coordinated. Each State should assure a comprehensive communication system to:

- Begin with the universal system access number 911;
- Strive for quick implementation of both wire line and wireless enhanced 911 services which make possible, among other features, the automatic identification of the caller's number and physical location;
- Strive to auto-populate prehospital patient care reports (NEMSIS compliant) with all relevant times from the public safety answering point (PSAP);
- Provide for emergency medical dispatch training and certification for all 911 call takers and EMS dispatchers.
- Provide for priority medical dispatch;
- Provide for an interoperable system that enables communications from dispatch to ambulance, ambulance to ambulance, ambulance to hospital, hospital to hospital and ambulance to public safety communications.
- Provide for prioritized dispatch of EMS and other public safety resources.
- Ensure that the receiving facility is ready and able to accept the patient; and
- Provide for dispatcher training and certification standards.
- Include effective, reliable interoperable communications systems among EMS, 911, emergency management, public safety, public health and health care agencies.”ⁱ

Each State should develop a statewide communications plan that defines State government roles in EMS system communications.

Priorities for Improvement

- Finalize the revisions to the State EMS communication plan and disseminate to EMS providers.
- Continue to support the implementation of dispatch training and certification.

7. PUBLIC INFORMATION AND EDUCATION

National Highway Traffic Safety Administration Standard:

“Public awareness and education about the EMS system are essential to a high quality system. Each State should implement a public information and education (PI&E) plan to address:

- The components and capabilities of an EMS system;
- The public's role in the system;
- The public's ability to access the system;
- What to do in an emergency (e.g., bystander care training);
- Education on prevention issues (e.g., alcohol or other drugs, occupant protection, speeding, motorcycle and bicycle safety);
- The EMS providers' role in injury prevention and control; and
- The need for dedicated staff and resources for PI&E.”¹

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.
- Leverage data system reports to create fact sheets for public dissemination to help educate the public on the EMS system.

8. MEDICAL DIRECTION

National Highway Traffic Safety Administration Standard:

“Physician involvement in all aspects of the patient care system is critical for effective EMS operations. EMS is a medical care system in which physicians oversee non-physician providers who manage patient care outside the traditional confines of the office or hospital. States should require physicians to be involved in all aspects of the patient care system, including:

- A state EMS Medical Director who is involved with statewide EMS planning, overseeing the development and modification of prehospital treatment protocols, statewide EMS quality improvement programs, scope of practice and medical aspects of EMS provider licensing/disciplinary actions;
- On-line and off-line medical direction for the provision of all emergency care including pediatric medical direction, when needed and the authority to prevent an EMS provider from functioning based on patient care concerns;
- Audit and evaluation of patient care as it relates to patient outcome, appropriateness of training programs and quality improvement.”¹

Priorities for Improvement

- Continue to enhance the required credentials of EMS medical directors, based upon the level of the EMS programs involved.
- Discuss development of regional EMS systems and regional medical directors.
- 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, share solutions, and utilize 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

National Highway Traffic Safety Administration Standard:

“Each State should maintain a fully functional trauma system to provide a high quality, effective patient care system. States should implement legislation requiring the development of a trauma system, including:

- Trauma center designation, using American College of Surgeons Committee on Trauma guidelines as a minimum;
- Trauma field triage and transfer standards for trauma patients;
- Data collection and trauma registry definitions for quality assurance, using American College of Surgeons Committee on Trauma National Trauma Data Standards, as soon as practicable ;
- Systems management and quality assurance; and
- Statewide Trauma System Plan, consistent with the Health Resources and Services Administration Model Trauma System Planning & Evaluation Document.”ⁱ

Priorities for Improvement

- Support the state trauma system with the promotion of the updated triage and transport guidelines.
- Support continued collaboration with the WI trauma system.
- Manage better dissemination of EMS data between services and hospitals to increase efficiencies in patient care and treatment.

10. EVALUATION

National Highway Traffic Safety Administration Standard:

“Each State should implement a comprehensive evaluation program to assess effectively and to improve a statewide EMS system. State and local EMS system managers should:

- Evaluate the effectiveness of services provided to victims of medical or trauma-related emergencies;
- Define the impact of the system on patient care and identify opportunities for system improvement;

- Evaluate resource utilization, scope of service, patient outcome, and effectiveness of operational policies, procedures, and protocols;
- Evaluate the operation of regional, accountable emergency care systems including whether the right patients are taken to the right hospital;
- Evaluate the effectiveness of prehospital treatment protocols, destination protocols and 9-1-1 protocols including opportunities for improvement;
- Require EMS operating organizations to collect NEMSIS compliant data to evaluate emergency care in terms of the frequency, category, and severity of conditions treated and the appropriateness of care provided;
- Assure protection from discoverability of EMS and trauma peer review data;
- Ensure data-gathering mechanism and system policies that provide for the linkage of data from different data sources through the use of common data elements;
- Ensure compatibility and interoperability of data among local, state and national data efforts including the National EMS Information System and participation in the National EMS Database;
- Evaluate both process and impact measures of injury prevention, and public information and education programs; and
- Participate in the State Traffic Records Coordinating Committee (TRCC) – a policy-level group that oversees the State’s traffic records system, to develop and update a Statewide Traffic Records System Strategic Plan that ensures coordination of efforts and sharing of data among various State safety data systems, including EMS and Trauma Registry data.”ⁱ

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.

<p>Special Component - PREPAREDNESS FOR LARGE SCALE EVENTS (Public Health Emergency)</p>

National Highway Traffic Safety Administration Standard:

“EMS is a critical component in the systematic response to day-to-day emergencies as well as disasters. Building upon the day-to-day capabilities of the EMS system, each state should ensure that EMS resources are effectively and appropriately dispatched and provide prehospital triage, treatment, transport, tracking of patients and documentation of care appropriate for the incident, while maintaining the capabilities of the EMS system for continued operations, including:

- Clearly defining the role of the State Office of EMS in preparedness planning and response including their relationship with the State’s emergency management, public health and homeland security agencies;

- Establishing and exercising a means to allow EMS resources to be used across jurisdictions, both intrastate and interstate, using the Emergency Management Assistance Compact and the National Incident Management System;
- Identifying strategies to protect the EMS workforce and their families during a disaster;
- Written protocols, approved by medical control, for EMS assessment, triage, transport and tracking of patients during a disaster;
- A current statewide EMS pandemic influenza plan; and
- Clearly defining the role of emergency medical services in public health surveillance.”ⁱ

Priorities for Improvement

- Assure state and regional involvement of EMS in emergency response plans and exercises
- 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.
- Assure EMS services are involved in disaster and emergency response, including the involvement in the Mutual Aid Box Alarm System (MABAS).

ⁱ National Highway Transportation Safety Administration. (2010). *Statewide EMS Reassessments Program Guide*.



State of Wisconsin
Department of Health Services

Scott Walker, Governor
Kitty Rhoades, Secretary

January 15, 2014

Jeffrey Renk
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. Renk and Mr. Fuller:

The Department of Health Services is pleased to submit to you and the legislature the 2014 - 2016 Wisconsin Emergency Medical Services (EMS) Plan. The plan was prepared by the Division of Public Health - EMS Unit, as required by s. 256.08 Wis. Stats.

Wisconsin's EMS system continues to grow and mature. Over the past two-years, the state EMS plan has focused on strengthening and improving the current system. Significant objectives in the 2014-2016 state plan include:

- Continue to develop, in cooperation with EMS stakeholders and the Department, an initiative to support a stable infrastructure for the Wisconsin EMS system.
- Collaborate with the preparedness and trauma programs in the development of healthcare coalitions.
- Develop programs to continue the recruitment and retention of volunteer EMS personnel.
- Continue to work with the Wisconsin Department of Transportation to revise TRANS 309 to improve ambulance equipment standards.

With this updated plan, it is our goal to continue our 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." Please let us know if you have any questions about the state plan.

Sincerely,


Kitty Rhoades
Secretary

Enclosures