

2010 – 2011

WISCONSIN

EMERGENCY MEDICAL SERVICES

PLAN

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Emergency Medical Services Section

2010 – 2011 WISCONSIN EMERGENCY MEDICAL SERVICES STATE PLAN

The 2010 – 2011 Wisconsin Emergency Medical Services Plan is prepared in accordance with s.146.53 (2), 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 2010* provided the guidance and vision for the 2010 – 2011 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 change Wisconsin's EMS System.

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 Change

- 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.
- Complete the administrative rule revision to DHS 110, 111, 112, 113, and 119 for implementation in July 1, 2010.

- Develop methods for improved legislative advocacy through the EMS Board and the Department consistent with Wisconsin state laws and policies.
- 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 WI 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; 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, including volunteers.

Priorities for Change

- Establish stable funding to ensure adequate staffing for resource management activities.
- Develop programs for continuing the recruitment and retention of volunteer EMS personnel.
- Verify submitted ambulance service operation plans through periodic, on-site evaluations.
- Form coalitions between EMS committees and EMS stakeholders.
- Study and report on the EMS role and needs in Disaster Management. Develop guidelines on how EMS should integrate with the Emergency Management plans already in existence.
- Coordinate with trauma system development.

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 Change

- Develop a transition course for first responder to EMT-Basic.

- Research the provision of initial and continuing education through various educational delivery options including distance learning.
- Review and evaluate the effectiveness of the flexible EMT Basic refresher.
- 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.
- Develop a program for evaluation of training centers and instructors.

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 Change

- Review and make recommendations regarding Trans 309 to reflect current EMS practice and begin discussions with the WI Department of Transportation regarding its revision.
- 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 Change

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

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 Change

- 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.
- Revise 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 Change

- 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.
- Provide frequently asked questions, the handbook, and new forms on the EMS Section website.

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 Change

- Continue to work 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.
- Finalize the EMS Service Report card and distribute to EMS Service Directors and Service Medical Directors.
- Collaborate with EMS-C 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 designation (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 designation 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 Change

- Support the 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 Change

- 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)

The State of Wisconsin is currently under a declared public health emergency for the 2009 H1N1 influenza virus. As this declaration and health emergency proceeds it will be critical to assure that EMS is properly supported and represented in the response to this emergency.

Priorities for Change

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