

2006 – 2007

WISCONSIN

EMERGENCY MEDICAL SERVICES

PLAN

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Department of Health & Family Services

Division of Public Health

Bureau of Local Health Support and Emergency Medical Services

2006 – 2007 WISCONSIN EMERGENCY MEDICAL SERVICES STATE PLAN

The 2006 – 2007 Wisconsin Emergency Medical Services Plan is prepared in accordance with s.146.53 (2) Wisconsin Statutes which directs the Department of Health and Family Services to prepare a state emergency medical services plan which shall include identification of priorities for changes in the state emergency medical services system for the two years following preparation of the plan. The Department shall provide a copy of the state emergency medical services plan biennially to the legislature under s. 13.172 (2) Wisconsin Statutes.

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 2006 – 2007 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 Wisconsin.

There are ten essential components of an optimal EMS System. Listed below are each of those components, a description of an optimal system, 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

- The EMS Board, in coordination with other advisory bodies and various constituency groups, should develop a strategic plan to educate policy-makers regarding the importance of the emergency medical services system, including the financial and resource threats to its ongoing viability.

- The EMS Board and the Bureau of Local Health Support and Emergency Medical Services should better delineate and streamline the inter-relationships of the various advisory councils and committees. To assure coordination and continuity, all committees and councils should report through the EMS Board. The relationship between the EMS Board and Statewide Trauma Advisory Council needs to be evaluated to determine the most effective way to integrate their functions.
- The EMS Board and the Department should, consistent with Wisconsin state laws and policies, develop methods for improved legislative advocacy.
- Complete the update of the Interfacility Transport guidelines and include hospital capabilities information in the interfacility guidelines.
- Complete remaining revisions to rules, including revision of the First Responder administrative rule (HFS 113).
- The EMS Board should explore alternatives for utilization of Funding Assistance Program funds and make recommendations to the Department.
- Complete rule and implement program for first responders to use some advanced skills.
- Review and make recommendations for updated EMS language in statute.
- Ensure interfacility transports are conducted with adequate medical direction, personnel competencies and equipment.

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 regional trauma 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

- Review the Wisconsin First Responder Curriculum for implementation.
- Evaluate the possibility of EMS education transition courses.
- Research the provision of continuing education through various educational delivery options and distance learning.
- Establish a mechanism to obtain and utilize data to determine that approved training centers are providing quality instruction.
- Develop a method, such as random audits, to ensure the consistent reliability and quality of the re-licensing process.
- Establish a plan to regularly review the efficacy of each EMS Curriculum. This would include developing a process, as well as a timeline.
- The schedule for curriculum review for this State Plan period will be the EMT-Intermediate Technician, EMT-basic refresher.
- Review the length and frequency of refresher continuing education at all levels of providers.
- Review the critical care curriculum.
- Investigate and prepare recommendations on the concept of minimum competencies versus curriculum adherence.

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 Trans 309 to reflect current EMS practice.
- Investigate the 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 criteria for Emergency Department diversion decisions.

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

- The Department and EMS Advisory Board will review and comment on statutory language for certification of dispatchers and dispatch centers.
- Revise the State EMS communication plan and disseminate it to 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.
- Include additional information about public information and education in the Wisconsin *EMS Handbook*.
- 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.
- Ensure that all interfacility patient transports are conducted with adequate medical direction and appropriate availability of on-line medical control.
- 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

- Verify the self designation that has been submitted to the Department to assure accuracy.
- Prepare, distribute, and analyze a statewide EMS Needs Assessment.
- Coordination of data collection efforts with the Trauma System Development plan.
- Each of the RTACs will implement Triage and Transport Guidelines based upon the minimal guidelines established.

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 activities and incorporate into existing committee work with support from the Bureau for analysis.
- Create and oversee work of a Continuous Quality Improvement (CQI) ad-hoc committee to develop ongoing CQI programs. CQI work should include templates for evaluation and action that can be adapted at the state and local EMS levels.

Special Component - PREPAREDNESS FOR LARGE SCALE EVENTS (Public Health Preparedness and Bioterrorism)

Recent events have changed planning and preparation for EMS service to include a component for terrorism response. In the 2006-2007 time period there will be increased State, Regional, County and Local activities related to preparation and response to a mass casualty event. Funding for increased preparedness for terrorism attacks will also serve the dual role of preparing EMS for any type of event with a large number of casualties. As the State Preparedness activities unfold, the challenge for EMS will be to be involved in discussions, preparations and exercises that coordinate all the involved stakeholders such as hospitals, emergency management, local public health departments and other public safety providers.

Priorities for Change

- Assure State and regional involvement of EMS in emergency response plans and exercises.
- Procure federal funding to incorporate training of EMTs in basic hazardous materials awareness.
- Procure federal funding to improve telecommunications in a mass disaster scenario.
- Procure federal funding to enhance EMS data collection that can be used for early surveillance of potential widespread illnesses.