EMS in Wisconsin
Past, Present, and Future

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We’ve Come a Long Way, Baby!
Sort of!
All of the opinions expressed herein are mine and NOT Joe Darin’s, Dan Williams’ or Rick Barney’s!!!!!

But

They are Correct!!!!!!!
Objectives

Provide an overview of:

- Where we are
- How we got here
- Where we should be
- How we could get there
Hey Earl, would you look at the two assholes on the elephant!
EMS in Wisc: Historical Perspective

- Prior to 1966
  - Funeral/Fire Department
  - 1st aid training (?)
  - Fast vehicles
  - No emergency medicine
  - War

- 1966 White paper

- 1968 Statewide EMT training by DHSS

- 1973 Federal EMS Legislation
  - Project 40/Block Grants-15 Components
15 Components of EMS System

- Enabling Legislation
- Lead agency
- Training
- Communications
- Categorized Receiving facilities
- Medical Direction/Oversight
- Standardized Transport Equipment
- Funding
- Adequate medical staff
- Disaster Planning
- Data collection
- Feedback and QA
- Critical care
- Linkages
- Evaluation
Do a little more each day than everyone expects of you...and soon....everyone will expect more!!
EMS in Wisconsin: Histerical Perspective

- **1973: Chapter 321**
  - Licensing of Providers
  - EMS Section/EMS Examining Council
  - Paramedic systems (Madison and Milwaukee)

- **Federal Funding: 1975, 1977, not renewed**
  - 1979!!===NO FEDERAL FUNDING

- Deterioration on EMS Section-?Unit status
- Parochial EMS
"I've decided to start my own caterpillar."
Historical Perspectives

- 1989: Act 102-FAP = $2.2 million/year
- 1991: Act 238-1st Responder cert
- 1990 NHTSA Evaluation
NHTSA Evaluation 1990

REGULATION AND POLICY

Recommendations

- Funding for EMS Section
- Legislate EMS Section as lead agency
- Legislate State Medical Director
- Legislate EMS Advisory Committee
- Legislate Uniform mandatory data collection system
- Legislate 1st responder licensure (incl defib)
- Legislate EMD licensure
- Regulate air and water EMS
- Regulate inter-hospital transfers
NHTSA Evaluation 1990

MANPOWER AND TRAINING

Recommendations

- Authority to regulate courses to EMS Section
- Develop/mandate evaluation/QA for all courses including standardized recertification requirements for all instructors
- 1st Responder licensing
- Mandatory accreditation for paramedic training programs
NHTSA Evaluation 1990

FACILITIES

Recommendations

- Vertical categorization
- Standardized verification process supervised by state medical director
- Integrate categories with triage and transfer protocols
- Annual categorization report to all providers
- Develop regionalized system of emergency care
NHTSA Evaluation 1990

EVALUATION

Recommendations

- Legislate ongoing funding of centralized, comprehensive data collection program
- Single, standardized run report
- Formal QA program at all levels
- Feedback
- Link databases
NHTSA Evaluation 1990

PUBLIC INFORMATION AND EDUCATION

Recommendations

- EMS Section develop and distribute PI materials and evaluate effectiveness
- Staff persons
- Encourage involvement of all EMS Providers
- EMS Nudesetter
MEDICAL DIRECTION

Recommendations

- State medical director
- Minimum standards for all physicians functioning as online medical control to include at least:
  - ACLS
  - ATLS
  - PALS
- Off-line medical direction standards
- Mandate medical direction for all EMS
- Standing orders for life-saving procedures
- Liability limited and assumed by the State!!
NHTSA Evaluation 1990

TRAUMA SYSTEM

Recommendations

- Develop formalized trauma system
  - Enabling legislation
  - Regulation and oversight by DHSS (now DHFS)
  - Designate trauma centers (ACS Criteria)
  - Regionalize trauma system
  - Involve all stakeholders
  - Outside review and verification
  - Triage and transfer guidelines
  - Statewide trauma registry
  - Mandated autopsies
  - QA
TRAUMA SYSTEM

“There is no formal statewide system of trauma care in the State of Wisconsin. A high level of trauma care is available in certain metropolitan areas, especially in Milwaukee and Madison. These islands of excellence have been developed through the continued committed efforts of a few and have been accomplished without adequate state support or direction. The team believes that the basic elements of a statewide trauma system are available within the State, but no coordinated effort to bring the elements together has occurred.”
EMS in Wisconsin: Historical Perspective

- **1992**: Legislative Council Study Committee (Riser, Robson (chair))
- **1993 Acts 16 and 251**
  - State Medical Director
  - EMS *ADVISORY* Board
  - Required 11 reports to Legislature
Wisconsin Act 251 (1993)
Reports from Board to Legislature
1. Regionalization (12/31/94; 06/30/95)
2. Data Collection and Analysis (6/30/95)
3. Dispatcher Certification/Licensing (12/31/95)
4. Mandatory EVOC training (12/31/95)
5. Training and Continuing Education (12/31/95)
6. Funding (12/31/95)
7. State EMS Plan (12/31/95)
8. EMS Board Advisory to DOT and WTCS
9. Med Directors Mandated for Basic & 1st Responder Services
10. Statewide Trauma System
11. Use of Hospital Categorization Lists
EMS in Wisconsin: Histerical Perspective

- Reports completed by Board
  - Regionalization x2
- **NO response from Legislature!!!!**
- Further Progress—next 11 years
Wisconsin has made tremendous strides in improving EMS during the past 11 years. “Despite the outstanding progress of the past 11 years, much remains to be done. Some of the barriers to progress that existed 11 years ago are still present today...doing a job with little recognition and inadequate resources have created monumental achievements.”
“Currently, resources are being cut and personnel and financial support to maintain and continue improving the EMS system in Wisconsin have eroded to the point that the system is in danger of collapse. Even with a host of volunteers, a stable, continuing funding source must be obtained for the Bureau of EMS and Injury Prevention and personnel resources must be allocated to meet the demand for services to the public, the EMS volunteer and career personnel and other EMS partners. The political leadership in Wisconsin must address the real needs facing the Wisconsin EMS system and ensure that stable funding mechanisms and personnel resources are available to maintain a good system and even make it better.”
NHTSA Review 2001

REGULATION AND POLICY

- **Progress since 1990**
  - Enacted Legislation-lead agency+ authority/responsibilities
  - Inc FTEs
  - Legal authority for Medical Director
  - E-PAC
  - STAC
  - Legislation for 1st Responders
  - Guidelines for inter-facility transfers

- **Status**
  - Roles/responsibilities between advisory committees not clear
  - “Use of current funding results in only limited system-wide impact”
  - Board “incredibly active...frustrated by delay in appointments”
  - No ongoing, stable source of funding
  - Unfunded mandates
NHTSA Review 2001

REGULATION AND POLICY

- **Recommendations**
  - State assure adequate, stable, ongoing source of funding and personnel for Bureau
  - Board *et al* → strategic plan to educate policy-makers
  - Streamline relationships between advisory councils and committees
  - Review use of FAP—find alternatives
  - Find methods for improved legislative advocacy
  - Find status of legislative reports
  - Pursue legislative authority
NHTSA Review 2001

RESOURCE MANAGEMENT

Progress since 1990

- 1993 legislation
- Section upgraded to Bureau in 1998
- 3 staff
- Medical Director
- EMS Plan since 1995
- State Board
- Recruitment and retention still problem

Recommendations

- Secure stable funding source
- Program for retention and recruitment
- Periodic, on-site evaluations
NHTSA Review 2001

HUMAN RESOURCES AND TRAINING

Progress since 1990

- Authority to approve training centers/courses
- Eval and modification of national curricula
- FR-Defib standardized
- NO progress—implementing standardized training, licensure, and certification of EMCs

Current Status

- No certification of 1st responders
- Bridge courses not at every level
- Two year licensing
NHTSA Review 2001

HUMAN RESOURCES AND TRAINING

Recommendations

- Evaluate compliance of training with EMS
- Education Agenda for the future – recommendations
- Determine competency of training centers
- Bridge at all levels
- Random audits
TRANSPORTATION

Recommendations

- Authority to regulated air, water, ground
- Statewide air ambulance coverage
- Objective criteria for operational plans
- Statewide mutual-aid plan
- Support one paramedic ambulance
NHTSA Review 2001

FACILITIES

Progress since 1990

“None”!!!

Recommendations

• Process to document capabilities of hospitals
• Prehospital triage
• Diversions
NHTSA Review 2001

COMMUNICATIONS

Progress since 1990

- No communications funding source
- E-911 in place
- Comm supplemented by standing orders and cell phones

Current Status

- Outdated VHF.UHF radio system
- No legislation for EMC

Recommendations

- EMC
- State Communications plan
- On-line medical control
NHTSA Review 2001

OTHER STANDARDS

**MEDICAL DIRECTION**
- Credentials for medical directors and on-line medical control
- Regional forums
- Interfacility transfers

**TRAUMA SYSTEMS**
- Arrange ACS Review
- Statutory authority to designate trauma facilities
- Funding

**EVALUATION**
- WI EMSIS
- Feedback
- Central suppository
EMS in Wisconsin TODAY
Positives

- Deliver “good” care to most people in need
- Overall level of care increasing
- Accomplishing free-beeze
- Data system development
- Trauma system development
- FAP distribution changed
- Curricula and bridge courses
- Great (competent) Chief of Section
- Competent, recognized Medical Director
EMS in Wisconsin TODAY

Negatives

- No resources to accomplish others
- Dependent on volunteers
  - pool decreasing
  - Requirements increasing
- Board
  - Advisory
  - No authority
  - ? Expertise
- Parochial—lack of systems
- MD/RN not knowledgeable
- Lack of hospital commitment
- Under-funded
EMS in Wisconsin TODAY

Negatives (more!!!)

- Medical Direction
- Communicators
- Education not competence-based
- Downgraded from Bureau to Section
- Little support from Governor, Legislature, and DHFS
  - Loss of positions
  - No increase of funding since 1989
- No advocacy group
EMS in Wisconsin-Tomorrow Challenges

- Care increasingly complex
  - Rapid induction of hypothermia
  - Neuro-protective agents
  - Additional interventions for ACS
  - Nude techniques
  - Inter-facility transfers
  - Expanding high risk populations

- Increasing costs

- Prove ALS makes a difference
EMS in Wisconsin-Tomorrow Challenges

- Same old, same old (see historical perspectives)
- Passive-aggressiveness
- Professionalize at all levels (competence-based)
  - Instructors at Masters/PhD levels
  - Com Centers
- ALS to rural areas (experience levels)
- Public education (where do we make a difference?)
- Increase competence and levels of care while decreasing costs
- Increasing administrative loads
- Statewide system
Unit vs. Service vs. System

- **Unit** — group of persons organized to provide EMS
- **Service** — group of persons with appropriate equipment and supplies licensed by State to provide EMS
- **System** — group of services combined to provide and organized response to medical needs of a community/area/region

Are you a member of a Unit, Service, or System?
Possible Solutions

- Get Power and Resources
- Advocacy
- Consolidate training/quality management
- Build on trauma system
- Develop standards
- Hospital-based paramedics
- Build a System
- Regionalization
Benefits of Regionalization

- **System** development
- Improved **quality** of care
- Expanded **levels** of medical care
- Increased **efficiency**
- Improved **communications**
- Centralized **administrative** functions
- Improved **education and training**
- Technical **assistance**
Benefits of Regionalization (cont)

- Needs assessment
- Enhanced hospital involvement
- Improved disaster planning/response
- Retention of volunteers
- Better image
  - Public education
  - Political recognition
  - Advocacy
What To Do?

- Cookie sales
- Expose self
- New Legislation
- Leg Council Study Committee
- Build Advocacy Group (consortium)
- Active participation in public awareness and education
Thank you!
AND
Get Off Your Ass!!
AND
Do Something!!!
Before it is too late!!!!
Background

- Organization and rigidity established in 1970s
- Role and Scope of Practice
  - who establishes
  - not needs based
  - alphabet soup
  - not competency based
  - Horizontal organization
Horizontal Organization

EMS

1st Responders  EMT-A/B  EMT-I  EMT-P  MD/Nurse/PA
Vertical Organization

Physician/Nurse/Physician Assistant

Paramedic

Intermediate

EMT-B

First Responder
Public Safety Answering Point
Dispatch

Get the Right People
With the Right Stuff
To the Right Place
At the Right Time

Who Should Do It?
Scope of Practice

- Communicator
- Provider
- Service
- Receiving facilities
Dispatcher vs. EMS Communicator

- Staff PSAP
- Emergency Medical Dispatch is recognized special and essential part of an EMS System
- Includes pre-arrival instructions
- Priority dispatch
- Unable to train and maintain knowledge and skills of all persons currently dispatching EMS
Who?

- All persons involved in answering a request for help for emergency medical care through a PSAP are part of the EMS System.
- All MUST be licensed to provide emergency medical care
Volunteer

- Provide >80% EMS
- Recruitment and Retention
- Contribute ($44-72 million/year) in-kind

??? How much is too much ????
REGIONALIZATION

- The coming together of all of the EMS components of a region in order to enhance the quality and level of services and care available to the population served, the cost-effectiveness of the services, and coordination between services.

- **Purpose**—to combine individual services into a regional system without sacrificing the autonomy of the individual services comprising the system and to consolidate regional systems into a cohesive, statewide
Benefits of Regionalization

- System development
- Improved quality of care
- Expanded levels of medical care
- Increased efficiency
- Improved communications
- Centralized administrative functions
- Improved education and training
- Technical assistance
Benefits of Regionalization (cont)

- Needs assessment
- Enhanced hospital involvement
- Improved disaster planning/response
- Retention of volunteers
- Better image
  - Public education
  - Political recognition
  - Advocacy
Future of EMS in Wisconsin

- Development of EMS Systems
  - Local
    - Dispatchers
    - Services
  - REGIONAL
    - PSAP /Communicators
    - Medical control
    - Medical direction
    - Training
    - Equipment/supplies/purchasing
Future of EMS in Wisconsin

- All Direct and Indirect patient care under medical control and licensed to provide care
- Medical direction at all levels
- Organization will be vertical
- Five levels of Prehospital care
Continuous Quality Improvement

- Mandatory at all levels
- Requires Standards and Criteria
- Requires INFORMATION SYSTEM
  - see WI EMSIS
- Combine runs from several services with limited experience levels
- Regional
Future of EMS in Wisconsin

- Minimum STANDARDS of medical practice
- Education based on patient needs in region
- Education based on EMS Blueprint, NOT on National curriculum
- All education and training will be competency-based
- Demonstrate competence
- Move upward by modules + core
Future of EMS in Wisconsin

- Provider to Practice at level of training
  
  IF

- Medical Director agrees
- Service provides supplies and equipment
- Maintain continuing education requirement
- Quality monitored
Future of EMS in Wisconsin

Provider Service

- Licensed at one of five levels
- Provide licensed level of service 24 hours/day
- Provide service above licensed level when
  - staffed with personnel at higher level
  - equipment and supplies needed
Medical Oversight

- Prospective
  - protocols
  - standing orders
  - training
- Immediate (concurrent)
  - direct medical control
- Retrospective
  - CQI --- requires data
Future of EMS in Wisconsin

ADDITIONAL MODULES

All Levels
- Primary care
- Public Health
- Prevention
- Management
- Educator
- Tactical
- Disaster
- etc.

Level IV
- Critical care tech
- Critical care transport
- Flight medic
- Cardiology
- Advanced pharmacology
- etc.

STANDARDS AT ALL LEVELS
The use of training and practice through the use of a written or automated medical dispatch protocol is not sufficient in itself to ensure continued medically correct functioning of the Emergency Medical Dispatcher. Their dispatch-specific medical training and focal role in EMS has developed to such a complexity that only through a correctly structured and appropriately managed quality assurance environment can the benefits of their practice be fully realized.
Future of EMS in Wisconsin

EMS COMMUNICATORS

- New Critter
- Staff PSAPs
- Talk with callers//Provide pre-arrival instructions
- Provide info to responders
- Licensed to provide care
- Medical oversight
- May or may not dispatch
- May be regionalized
Future of EMS in Wisconsin

- **EMS Educators**
  - any person who instructs EMS personnel or potential EMS personnel to meet minimum standards for licensure
  - Minimum standards/certification

- **Medical Director**
  - Minimum standards
  - Regional???
Future of EMS in Wisconsin

- **FUNDING**
  - All components eligible for FAP funds
  - Grants for special projects/developments
  - Additional support from special fees

- **RECOGNITION**
  - EMS Board
  - Bureau of EMS and Injury Prevention (DHHS)
  - Federal Grants
Future of EMS in Wisconsin

THREATS TO DEVELOPMENT

- Loss of VOLUNTEERS
- Changes in reimbursement schedules
- Failure to regionalize
- Impossible standards (i.e., national paramedic curriculum)
- Inability to obtain necessary funding
Conclusions

- Optimistic
- More progress in last five years than in the last 20!
- Regionalization will occur
- Systems rather than services
- Great versatility and variability
- Better care in rural areas