

**State of Wisconsin
Emergency Medical Services Advisory Board
Emergency Medical Services Systems Strategic Planning Meeting Minutes
February 3-4, 2015**

Members in attendance: List with Jenny Ullsvik.

Others attending: List with Jenny Ullsvik.

Call to Order: Meeting called to order by Jerry Biggart [chair] at 10:08am

Introductions: Everyone in attendance introduced themselves.

Approval of Minutes: Will approve the December minutes at the April meeting

Chair Report:

Comments from Committee Members:

Ad Hoc Committee Report: None

Unfinished Business:

Meeting Schedule & Agenda: Action Items:

Will hold a two day strategic planning meeting in February 2016. Will have an outside facilitator for 2016 to run a true strategic planning session. For the Tuesday meetings, Jerry Biggart wants the room to be set up as a square for 20 people (the board) and then audience seating in front of the square. For Wednesday meetings, the room will be set up as a "U" for 20 people plus audience seating. There will also need to be 2 additional rooms available for breakout sessions of EMS-C on Tuesday. Handed out a quick reference guide on Robert's Rules of Order. Discussed holding strategic planning session open to the public in the future.

PAC Meetings – PAC has asked to meet for a longer period of time. PAC was under the impression they could only meet when the board gives them time; board does not believe this is the case. Jerry Biggart proposes that PAC meet when they would like to on Tuesday as long as they post it and get input from the board. Encourage participation from board members with PAC. Will try this until August 2015 meeting and reevaluate then.

Misinterpreted that PAC needs to bring their recommendations to the EMS Advisory Board but they actually can take recommendations to the State EMS office themselves. EMS Advisory Board would bring separate recommendations to the State EMS office. Concern is that there is not enough time for PAC to meet as it stands now. Fred Hornby thinks all board members should be present at PAC meetings so they can have board involvement and weigh in on issues. Mindy Allen suggested that PAC should require recommendations be vetted before being placed on their agenda; the requestor needs to do more research in how their proposal will benefit the state instead of just their service. Requestors need more guidance on what can be brought to the PAC agenda. Dana Sechler suggested holding a joint STAC and PAC meeting every other month and separate meetings in-between.

Chair suggests PAC liaisons talk with Dr. Martens about streamlining the agenda and offering them Tuesday afternoons to meet. Want guidance from the two liaisons for PAC and offer Tuesday afternoon if they need to meet on their own. Concern PAC will overlook other stakeholders if they do not meet with the board.

Proposal to consider merging or consolidating committees next year. We are tied to the current committees and appointees until they expire. Suggest to consolidate the committees in April 2015 with the help of the full board. Consider the realignment of committees that affect everyone. Need to give recommendations on the new and innovative things that are happening in the world. How do you make committees responsible for the work they need to do and liaisons to push the committees to finish? Want someone from the state to be working on issues/projects in-between meetings; but the board needs to make the recommendations to the state. Funding is often a limiting factor in this.

Discussion on where State EMS/Trauma meetings should be held in the future; Considering other options in Madison or in the Wisconsin Dells.

#	ITEM	DISCUSSION	DISPOSITION
1	SWOT Analysis of the EMS Advisory Board	<p><u>Strengths</u> – Appreciate that the board is getting its work done. People feel free to mention and discuss opposite views. The group is respectful of others and is a diverse group. Board accepts the majority’s opinions and recommendations.</p> <p><u>Weaknesses</u> –_Effectiveness of working between meetings. Educating ourselves on the topics to be discussed prior to coming to meetings. Financial issues. No authority with the board. Board doesn’t have much standing. It is risky working with the state because one person, the EMS director, could dictate what will happen in the state.</p> <p>Minnesota’s EMS board has governance, but WI does not. Statute 256.04 would need to be modified; need legislation to do that. Need a facilitator for the 2016 strategic planning meeting to help determine goals and vision for the board. Need to do more long-term planning to support the EMS board’s infrastructure. Need to see what the new EMS director’s vision is for the board as they will have authority over the recommendations from the board.</p>	

		<p>DPH needs to archive the board’s minutes on the DHS website. There was a website issue that caused them to be taken down, but plan to include them again. STAC and EMS committee notes will be added. EMSC is no longer on our website but a link to CHA will be posted.</p> <p><u>Opportunities</u> – Potential to rework the board structure to have the ability to influence rather than just advise. Would need to look at a number of statues and the infrastructure/hierarchy to make the change.</p> <p><u>Threats</u> – The role of the board only being able to advise, not enforce. Threat of the board dissolving. Feel like the effort is not appreciated. Lack of funding is a threat to the systems survivability. Staffing shortages are a threat to the system.</p>	
2	<p>Standing Committee Chairs Status Report and Goals</p>	<p>The board restructured the committees due to overlap. The new committees will be System Quality and Data, System Management and Development, and EMS Education and Training. The Board reorganized the core committee responsibilities to better align the newly formed committees. A suggestion was made to hold a large meeting all day and discuss the committee’s issues as a board and with ad hoc members. Hopefully this will improve the meeting flow and help get more accomplished. EMSC would still get an hour to meet before lunch, but the rest of the day could be a giant committee meeting.</p> <p>Data management is going to be important this coming year with the switch to NEMESIS 3.0; how will we use the data? Need to set a standard response time for the state, but we have not had the ability to determine the response times between rural and urban calls. In new licensing can designate urban-rural and super-rural. No standards have been set as a state and they would not be enforceable.</p> <p>The board needs to identify areas of concerns and data they want more info on to discuss. The meeting could be used to dive deeper into data and discussion and take a stance as a board for recommendation on standard response time. The state taking a stance and setting standards could lead to legal issues for the services that are not able to meet that standard at this time. But should we be allowing this to happen?</p> <p>Need to deliver the message model that people pay more for garbage</p>	<p>System Quality and Data: Chair: Carrie Meier Vice Chair: Craig Nelson</p> <p>System Management and Development: Chair: Mindy Allen Vice Chair: Mark Fredrickson</p> <p>EMS Education and Training: Chair: Greg West Vice Chair: Jim AUSTAD</p> <p>Every board member will be on two committees. Jerry Biggart will assign committee members that will complement the group.</p> <p>The board needs to identify areas of</p>

		<p>pick-up a year then they would for an EMS response. Data committee needs to provide data to the legislators for funding showing the response times based per-capita, and locations. There is a problem with the system, people are willing to pay for police protection but not for their volunteer, non-paid firefighters and EMS providers. We should work on recommending that police to also respond to medical calls to help stop the clock.</p> <p>Minnesota's EMS Board has data policy, executive, and medical direction committees. WI EMS board should talk with the MN board about their organization.</p>	<p>concerns and data they want more info on to discuss standard response times.</p>
3	NHTSA Assessment	<p>The board could follow up with the rest of the NHTSA assessment. This assessment provides an outside, unbiased view. The board reviewed the NHTSA assessment.</p> <p>Decision made to have Mindy Allen take the subject of the board becoming a regulatory board to the Wisconsin Fire & EMS Coalition for their opinion and potential funding. Already took the matter of EMS as an essential service at the municipal level to the coalition. Could ask for more funding from them.</p> <p>The board wants to be aware of any disciplinary action taken by the state following an investigation but do not want to be part of the actual investigation. They want to be kept advised of the status. Jenny Ullsvik to review with Office of Legal Council on the statutes that would allow this.</p> <p>A draft job description for regional medical advisors has been developed and shared with the HCC. Plan to contract seven (7) regional medical advisors beginning July 1, 2015. Funding is an ongoing federal grant.</p> <p>Preparedness should incorporate private EMS agencies into overall mass casualty response plans. Legislation is around private providers that hold a specific contract. A concern is some municipalities will lose civil liability because they contract with a private provider. It is something they need to work out, and not a board issue.</p>	<p>Mindy Allen to take the idea of the board becoming a regulatory board like Minnesota to the Wisconsin Fire & EMS Coalition for their opinion and potential funding. If the meeting does not occur in February it will be on April 9, 2015.</p> <p>Jenny Ullsvik to talk to OLC regarding the possibility of the board being informed of service investigations statuses.</p>
4	Community EMT/MIH & Legislation	<p>Integrated Healthcare has not made much process. Jerry Biggart is willing to delegate responsibilities on the topic. Craig Nelson to chair the adhoc integrated healthcare committee. Will look at Minnesota legislators' interests and views on integrated healthcare.</p>	<p>Craig Nelson to potentially chair integrated healthcare committee.</p> <p>Look at MN legislators' interests and views on integrated healthcare.</p>

5	Proposed EMS Board Elimination	<p>The Department of Administration proposed the elimination of the EMS board, as well as many other appointed boards. The Governor's budget came out on Wednesday, February 4, 2015 and the board was not on it. The board will not be eliminated. Board's concern was a lack of communication from DHS/DOA office on the matter.</p>	
6	Advisory Board and Regulatory Board Pros-Cons	<p>EMS Board wants to become a regulatory board instead of an advisory board. Want the board structure to have the ability to influence the DHS and EMS section rather than just advise. Would need to look at multiple statutes as well as the infrastructure/hierarchy to make the change. Board needs to define the specific changes and authority they would like.</p> <p>Board would like to invite someone from Minnesota EMS to come in person and present to the board in April 2015 on their model. Minnesota has funding formulas and ways they support the system. Need to audit the money that is coming into WI and determine where it is going. Only towns mandate ambulance service, others say they may have an ambulance. Need to put responsibilities on municipalities for EMS.</p>	<p>Board to define specific changes and authority they would like if become a regulatory board.</p> <p>Want a representative from Minnesota EMS to present to the board at the April 2015 meeting.</p> <p>Need to audit EMS money that is coming into WI to determine where it is being spent.</p>
7	EMS Licensing, Licensing Terms, associated CE	<p>Terms are in statute 256.15(10) and expire June 30, of even years. National registry is calling it the Mark King Initiative. It is for states that use the national registry as their registry model. Board wants national refresher requirements to be adopted and align Wisconsin's renewal with the national renewal. Board thinks current administration might accept longer renewal periods. Renewing EMT licenses every two years is costly for services and takes time away from the office. 2018 will base refresher course hours on the EMTs strengths and weaknesses and what they need additional training on. Board needs to take a position soon to provide a recommendation to DHS.</p> <p>DHS is putting together a memo stating any service that operates in Wisconsin must be licensed in WI, including for mutual-aid.</p> <p>Want better leadership from the state medical director, and DHS regarding due process by medical directors. The board wants to hold the Medical Director more responsible for the decisions that he/she makes regarding credentialing of EMS personnel and the withdrawal of that credentialing.</p>	<p>Fred Hornby to find out information about bordering states renewal requirements.</p> <p>EMS office to request NREMT to come and talk about the new re-certification project as well as the Mark King Initiative at the April or June meeting.</p> <p>Board will assign the re-licensure period discussion and action to the systems management committee. Will be added to the agenda.</p> <p>Fred Hornby to look at comparable and neighboring states licensing terms, costs, and CE requirements to compare to Wisconsin.</p> <p>Jerry Biggart to send Milwaukee County EMT Discipline Process to the board.</p>

8	Recruitment & Retention/EMS System Sustainability	<p>Board should consider strategic planning and using SMART objectives to help solve the issues of how are we going to staff ambulances and obtain more funding.</p> <p>Board should send out a survey with questions about current recruitment and retention practices. Could be beneficial in the future to have someone come from national registry to speak on the Mark King initiative.</p> <p>Board needs to look at the decrease in recruitment and retention and create a long term plan. Need to deal with personnel shortage of volunteers; people are getting older and less people are going into EMS to take their place. Education of service directors is only one step of it. Need facts, data and best practices to move towards a system that the board believes will be sustainable. Take those to the town and county officials and provide the data and talking points. Believe this topic is a top priority.</p>	<p>Board wants an update on recruitment and retention practices in April. Reflect on agenda.</p> <p>Mindy Allen to put together a packet of currently known recruitment and retention practices.</p>
9	Legislation Needs	<p>As a board, need to take action on authority/jurisdiction plans. Have addressed pieces but not the whole thing. Last year approximately \$80,000 of the funding assistance money for training EMT Basics was returned to the state after June 30, 2014. These funds were not distributed to other services or returned to the EMS budget. Instead it was placed in GPR. Services that were never eligible for the funding and didn't send it back can't use it anyway. Money shouldn't be allocated to those services in the first place if they fill out the application correctly. The formula needs to be reviewed for the possible use of the funds at all EMS levels. Could this be taken care of internally with the legal department?</p> <p>Need to make sure if the current interpretation changes that the funding will be allowed to be distributed to all EMS levels, including first responders. Would be easier to get an interpretation change before a statute change. Select a member of the board to draft the legislation so that is ready when the statute 256 opens. Need to determine what the board wants. For April, a document will go to one of the committees for them to review and prioritize.</p>	<p>Distribution formula needs to be reviewed to consider education funding for all EMS levels.</p> <p>Draft the legislation so when statute 256 opens, it is ready.</p>
10	Pandemic Planning – Operations & Dispatch	Ebola – Board hopes services will utilize their plans and training in response to future pandemics and not only for Ebola. How can the board help cities and municipalities with EMS response? Duty to Act was written for the state during H1N1 but the DHS legal department determined that	Submit Duty to Act protocol to legal counsel for possible re-review.

		<p>EMS services must transport if called and failure to do so may create a failure of the duty to act which is part of proving negligence in a legal setting. Board wants to bring this protocol to legal again to see if they will reinterpret the document and find it acceptable. (DHS should have the original document.) The protocol could only be implemented during a Governor declared health emergency.</p> <p>PSAPs recommendations are to continue using the Ebola screening questions. Downside with asking the questions is that it delays the processing time. Board member believes there is a good system in place with CDC airport screening identifying travelers.</p> <p>Concern with asking these questions there is no predicted end date. Also the public could get question fatigue. Asking the questions delays medical response. PSAP doesn't want to ask questions. Two downsides: Increased call response time; Alarm fatigue.</p>	<p>Motion made by Dr. Zils to recommend that DHS remove the recommendation for state PSAPs to use the Ebola screening questions and that they follow the CDC guidelines. Craig Nelson seconded. Seven out of 11 approved. Motion passed. Dr. Zils to put request together including supporting data and the recommendation to send to Jenny Ullsvik.</p>
11	PSAPs – WI TRAC – Pre-arrival Instructions	<p>Funding will be a stumbling block for a lot of the recommendations for pre-arrival instruction. PSAPs ability to offer pre-arrival instructions to be funded through a cellphone assist fee. Ask legislation for a new funding source for to give PSAPS the ability to provide pre-arrival instruction. Want cellphone numbers to be assessed with a fee that would support that. Money is already going to municipalities for general revenue.</p> <p>Work with APCO to get a contact list and write a new survey to PSAPs. Will ask if dispatch centers already provide pre-arrival instructions. The main deterrents are that it is a union issue, need money, liability, resources, etc. Initial cost of program and training for the 3 shifts. Dana Sechler to help draft survey for PSAPs on pre-arrival instructions, but need to have key law enforcement official's buy-in.</p> <p>Comments: Some things we can take a more formal position on; example is pre-arrival instructions, background checks. Funding is always an issue.</p>	<p>Dana Sechler to draft survey for PSAPs on pre-arrival instructions.</p> <p>Dana Sechler to work with APCO to obtain the PSAPs contact list to send the survey.</p>
12	EMS Office Report	<ul style="list-style-type: none"> Background Checks – Currently, DHS only completes background checks on new applicants and renewals that need to be manually processed. DHS looks at the national registry, C-CAP, and the SOR list when licensing someone for the first time. DHS can deny someone their license if they have a criminal record that is substantially related to the job. DHS needs enough evidence to withstand legal counsel and court with this decision. 	<p>Board could put out a position and supply best practices to services around the state regarding background checks.</p> <p>Board will write a survey for all WI service directors about employee</p>

		<ul style="list-style-type: none"> ○ WI has not adopted formal background checks yet. The FBI background check is very costly. Looking into a free background check from the Department of Justice. The state cannot charge the individual for a background check on themselves. Board member has a concern that WI not completing provider background checks could be criminal. ○ There are 20,000 EMS providers in the state at this time. Board would like to look into how other states are handling background checks. ○ States that want to be a part of the REPLICA (Recognition of EMS Personnel Licensure Interstate Compact) through NASEMSO (National Association of State EMS Officials) need to supply FBI background checks and be nationally registry. Need ten states to agree to the compact to rectify it. ● WTCS instructor evaluation will roll out in 2016-2018 with evaluations of all instructor II individuals. Three schools are currently piloting the program. It will be mandatory in the next biennium. ● Transportation – currently seven public policies including Lights and Sirens policy. If the service doesn't adopt these policies they must have one of their own. This licensing period hope to request a Complete Operational Plan. ● Discussion on alternative staffing configurations for rural areas and allowing First Responders to staff ambulances and be part of the legal crew. ● State EMS Medical Director – the board may want more out of the medical director but can't open the rule or statute. Want a scorecard scoring system for the interview process. Doesn't include authority or responsibilities. Want what the medical director advises to be more binding. This is about how to re-scope the work and authority of the medical director. ● DPH EMS did get funding from HCC for BLS jump bags for EMS Services and is going around the state and distributing it. ● Applicants have applied for the EMS Director Position. Interviews will have board representation from Dr. Cady and Jerry Biggart. ● Preliminary State Budget was released and it appears there still will be an EMS board. ● DHS has approval to hold service director courses around the state. The board recommends including the education of the true intention of revoking credentials by medical directors in the course. ● Medical Director credentialing agreement was developed to have 	<p>background checks and their willingness to pay for them. DHS will distribute the survey.</p> <p>Fred Hornby will talk to a national group before the April meeting regarding how many states complete background checks on their EMTs.</p> <p>Board recommends including education for medical directors of the true intention of revoking credentials to understand their responsibilities. Jerry Biggart might write an article on the credentialing agreement for WEMSA Magazine.</p>
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		authorization for taking responsibility for an EMS provider to practice under their service. The rule was meant as a way for Medical Directors to have the authorization to remove the credentialing if there is a concern. An unintended meaning of no appeal process came of the agreement. Universally accepted just-cause measures should be utilized instead of pulling someone's credentials for anything. The board wants more guidance on how this is accomplished and how feedback is given to the provider. People don't lose their license when their credentials are revoked; it just means they can no longer work for that service.	
13	Misc.	Trauma Registry and WARDS Ashley Bergeron is finding validation issues. Some services are non-compliant with entering data into WARDS. In switching to NEMESIS 3.0, will ask for new data points and should provide more accurate data from around the state. The generic site is posted and more information will be sent out regarding e-licensing next week. From the user side the site will work the same. Services will be able to generate their own reports now.	

New Business:

A new smartphone app is available called Pulse Point which will notify you if you are within ¼ mile of a cardiac arrest in a public place. It provides information on how to get person and if AEDs are available close by. It is a collaborative effort between Dane County Fire and EMS, and the Meriter Foundation.

Correspondence:

Agenda for Next Meeting:

Next meeting date: April 7, 2015

- Propose to move the October meeting to the normal schedule, holding it on October 6-7, 2015 outside of Madison. Dates were moved to avoid World Dairy Expo in Madison.
- August 2015 meeting will remain a 1 day meeting.

Adjournment: Moved by Mindy Allen, and seconded by Jerry Biggart to adjourn, carried. Adjourned at 11:54 am Wednesday, February 4, 2015.

Respectfully submitted,

Christy Thatcher-Baguhn