Module 6: Wisconsin EMS

Wisconsin EMS Medical Director’s Course
EMS Section - Chief Brian Litza

- Licensing Manager - Lee Ann Cooper
- EMT-P Coordinator – Dana Sechler
- EMT-I coordinator – Charles Happel
- First Responder & EMT-B Coordinator - Nicola Symons
- Communications Coordinator - Paul Wittkamp
- Licensing support - Norah Stofflet
- Licensing support – Mark Flood
- EMS for Children - Joyce Andersen
- Interim Trauma Coordinator – Joyce Andersen
EMS Section Duties

- Licensing of EMS providers (750) and Emergency Medical Responders and EMTs (16,000 licenses)
- Supervise and approve EMT training statewide
- Supervise and coordinate the development of advanced life support services
EMS Section Duties (cont)

- Public information and education
- Fiscal management and disbursal of EMS Funding Assistance Program (FAP) funds
- Quality assurance
  - Review of course content
  - Review of continuing education hours submitted for license renewal
  - Investigating complaints
EMS Section Duties (cont)

- Coordinate first responder program and certification of first responders
- Coordinate EMS activities statewide with EMS Advisory Board, Physician Advisory Committee, Trauma Council, & a variety of sub-committees and other organizations
- Coordinate Trauma System development
Medical Director Authority

• May not revoke a license, but
• May remove authorization to practice
  - Completely
  - Certain skills or circumstances
  - Must notify individual and EMS Section
  - Must provide re-mediation plan
WI EMS MD Qualifications

- WI license to practice medicine
- Completion of a medical director’s course
  - This course
General Wisconsin Duties

- Insure personnel competent
- Oversee ongoing training
- Provide written standard operating guidelines

- Direct specific QA
- Oversee Peer Review
- Ride in field
- Meet with personnel
Insure Provider Competency

- You are the ultimate medical authority
- Insure new personnel meet your standards
- Evaluate skills and knowledge
- Authorize the provider to practice in your area
Ongoing Training

- Review of advanced skills at Emergency Medical Responder and EMT Basic level is required by law.
- Set criteria for successful review, and be present from time to time:
  - Defibrillation
  - Non-visualized airway
  - Epinephrine, albuterol, ASA, glucagon
Ongoing Training (cont.)

- At higher levels, you must decide how you will assess the knowledge and skill level on an ongoing basis
  - OR time for intubation skills and assessment
  - Emergency dept. time to assess patient Care and IV skills
  - EKG quizzes to insure knowledge is retained
  - Many others
Written Treatment Guidelines

- Extremely important to write a document which outlines the expected treatment of the common emergencies
- Sets the expectations and the standard of care
- Protects you if someone deviates
- Updated/reviewed at least annually
Direct QA Measures

- Decide what you want to QA
- Perform periodic checks of certain types of patient encounters
- Perform patient satisfaction checks
- Direct that peer review occur on a regular basis
Ride Along

- Ride in the ambulance periodically, but regularly
  - Adds to your credibility
  - Allows you to assess providers and system
  - Allows you to teach in live lab
  - Allows you to learn
  - Helps you maintain a “field perspective”
Regular Meetings

• Hold regular meetings with personnel
  o Provide QA feedback
  o Provide mini-lecture and education
  o Allow for Provider feedback
  o Identify problems early
  o Maintain rapport
Emergency Medical Responder

- Medical direction is required
- HFS 113
- Currently trained by the NHTSA First Responder Curriculum
- Advanced skills allowed with approval
  - EpiPen
  - Non-visualized airway
EMT Basic

• 120 - 140 hours of training

• Required advanced skills
  - Defibrillate
  - Non-visualized airway
  - EpiPen
  - Albuterol (as of 1/1/2009)
  - Aspirin (as of 1/1/2009)
  - Blood Glucose monitoring (as of 1/1/2009)
EMT Basic (cont.)

- Medical Director is responsible for ensuring provider is up to date and skilled in the advanced skills
- Regular skills assessments are mandatory
- You or your appointed training personnel must conduct this assessment
EMT Basic (cont.)

- Additional treatments available:
  - Atrovent
  - Glucagon IM
  - CPAP
  - 12 lead EKG

- These are not mandatory and require prior written approval

Please see the Wisconsin EMS website for a current scope of practice
EMT Basic (cont.)

• Remainder of Basic is the care provided from the NHTSA EMT National Curriculum

• Scope of Practice for the EMT-Basic is set by Administrative Rule HFS 110
  o (see the Wisconsin EMS website for a current scope of practice)
Intermediate Technician

- An additional 60 hours of training from the basic level
- Adds:
  - IV skills
  - Narcan
  - D50
  - Nitroglycerin
  - Intubation and IO (available, but additional module)
Intermediate Technician (cont.)

- Referred to in HFS 111
- Scope of Practice is set by HFS 111
- You can not make additions
- Nice level for rural communities
- Close assessment mandatory if considering Intubation
Intermediate

- This level from EMT-Basic or Intermediate Tech is 335 hrs
- Scope of practice is advanced ALS
  - (see the Wisconsin EMS website for a current scope of practice)
- Cost effective ALS for rural areas
Intermediate (cont.)

- Scope of Practice
  - ECG Interpretation
  - Intubation Mandatory
  - Chest decompression
  - Intraosseous infusions
Intermediate (cont.)

- Nitroglycerine
- Lidocaine
- Lasix
- Atropine
- 1:10,000 epinephrine
- Amiodarone

- Valium
- Morphine
- All basic drugs
- All EMT-basic IV drugs
- No drips allowed
Intermediate (cont.)

- Level regulated by HFS 111
- New level as of 2002
- Pilot tested successfully
- Sample standing orders available
Intermediate (cont.)

- Close, competent medical control mandatory
- Similar to Paramedic Systems
- Ongoing QA and skills assessment a must
Paramedic

- Minimum of 1000 hours training
- No bridge to this level from other levels
- Regulated by HFS 112
- Services started after 1/1/00 may use a single Paramedic
- Services in existence before 1/1/00, must respond with two Paramedics to the scene
Paramedic (cont.)

- Services required to respond with two Paramedics may release a Paramedic from the run once a patient assessment is done and patient stability is confirmed without the need for continued paramedic level care.
Paramedic (cont.)

- Wisconsin Scope of Practice is open
- Different skills and drugs in different areas depending on needs
- Medical director decides local scope of practice with approval from the State
- Aggressive treatments are allowed and encouraged when appropriate
- New treatments must be submitted to the State for approval. This may only occur at the paramedic level.
Paramedic (cont.)

• Aggressive treatments to consider
  o Rapid Sequence Intubation
  o Non-Invasive Airway Management
  o Cricothyrotomy
  o Thrombolytics
  o Advanced drugs
Service Plan

• All Services are required to submit an operational plan to the EMS Bureau
  - Includes Medical Director info
  - Includes protocols and guidelines you set
  - Insures staffing 24 hours a day and 7 days a week
Service Plan (cont.)

- Protocols are reviewed
- Approval must be received from State Office before operating at any level
- Plan consists of application, narrative and attachments (protocols, guidelines, etc.)
  - Will decrease approval times
Ambulance Staffing

• At least one EMT Basic must be in patient compartment
• Must provide a level of service at all times
• MDs, Pas, RNs may be used to configure a crew
  o However, most have not been taught patient handling and field operations
Ambulance Staffing (cont.)

- Intermediate Technician and Intermediate allow for one person at this level to operate
- Critical Care Transports may need special personnel
  - OB Nurse
  - Respiratory Therapist
  - MD
  - ICU RN
EMTALA

- Important for you to become familiar and comfortable with EMTALA
- Strict rules on Interfacility transports
- State has Interfacility Guidelines
  - Document to show what staffing is needed for specific transfers
  - Depends on patient
Do Not Resuscitate

- Wisconsin has a DNR law that applies to prehospital personnel
- Requires a plastic or metal bracelet as well as a state form that must be filled out
- Excludes children
Public Access Defibrillation

- Wisconsin does have a Public Access Defibrillation Law
- Unfortunately, no medical direction is required. We recommend you get involved!
- Individuals using a defibrillator must take an approved course
State Medical Direction

- State EMS Medical Director serves as the medical consultant to the EMS Section
- Acts as a contact person for local medical directors for questions and issues
- Provides ongoing patient advocacy
- Easily accessible for local medical directors
State Medical Direction (cont.)

- Physician Advisory Committee is a group of EMS Physicians from around the State
- Meets quarterly to discuss medical issues
- Helps guide the medical policy of the State Office and the State Medical Director
Wisconsin Philosophy

- Provide useful levels of providers so that each community may, as easily as possible, obtain a level of pre-hospital care that best suits their needs
- Demand local control and insight
Medical Director Meetings

- Paramedic Systems of Wisconsin meeting includes paramedic program medical directors– occurs every fall
- NAEMSP provides an excellent annual meeting nationally on EMS medical direction issues
Training Centers

- All training of EMS Personnel must be done by a State approved EMS Training Center
- Physician involvement in every training center is mandatory
- Most training centers are Technical College or Hospital based
Emergency Medical Dispatch

- Not required
- Qualified personnel to take information and to send appropriate crew and apparatus
- Provide pre-arrival medical instructions
- Pre-arrival instructions, and the system to provide them require medical oversight
- Be involved with this process
- Support Emergency Medical Dispatch