



State of Wisconsin  
**Department of Health Services**

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Tony Evers, Governor  
Karen E. Timberlake, Secretary

November 16, 2022

Michael Queensland  
Senate Chief Clerk  
PO Box 7882  
Madison, WI 53702

Edward Blazel  
Assembly Chief Clerk  
17 W Main St., Room 401  
Madison, WI 53703

Dear Mr. Queensland and Mr. Blazel:

I am pleased to submit to the Legislature the 2022–23 Wisconsin Emergency Medical Services Plan as required by Wis. Stat. § 256.08. The plan was prepared by the Division of Public Health, Emergency Medical Services Section.

The completion of this plan was delayed because of reduced availability of key staff, logistical delays in acquiring data, and feedback/approval from our partners as well as prioritization of Flex and Funding Assistance Program (FAP) funding distributions to EMS services.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen E. Timberlake", written over a light blue horizontal line.

Karen E. Timberlake  
Secretary-designee



2022–2023

WISCONSIN  
EMERGENCY MEDICAL SERVICES PLAN



WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES

Office of Preparedness and Emergency Health Care  
EMS Section  
P-00576 (11/2022)

VERSION 1.01  
November 2022

Produced by:

Wisconsin Department of Health Services, Office of  
Preparedness and Emergency Health Care,  
EMS Section and  
The Wisconsin Emergency Medical Services Board

1 West Wilson Street, Rm#1150  
Madison, WI 53707-7850

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## **Introduction**

The Wisconsin Emergency Medical Services (EMS) system has approximately 16,000 licensed EMS practitioners, approximately 3,000 certified emergency medical responders, and approximately 800 active EMS Services providing prehospital emergency care and transportation to the sick and critically injured 24 hours a day, 365 days a year. Wisconsin's EMS system also provides care and transportation to patients experiencing non-life-threatening emergency situations, and at times is often the "safety net" for many under resourced and under insured Wisconsin residents who may not have access to other health care services.

The EMS Section is an integral component of the Office of Preparedness and Emergency Health Care (OPEHC) within the Division of Public Health, of the Wisconsin Department of Health Services (DHS). This report identifies many of the significant and specific responsibilities and accomplishments of the section, as well as planned initiatives. Strategic planning is performed in collaboration with the EMS Advisory Board, and incorporates feedback from the stakeholders, partners, providers, and trained EMS professionals in our state.

The EMS Section oversees the state's EMS system as directed by Wis. Stat. ch. 256 and Wis. Admin. Code ch. DHS 110. With input from various stakeholder groups and the gubernatorial-appointed EMS Advisory Board, the section carries out its statutory and regulatory obligations, disburses the funding assistance program (FAP), and provides technical assistance activities through a staff of six permanently funded classified employees including one section chief, three regional coordinators, one licensing coordinator, one permit associate, and one data manager. The EMS Section also has a grant-supported EMS state medical director contracted to oversee all prehospital emergency medical care and trauma care for the entire state. Five additional non-permanent grant funded staff were added as part of a federally funded grant initiative. These five staff members are critical to supporting the workload and services that are mandated for the EMS Section to provide the EMS workforce.

The governor-appointed EMS Advisory Board acts in an advisory capacity to the EMS Section by making recommendations directly to the EMS Section office. Recommendations and initiatives include prehospital emergency medical practice, data collection integration and continuous quality improvement, EMS system development and management, pediatric prehospital care, EMS education and training, and cultural competency for our Wisconsin EMS system.

## **Wisconsin's Investment in EMS**

Recognizing the severe pressures faced by EMS providers over the past two years, Governor Tony Evers crafted a historic plan to support and stabilize Wisconsin's EMS system across the state with a nearly \$40 million investment. The governor's plan included two efforts. The first was to supplement the annual EMS Funding Assistance Program (FAP), adding \$8 million dollars to the program to bring it to a total of \$10.2

million for fiscal year 2023. FAP provides grants to all public ambulance service providers, including volunteer EMS and fire departments, nonprofits, and counties and municipalities.

The second effort included establishing a one-time \$32 million dollar EMS Flex Grant program. The Flex Grants will be provided as one-time, flexible grants, prioritizing small, under-resourced EMS providers who do not qualify for FAP to use for operational needs.

## **OPEHC EMS Section Overview**

The following is an overview of the EMS Section activities:

### ***Licensure***

The EMS Section licenses emergency medical system programs, emergency medical services practitioners, and certifies emergency medical responders. Currently, the State of Wisconsin licenses approximately 16,000 EMS practitioners and certifies approximately 3,000 emergency medical responders. Additionally, the EMS Section licenses approximately 800 ambulance service providers. In addition to primary licensures and certifications, the EMS Section processes endorsement applications which include community paramedic, community emergency services practitioner, tactical EMS, and critical care.

Historically a biennium event, the licensing renewal cycle has moved to a triennium (Wis. Stat. § 256.15(10)). The EMS Section utilizes a licensing management system to process and house all licenses and certifications. The next renewal date is June 30, 2023, with approximately 20,000 applications anticipated to be processed.

The EMS Section is also tasked with providing equivalency certification to registered nurses, physicians, and physician assistants. This allows the aforementioned health care professionals to function as an EMS practitioner or an emergency medical responder to supplement the EMS workforce. Currently the EMS Section manages approximately 1,000 equivalencies certifications.

### ***Education***

As outlined in Wis. Stat. §§ 256.08(4)(e) and 256.08(4)(j), the departmental duties include:

- Setting standards for all organizations that offer training to emergency medical responders and emergency medical services practitioners on what topics should be included in initial training and continuing training.
- Consulting, at least annually, with the technical college system board and the Wisconsin Department of Transportation on issues that affect ambulance service providers, emergency medical responders, and emergency medical services practitioners.

The EMS Section maintains a close partnership with the Wisconsin Technical College System to assess the educational needs and to administer high quality initial and continuing education statewide. Additionally, both entities collaborate on initiatives related to EMS instructors, training center training permits, and National Registry (NREMT) testing requirements. The EMS Section is responsible for receiving, processing, and managing training center training permits (TCTP) which allow students to participate in the clinical portion of their education. The EMS Section processes approximately 2,500 training center training permits per year.

### ***Technical Assistance***

As outlined in Wis. Stat. § 256.08(4)(d), the EMS Section provides a wide range of technical assistance through various means including:

- Facilitating partnerships with key stakeholders including hospital systems within communities.
- Facilitating the integration of ambulance service providers and hospitals in the same geographic area Wis. Stat. § 256.08(4)(f).
- Providing high quality, customer service to 19,000 EMS professionals, 800 services, and other internal and external stakeholders and partners.
- Coordinating with local state Hospital Emergency Readiness Coalitions (HERCs), Regional Trauma Advisory Councils (RTACs), Department of Military Affairs (DMA), Wisconsin Emergency Management (WEM), and other sub-committees including LMR, WISCOM, and county wide EMS committees.
- Coordinating and facilitating communication across multidisciplinary local and National professional associations including the National Association of State EMS Officials (NASEMO), National Highway Traffic and Safety Administration (NHTSA), American Heart Association (AHA), American Red Cross (ARC), and the National Association of EMTs (NAEMT).

### ***Data***

As outlined in Wis. Stat. § 256.08(4)(c), the EMS Section provides quality assurance in the emergency medical services system, including collecting and analyzing data relating to local and regional emergency medical services systems, ambulance service providers, emergency medical responders, and emergency medical services practitioners. The EMS Section relies heavily on Biospatial, a data visualization platform, to assist in many of these initiatives. Service directors and medical directors are granted access to this platform and are able to build custom dashboards based on their community needs. Data is sent to Biospatial via the Wisconsin Ambulance Run Data System (WARDS).

WARDS is the state repository for ambulance run data. The State of Wisconsin collects approximately 1 million run reports annually. A patient care report (EMS run) captures information from the moment an ambulance or first responder group is dispatched, to the time of patient care transfer. Patient care reports include information such as primary impressions, medications and procedures administered, and patient history among a wealth of other data elements related to prehospital care.

EMS services have the option of reporting through WARDS directly or utilizing a National Emergency Medical Services Information System (NEMSIS) compliant software (Wis. Admin. Code § DHS 110.34(9)). All reports are required to be sent to the state within seven days (Wis. Admin. Code § DHS 110.34(8)). Wisconsin, along with other states, collects and submits NEMSIS complaint data. NEMSIS is a collaborative system that collects data about patient care and prehospital EMS activation. This system is used to improve patient care through its standardization, aggregation, and utilization of point of care EMS data at a local, state, and national level. In Wisconsin, we use NEMSIS data to analyze statistical information on a variety of topics including patient disposition, elapsed times and delays, medical or trauma transports, medical diagnosis, and cardiac arrest.

### ***Complaints and Investigations***

As outlined in Wis. Stat. § 256.08(4)(h), the EMS Section investigates complaints regarding ambulance service providers, emergency medical responders, emergency medical services practitioners, EMS medical directors, and Wisconsin EMS training centers and take appropriate actions after first consulting with the board and the state medical director for emergency medical services.

Outlined in Wis. Admin. Code §§ DHS 110.53-54 is the EMS Section's authority to investigate and reasons to take enforcement actions. Complaints often involve complex advanced investigative work and can span across multiple divisions. On average, the EMS Section will annually receive between 30–50 complex complaints with the need to navigate complicated sensitive investigations involving multiple EMS personnel. The EMS Section also receives 20–35 limited scope complaints. These narrow investigations typically do not conclude with a result finding of a Wis. Stat. ch. 256 or Wis. Admin. Code ch. DHS 110 violation.

Each EMS complaint investigation can include complainant and witness interviews, documentation, multiple records requests and review, site visits, vehicle and equipment inspection, referral to other agencies, and/or enforcement actions.

### ***Funding Assistance Program (FAP)***

Outlined in Wis. Stat. § 256.12(4), the EMS Section is charged with coordinating the annual distribution of funds for ambulance services. The use of these annual funds includes vehicles or vehicle equipment, emergency medical services supplies or equipment, or emergency medical training for personnel. Eligible FAP applicants are ambulance service providers that are a public agency, a volunteer or a nonprofit corporation. Allocations are made utilizing a FAP funding formula consisting of an identical base amount for each ambulance service provider plus a supplemental amount based on the population of the ambulance service provider's primary service or contract area, as established under Wis. Stat. § 256.15(5).

### ***Recent FAP Overview:***

- SFY2020 approximately 285 services complete the FAP process
- SFY2021 approximately 327 services complete the FAP process
- SFY2022 approximately 310 Services complete the FAP process

### ***Top funding items requested:***

- Automated chest compression systems
- EMS continuing education
- Radio devices
- NREMT exams cost coverage
- Batteries (of any kind)
- Training mannikins
- Cellular devices
- Stryker cots

## **2020–2021 Accomplishments**

### ***COVID-19 Health Disparities Grant***

The EMS Section applied for and was awarded grant funding through the CDC COVID-19 Health Disparities grant. This grant opportunity allowed the EMS Section to hire staff whose focus is on deep rooted health disparities that were highlighted during the COVID-19 pandemic.

The COVID-19 pandemic pushed Wisconsin EMS Services to the brink of collapse. Rural EMS Services did not have enough resources including funding, staff, or personal protection equipment (PPE) to overcome the challenges of increased call volumes and more critically ill patients.

Lack of resources has led to an increase in mental health issues within the EMS Community. Increased incidents of provider burn out, compassion fatigue, injury and suicide ideation.

The grant positions include a rural EMS coordinator, a community EMS (CEMS) coordinator, an EMS data coordinator, a compliance coordinator, and a project assistant. The support provided by the additional staff greatly increased our section capacity and has allowed our office to prioritize health equity in our work.

The two-year grant funding allows the section to provide targeted assistance and support to EMS services and EMS practitioners by the following:

- **Rural EMS:** This includes facilitating collaboration with stakeholders and partners within rural communities. Topics include, but are not limited to, coverage agreements, protocol revision support, consolidation and districting

informational support, recruitment and retention resources, and EMS service director trainings.

- **Community EMS and Community Paramedicine:** Hired a project position dedicated to expanding the number of community EMS programs in the state. Position is focused on supporting EMS Services seeking state operating approval, state CEMS education revision and approval, or understating of how CEMS can benefit not only the community but their EMS service as well.
- **EMS Data:** Increasing data analysis capacity to focus on disparities within EMS. Topics include but are not limited to workforce recruitment and retention issues, licensure trends, and rural EMS trends. Analysis will include final reports via data visualization software to clearly communicate the status and current needs of EMS in the state, both to internal and external stakeholders.
- **EMS Complaints and Investigations:** Hired a project position dedicated to investigating EMS complaints. This position is updating the method for which people can submit complaints to the office as well as dedicating fulltime capacity to current investigations. Previously the responsibility was shared cross multiple staff.

### ***Community EMS and Community Paramedicine***

Community Emergency Medical Services (CEMS) is a different approach to the traditional 911 EMS concept. It is a rapidly expanding model that helps to address gaps within health care system. CEMS is also a versatile and mobile community centric healthcare resource approach that plays an integral role to regional systems of care that prevent and treat acute illness and injury, as well as chronic ailments.

A CEMS service becomes a resource that expands upon the intersection of primary care and public health services.

Nationally, EMS is a rapidly evolving system with new opportunities being realized on a regular basis. As time goes on, medical practices change and so do the health care needs of communities. CEMS was developed to target these changes by identifying underlying causes and preventing negative outcomes.

Wisconsin aims to align with the vision of the National Highway Traffic Safety Administration, Office of EMS, EMS Agenda 2050 which details a people-centered EMS system and lays out the plan for the next several decades. This plan includes processes, protocols, technology, policies, and practices designed to provide the best possible outcome for individuals and communities — every day and during major disasters. According to the EMS Agenda 2050, "The people-centered EMS system serves as the front line of a region's healthcare system and plays a core role in supporting the well-being of community residents and visitors through data-driven, evidence-based and safe approaches to prevention, response and clinical care. EMS organizations

collaborate with their community partners and have access to the resources they need, including up-to-date technology and a highly trained, healthy workforce.”<sup>1</sup>

The EMS Section created the internal structure and process to certify EMS Services to provide Community EMS services within their communities and has actualized the process for EMS practitioners to seek and obtain a CEMS endorsement on their initial practicing license.

At the time of this report there are officially 3 licensed Wisconsin EMS Services providing CEMS services and 19 certified CEMS practitioners.

### ***E-licensing software upgrades***

The EMS Section has identified key areas of improvement within its licensing management system, E-licensing, such as modernizing and streamlining several of our internal processes to align with the other states and to operate efficiently. These critical updates will improve workflows and eliminate redundancies leading to better customer service.

The EMS Section is preparing to launch several of the developed upgrades ahead of the opening of Wisconsin’s triennium licensing renewal cycle.

Updates within the E-license system include:

- Electronic Service Operational Plans, including Community EMS and Community Paramedicine.
- Electronic training center operational plan.
- Electronic Special Events Plan submissions, with an auto generated card to the Service File.
- Electronic Endorsement applications.
- Electronic RN, DO, MD Equivalency form.
- Electronic Change of Medical Director form.
- External and Internal Verification of Licensure (VOL) with a payment gateway.
- Emergency Medical Responder (EMR) Certification with an auto generated card.
- Ambulance Drives LCA.

### ***Other EMS Section achievements***

- Launched and enhanced Service operational assistance.
- Launched and instituted Service Director education, support, and resources.
- Implemented Practitioner licensing support structures.
- Consolidated and boosted do not resuscitate (DNR) assistance.
- Developed epinephrine and anaphylaxis Training Program oversight.
- Formed and strengthened partnership with Wisconsin Technical College System.

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<sup>1</sup> EMS Agenda 2050 Technical Expert Panel. (2019, January). EMS Agenda 2050: A People-Centered Vision for the Future of Emergency Medical Services (Report No. DOT HS 812 664). Washington, DC: National Highway Traffic Safety Administration

- Initiated and developed partnership with RTACs and HERCs.
- Engineered and established EMS Town Hall monthly informational meetings.
- Implemented Numbered memo series.
- Modified and enhanced Train WI guidance.
- Simplified the open records requests.
- Presented EMS information and provided in person assistance at a variety of conferences.
- Modernized logistical support for the quarterly EMS Advisory Board meetings.

## **2022–2023 Objectives of the OPEHC EMS Section**

Consistent with Wisconsin statutes and administrative rules, guided by the EMS plan and in collaboration with the EMS Advisory Board, the goal of the EMS Section is to serve as the lead state agency providing resources, leadership, and oversight to serve our statewide emergency medical services system and communities.

Wisconsin has a proud history in the evolution of EMS. The future holds new challenges for prehospital emergency medical care, including sustainable funding, recruitment and retention, data integration, provider wellbeing, evolving scope of practice, and changes within education.

### ***Wisconsin Administrative Code Ch. DHS 110 Revisions***

The main purpose of any administrative law consists of ensuring accountability for administrative agencies. As the EMS Section adapts to the challenges facing EMS in the 21<sup>st</sup> century, the changes in prehospital emergency medical care, and EMS education, we are anticipating working in consort with the EMS Advisory Board to revise EMS-related administrative codes.

The section intends to reopen Administrative Code 110 in consort with the EMS Advisory Board to address inconsistencies and modernize and improve transparency to the public. A statement of scope will be developed, and proposed changes will go through the economic impact assessment public comment period, legislative council review, a public hearing, and the governor’s review and legislative review process.

#### **Potential revisions include:**

- Integration of WI. ch. Trans 309 ambulance inspections.
- Removal of commercial language from code.
- Removal of Advanced Cardiac Life Support (ACLS) from Advanced EMT licensure requirement.
- Modernize the Community EMS and community paramedic language.
- Redefine the Background Pre-determination language.
- Define EMS Service leadership role designation.
- EMS renewal education for non-affiliated EMS providers.

### ***Funding Assistance Program (FAP)***

The EMS Section will create a streamlined process and designate one staff member to oversee the internal FAP process, applicant data, applicant document collection, and oversee disbursement process with the DHS Bureau of Fiscal Services.

### ***EMS Complaints and Investigations initiative***

The EMS Section has identified significant opportunities to reform the complaint intake process, documentation process, and external communication process.

Identified process changes will result in effective and efficient quality improvements:

- Submission acknowledgement messaging
- Conducting complainant interviews
- Timely follow up
- Documentation
- Advisory Board reporting

Another significant process improvement will be the addition of a publicly accessible online enforcement action listing portal that will be accessible via the EMS webpage.

The section has also recruited a fulltime EMS Compliance Coordinator, designating one staff member to oversee all EMS complaint investigations. The Section was able to hire a designated position utilizing the short-term grant funds secured through the CDC COVID-19 grant.

### ***EMS Data Initiatives***

With approximately 1 million runs submitted to WARDS annually, the EMS database is robust with critical information regarding the state of our EMS system and more, generally our health care system. Data can be utilized for quality assurance, aiding in public health initiatives, identifying health equity issues, and time sensitive syndromic surveillance, among others.

In addition to maintaining and performing system administrator duties, the EMS Section is actively planning on expanding its capacity for data analysis and improving workflows. There are several initiatives that the EMS Section will be focusing on including:

- **Data collection:** To analyze and report on data that is collected, the EMS Section must ensure the quality of the data that is submitted. Based on feedback from local EMS Service and Medical Directors and reports from the National Highway Traffic Safety Administration and the National EMS Information System, data quality is identified as a priority for the year 2023. The EMS Section will be collaborating with ImageTrend to provide trainings and webinars as an additional resource on data reporting.

- **CQI:** Wisconsin Admin. Code § DHS 110.47(4) requires a service to designate a quality assurance designee who is responsible for managing patient-based quality improvement processes in collaboration with the service medical director. Based on service feedback, there is a lack of resources and capacity for CQI, particularly among rural agencies. The EMS Section will be publishing Tableau dashboards on the EMS website reporting on the National EMS Quality Alliance (NEMSQA) measures for services to compare their metrics against. CQI designees will be provided training and toolkit on how to perform continuous quality assurance. BioSpatial training and access will also be provided.
- **Reporting:** With the addition of an EMS data coordinator through the COVID-19 health disparities grant, the EMS Section will be building a robust data section on the EMS website. Reports will include active EMS licenses, annual initial licenses, yearly trends, workforce development reports, NEMSQA measures, CARES data, and overdose data, among other identified reports.
- **NEMSIS migration:** NEMSIS has announced the transition to version 3.5 data reporting and will cease collection of version 3.4 data on January 1, 2024. Preparing for this migration is a top priority for the EMS Section as Wis. Admin. Code § DHS 110.34(9) requires compliance with the current NEMSIS data standard. Work will include updating the data dictionary, updating validation rules, updating data management portal, developing trainings for EMS services, practitioners, and EMR's, scheduling services for transition, and providing assistance to services during the transition. The transition to v.3.5 is scheduled to begin in the first quarter of 2023.

### ***Licensing Initiatives***

The EMS Section is preparing to relicense all 16,000 EMS practitioners, 3,000 Emergency Medical Responders (EMR), and 800 EMS services for the 2023–2026 licensing cycle.

All levels of practitioners, EMR, and EMS Services are set to expire on June 30, 2023. To accomplish this large task, opportunities for improvement have been identified and are listed in part in the Software Upgrade section of this report.

- Release the new electronic Service Operational Plan renewal application, along with the EMR and licensed practitioner renewal application in winter of 2022.
- Host webinar and in-person training on use of renewal application
- Designate two staff positions and designate back up to support during peak of renewal

## **2022–2023 Objectives of the EMS Advisory Board and EMS Subcommittees**

### ***EMS Advisory Board***

The 11-member governor-appointed EMS Advisory Board originated from legislative action during the 1993–1994 legislative session. These actions included the formation of the EMS Advisory Board, the EMS Physician Advisory Committee, and the appointment of a state medical director as identified in Wis. Stat. §§ 256.04(1-11).

The objectives of the EMS Advisory Board align with the work of the EMS Section, as the board acts in an advisory capacity to the EMS Section. The EMS Advisory Board and the subcommittees also act as proponents on the behalf of all Wisconsin EMS practitioners, EMS medical directors, and EMS stakeholders.

### ***EMS Advisory Board Mission Statement***

The mission of the Wisconsin Emergency Medical Services Board is to provide leadership and support to the Emergency Medical Services community and to ensure access to quality emergency medical care for the citizens and visitors of Wisconsin.

### ***EMS Subcommittees***

EMS Advisory Board subcommittees are formed to address specific issues and develop recommendations on EMS-related topics. Subcommittee members apply yearly and are voted into committee membership by the full EMS Advisory Board.

Objectives listed below are those of the subcommittees and are defined by their respective chairs.

Subcommittees of the EMS Advisory Board include:

- EMS Physician Advisory Committee
- EMS Systems Quality and Data
- EMS Education and Training
- EMS System Management and Development
- EMS Human Relations Committee
- EMS for Children Advisory Committee

### ***EMS Physicians Advisory Committee Mission and Overview***

The Physician Advisory Committee’s mission statement is to act as EMS physician experts, advising DHS and the EMS state medical director on scope, education, qualifications, and other EMS issues that impact citizens and providers in our state.

### ***2022–2023 EMS Physician Advisory Committee Goals:***

- Assist with development of qualifications for medical directors at the local level

- Serve as an advisory committee for all related agencies (Wisconsin Technical College System Board, and Department of Transportation)
- Assist with development of medical items for state database
- Educate local EMS medical directors and interpret statute and rule and intent
- Recommend scope of practice for each EMS level
- Informed duties as assigned by the board

### ***EMS Systems Quality and Data Mission and Overview***

- The mission of the EMS Systems Quality and Data Committee is to provide high quality emergency medical services data for supporting best practices in EMS including documentation, clinical practice, and quality improvement
- Evaluate public information reporting
- Establish and analyze CQI as it relates to data
- Identify and establish criteria for reports that drive system quality initiatives
- Review and advise on the latest NEMSIS version implementation recommendations
- Monitor and audit WARDS and compliance with Wisconsin EMS strategic planning

### ***2022–2023 EMS Systems Quality and Data Committee Goals:***

- Enhance and expand work with state data manager and data team to utilize full functionality of WARDS
- Improve the use of EMS data to justify funding for state EMS initiatives, including funding state EMS Section
- Promote live dashboards for state EMS data that services can access, tailored to their data needs
- Integrate regional, state, and national data for comparison

### ***EMS Education and Training Overview***

- Audit and review EMS curricula—all levels and as needed
- Design EMS curricula and logistics to transition to a higher-level EMT licensure
- Compile and distribute Statewide triannual training requirements (hot topics, etc.)
- Consult and assist with educational components related to EMS office, EMS board, WTCS, and training center initiatives

### ***2022–2023 EMS Education and Training Committee goals:***

- Implement competency-based education
- Training preceptors in a standardized fashion
- Collaborate on implementation and standardized tracking of portfolio skills at all levels

### ***EMS System Management and Development Mission and Overview***

The mission of the EMS System Management and Development Committee is to provide high quality recommendations and best practices for supporting in EMS services including operations, personnel management, and emergency preparedness; and support the development of new EMS initiatives.

### ***2022–2023 EMS Systems Management and Development Committee Goals:***

- Integrate and interface with DOT Trans 309 Committee
- Guide development of local EMS leadership
- Recommend legislative initiatives to sustain and advance the EMS system in the state
- Enhance EMS system recruitment and retention
- Integrate and facilitate a pathway for Mobile Integrated Health Care and other public health integration into public safety
- Review and update the Wisconsin EMS State Mass Casualty Incident (MCI) plan to reflect current practices, including health care coalitions, pre-planning recommendations, mutual aid recommendations, and communication recommendations
- Development of required and recommended EMS medical equipment on ambulances for each scope level to support the sunset of Trans 309 Subchapter III and EMS office enforcement, in conjunction with Physician Advisory Committee
- Further development of statewide recommendations in regard to Hospital-EMS Diversions

### ***EMS Human Relations Committee Mission and Overview***

The mission of the Wisconsin EMS Board Human Relations Committee (HRC) is to provide information on how to create, adopt, educate, and implement cultural competency for EMS providers. The HRC will also address specific emergency medical considerations relative to the diverse population that resides in and visits the State of Wisconsin, and within individual EMS agencies.

### ***2022–2023 EMS Human Relations Committee goals:***

- Understanding that all people should be treated equitably, and that all agencies should strive for an inclusive work environment that will foster this belief
- Kind, compassionate problem-solvers that will be able to address the changes that are facing our services
- Empathy to patients and to other service providers and members of the communities
- Inclusive environments of just culture that support constructive conflict resolution, problem solving, and continuous growth
- Commitment to professional growth, leadership, and development at all levels of the organization

- A commitment toward lifelong learning related to cultural competencies, evidence-based research, and analysis

### ***Emergency Medical Services for Children (EMSC) Mission and overview***

The EMS for Children (EMSC) Advisory Committee is an independent subcommittee that liaisons with the Wisconsin EMS Board.

The EMSC Advisory Committee is responsible for guiding the statewide EMSC program. Membership includes pediatric and emergency trauma care specialists (for example, physicians and nurses), emergency response staff and family representatives. The EMSC program works to expand the capacity and improve the quality of pediatric emergency care across prehospital and hospital settings. This is accomplished through collaborative efforts, advocacy, consultation, and federal partnerships to facilitate successful achievement of EMSC national performance measures.

### ***2022–2023 Emergency Medical Services for Children goals:***

- Providing the health care system with resources to manage and monitor pediatric medical services in a prehospital and hospital setting
- Providing technical expertise, current best practices, and cutting-edge information to pediatric medical providers and the EMS community
- Expanding the Pediatric Emergency Care Coordinators (PECCs) program; despite best-practice recommendations, just 36.5% of Wisconsin EMS agencies have PECCs. Having PECCs in Wisconsin helps provide children with the best emergency care
- Increase opportunities for pediatric specific education and training
- Increase the number of EMS agencies and school districts that participate in the Children with Special Health Care Needs Preparedness for Emergencies (CAPE) Program
- Increase funding and grant opportunities for EMS agencies to purchase pediatric specific equipment
- Increase telehealth services for emergency providers caring for children in rural settings
- Ensure EMS providers have access to resources developed by WI EMSC including pediatric comfort kits, and emergency reference card

## **Closing**

As the EMS Section looks to the future of EMS in our state, we will work towards creating a more inherently safe and effective, integrated and seamless, reliable and prepared, socially equitable, sustainable and efficient, and adaptable and innovative patient centric EMS system for our residents and visitors.

Questions or comments may be directed to the EMS Section via email at [DHSEMSSMAIL@dhs.wisconsin.gov](mailto:DHSEMSSMAIL@dhs.wisconsin.gov).

## Appendix A:

### *EMS Section Staff Members*

<b>Permanent—Classified Staff</b>	
EMS Section chief	Amanda Bates
State EMS and trauma medical director	M Riccardo Colella, DO, MPH
EMS data manager	Elizabeth Rybczyk
Regional EMS coordinator: regions 1 and 2	Don Kimlicka
Regional EMS coordinator: regions 3, 6 and 7	Mark Mandler
Regional EMS coordinator: regions 4 and 5	Jason Witte
EMS licensing coordinator	Hellen Pullen
EMS licensing associate	Sadie Aldinger

<b>Grant Funded—Staff</b>	
Rural EMS coordinator	Dan Williams
Community EMS coordinator	Corey Straubhaar, BSN, NRP, CCP
EMS data coordinator	Carl Maly
Compliance and investigations coordinator	Sergio Perez-Torres
Project assistant and FAP coordinator	Anthony Dare

<b>Limited Term Employment (LTE)—Staff</b>	
EMS radio communications coordinator	James Westover
EMS education coordinator	TBD

## Appendix B:

### *Wisconsin EMS Advisory Board and Subcommittee Members*

<b>Voting Members</b>		
Board chair	Jerry Biggart	Oak Creek Fire Department
Vice chair	Brian Litza	Undisclosed
Secretary	Christopher Anderson	Professional Ambulance Association of Wisconsin (PAAW), Bell Ambulance
	Tim Bantes, Chief	Grand Chute Fire Department
	Justin Pluess	Wisconsin Rapids Fire Department
	Michael Clark, MD, MPH	Aspirus and MedEvac
	Dustin Ridings	Green Bay Metro Fire Department
	Christopher Eberlein, MD	Gundersen Health
	Greg West	Waukesha County Technical College
	Steven Zils, MD	Aurora Medical Center-Grafton
	Dr. Jennifer Hernandez- Meier	Medical College of Wisconsin

### *EMS Board Membership*

<b>Non-voting Board Members</b>	
Amanda Bates	DHS EMS Section chief
M Riccardo Colella, DO, MPH	State EMS and Trauma medical director
Paul Schilling	Department of Transportation
Michael Kim, MD FAAP	EMS-Children
Timothy Weir	Wisconsin Technical College Systems

### *EMS Subcommittee Membership*

<b>EMS Physicians Advisory Committee (PAC)</b>	
Chair: Steven Zils, MD	Robert Zemple, MD
Vice chair: Mark Schultz, MD	Michael Lohmeier, MD, FACEP, FAEMS
Ex-defacto: M Riccardo Colella, DO, MPH	Mathew Chin, MD
Chris Eberlein, MD	Sean Marquis, MD
Kacey Kronenfeld, MD, FAEMS	Michael Clark, MD, MPH

<b>EMS Systems Quality and Data</b>	
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