Legislative Council (30 August 2016) Capitol 412E
Question 1: Background EMT Licensing and Continuing Education Standards
[volunteers provide 80% EMS]
[In-kind $44-72 mil/year—just responders—not other support personnel]

Over-riding issues:
  o "Increasing complexity of care"??
  o Initial EMT Education + Training too long? First responder pretty short (49h)
  o Ongoing increased in number of hours (by 250+%) by what "we" think is needed—who is we and how do we know?
    o Same at national level
  o Who/how sets Continuing Education agenda---by # hours of....
  o How determine needs for Continuing Education needs?
    o ?run reviews
    o Guess
  o Who approves Continuing Education agenda?? ?? do med directors sign off on all cont ed and relicensure—how do they know?
  o Call volume increasing 4-7%/year—why??
  o How accredit competencies of students and faculty—QA
  o Funding Assistance Program cut by $300K ($2.2 mil to $1.9 mil/year)
  o Yesterday—today—tomorrow

Chronology:
  o 1966
    o Accidental Death and Disability and Health in the Dirt
    o Hearse ambulances by Funeral Director
    o US Highway Safety Act
  o 1968
    o Farrington/Anast—Emergency Care and Transportation of the Injured and Ill, Am Coll Ortho Surg
      • Bible (orange book)
      • "Emergency Medical Technician"
    o WI—6 instructors plus physicians around state
    o +5 years
  o 1973
    o US EMS Act
      • Establish NHTSA
      • Project 40—block grants
      • Health Services Areas
      • Must demonstrate all 15 components to be funded
        • Education
        • Evaluation!!—didn’t happen
    o WI Act 321
      • Licensing of EMTs (Basic/paramedic)
      • EMS Section
      • EMS Examining Council
      • EMT-P Madison/Milwaukee using Project 40—$$
      • Renewed 1975 and 1977---NOT 1979!!! ➔ For US-EMS Act
  o 1989!!!! Act 102 (gap 15 years)
    o Funding Assistance Program ($2.2 million/year to basic services+)
- Request National Highway Traffic Safety Agency Technical Assistance Team (NHTSA-TAT) evaluation
- 1990 NHTSA-TAT
  - Resources ($$) from Department of Transportation (DOT) not DHS
  - Recommendations picked up by Leg Council (1992-1993) included
    - Appoint Lead agency
    - Develop EMS Advisory Committee
    - State Medical Director
    - Single data system and Uniform data collection
    - Mandatory evaluation
    - Quality Assurance at all levels
    - Communicators
    - Inter-facility transfers
    - Develop Trauma system
- 1991
  - Funding to EMS cut by Department
  - Secretary buried TAT report
- 1992-1993 Leg Council
  - Recommendations
    - EMS Board with powers of Board
    - Establish/employ State Medical Director
    - Establish Physician Advisory Committee to ... (PAC)
    - 10 reports to Legislature
      - By 31 Dec 94—Regionalization
      - By 30 June 95—Uniform data collection
      - By 31 December 1995—8 others (See attached)
- 1994
  - Act 251
    - As proposed by Leg Council
    - Continuing education hours and alternative delivery methods
  - Act 16
    - EMS “Advisory” Board—no powers
    - State Medical Director (0.5FTE @ $50K from DOT!!!)
- Regionalization Report “to Legislature” submitted to DHS
  - Recommend regionalization of EMS
  - Advantages
    - QA with improved data collection and analysis—analysis not possible at local level
    - More hosp involvement
    - Decrease overall costs
    - System = entry thru ED
    - Warn impending problem with recruitment and retention of volunteers
    - Many others
  - Sent back to Board for more information—Not passed on to Legislature
- 1996—Regionalization II (October)
  - ? form new state agency (EMS/Fire/Law enforcement)
  - Increasing levels of care with decreasing resources
  - Regional vs Local data
  - Improve quality of Education and Training
  - Increase hospital involvement
  - Volunteers contribute in-kind $44-80 mil/year ($10/hr)
  - Reports never sent to legislature by Dept
- 1999
- Scope of Practice document
  - Standards for Educators and Medical Directors
  - Eliminate EMT designation → Levels I-IV
  - Modular system for advancement to higher levels
  - Paramedic additions: Flight, Primary care (community); Critical Care Transport, Management, Education, HazMat, Disaster, and Communicator

- 2001 NHTSA-TAT
  - Bureau status!!
  - Bureau authority to approve training centers and courses [by whom??]
  - Instructor training program by administrative rule
  - Adopt National EMS Curriculum with modifications
  - First Responder (FR) definition standardized
  - Unable to cert FR due to lack of $s
  - Had some bridge courses
  - Short staff—unable to implement
    - Technical assistance
    - Data support—collection and analysis
    - FR cert
    - Communicator trg
    - Verification of trg centers
  - Recommendations
    - ?? ability to comply WI Educational System with "agenda for Future"
    - Develop mechanism to obtain and utilize data re: qualifications of instructors
    - Need bridge courses from entry FR to paramedic
    - Conduct random audits for quality and reliability for relicensure
    - Recruitment and retention ongoing issue—only pockets
    - Develop programs for recruitment and retention of volunteers

- 2005 GAO Report (requested by Finegold/Collins)
  - Retention of infrequently used
    - Medical skills
    - Training
    - Management
    - Budgeting
    - Personnel
    - Organization
  - ?? clinical experiences
  - Increased demand for services with decreased resources

- 2012 NHTSA TAT
  - Now at Unit level (no longer a Section)
  - EMT-I not part of EMS Educational Agenda
  - EMT-B Certification require completion of initial Education and Training + National Registry
    - Faculty required to complete formal educational program authorized by Department
    - Plans in place for transitions
  - Challenge to maintain quality education program due to decreasing $ (126/credit=1/3 costs)
    - with decreased resources
  - Progressive increase in education time (equiv of 40 sessions compared top 10)
  - Non-traditional clinicals
  - ?? ability of volunteers to maintain effectiveness and availability
  - Recommendations
    - Minimize classroom hours—distributive learning etc to reach competencies
    - Alternate clinical sites
    - Comprehensive evaluation of instructors
    - "Study recruitment and retention of volunteers"
2015
  - Modify requirements for minimum Ambulance personnel to one EMT-B and a First Responder!!
?? When Medical Director cut by DHS from 0.5FTE to 0.25FTE??

“Eminence-based”

Question 2: Comments on appropriateness of standards and adequate training of EMTs
  - Don’t know
    - Data without analysis—
    - No outcome info from hospitals except trauma
    - ? run reviews by..... amalgamate by region
  - Are standards too high for EMTs and too low for FR?
  - Experience levels too low
  - Hospitals: lack of feedback—loss of patients/revenue
  - Trauma vs rest of EMS
  - Pediatrics vs rest of EMS
  - Many Committed volunteers want to do more!!!

Question 3: Suggestions for Revision of Training Requirements
  - Very low experience levels
  - No EMT-B and FR—(college plus high school football)---decrease Education and Training by 45%!!
  - Use Basic-Basic + modular upgrades
  - Modular transition to higher levels with appropriate utilization if service approves and provides
    supplies/equipment—see Scope of Practice document
  - Education and Training must be based on data analysis not on theory—CQI + Med director—regional
    - Continuing Ed based on needs
    - Data analysis by.....—used to identify needs
    - Need access to outcome data—not run data—need to know “so what?”—requires change in
      legislation
    - Hospital involvement in CQI
    - Competence regardless of how get there—should be many options
    - Monitoring of quality of Education and Training – how/who determines
    - Non-traditional clinicals (i.e., simulation)—initial and continuing education
    - Instructors at Masters+ level
  - Regionalization— an EMS System
    - FR+FR in non-transport emergency response vehicle with simultaneous dispatch of EMT-B/I/P
      ambulance
    - Regional communicators
    - Hospitals and outcomes

??Regions = Public health or trauma or HealthCare Coalition????

Institute of Medicine: “without reliable information, hard to determine in systematic way:
  - Extent providing appropriate, timely care; and
  - What ought to do to improve performance and patient outcomes”.