

### Recommendations from the NHTSA Assessment

In June 2012, the National Highway Transportation Safety Administration (NHTSA) sent a technical assistance team to Wisconsin at the request of the EMS Unit and the Wisconsin Department of Transportation (WI-DOT). The funding for the assessment came from a grant provided through the WI-DOT. The assessment is based on eleven criteria for a model EMS system. Wisconsin had an initial assessment in 1989 and a re-assessment in 2001. This has been the stepping stone for many of the significant changes in Wisconsin EMS over the years. Below are the 59 recommendations of the assessment team. It is the intent of this document to help identify what is a system priority and how to implement the change based on the priorities identified by NHTSA, The EMS Board, and the EMS Unit.

NHTSA Recommendations	NHTSA Priority	Board Priority	Unit Priority	Suggested Action to Implement	
<b>A. Regulation and Policy</b>					
1) Authorize the Department to conduct criminal background checks as part of licensing processes, and take action based on findings, and provide sufficient resources for implementation.					
2) Authorize the Department to conduct criminal background checks as part of licensing processes, and take action based on findings, and provide sufficient resources for implementation.					
3) Redefine the EMS board membership on the basis of specific constituencies that require continuous participation to ensure appropriate multidisciplinary representation.					
4) Implement statute that creates consolidated EMS/Trauma/Preparedness regions. The geographic boundaries should be based on the existing Regional Trauma Advisory Council (RTAC) boundaries. The creation of these consolidated regions must include sufficient sustainable funding.					

5) Provide sufficient and sustainable financial resources to adequately support the regulatory and system development responsibilities of the Section and Units.	X				
6) Ensure adequate legal protection of EMS data to enable the development of peer review processes.	X				
<b>B. Resource Management</b>					
1) The Division of Public Health, the Department of Health Services and the State Legislature should take immediate steps to find additional stable funding sources and human resources to support the EMS Unit and FAP in the interest of improving EMS resource management activities such as data analysis, statewide technical assistance, recruitment and retention, medical direction, and priority medical dispatch.					
2) The EMS Unit should develop strategic methodology to support its EMS Plan objectives, complete with timelines, objectives and identification of responsible agencies.					
3) The Legislature should provide statutory authority to the Department to develop and regulate a statewide emergency medical dispatch system.	X				
4) The Division should make appropriate arrangements to ensure that EMS Unit personnel can work nights and weekends when necessary to accommodate volunteers and special events.					
<b>C. Human Resources and Education</b>					
1) The Section and the EMS Unit should work					

with the Wisconsin Technical College System (WTCS) to develop methodologies, such as distributive learning, that will minimize the number of classroom hours required to achieve course competencies.					
2) The EMS Unit should partner with the Wisconsin Technical College System (WTCS) to fully develop alternative clinical opportunities to include non-traditional, focused experiences such as pediatric clinic rotations and assisted living facility rotations.					
3) The EMS Unit and Wisconsin Technical College System (WTCS) should undertake a comprehensive evaluation of the EMS Instructor cadre to ensure that instructors are adequately prepared to meet the needs of students and produce workforce-ready graduates.					
4) The Section and Wisconsin Technical College System should develop a strategy to understand and document the barriers and opportunities to improve the recruitment and retention of volunteers. Based on those outcomes, interventions to support and improve personnel availability for volunteer services should be developed and implemented.					
<b>D. Transportation</b>					
1) The EMS unit should mandate emergency vehicle operations training for ambulance drivers and include that requirement in the approval of ambulance service operation plans.	X				
2) The Section should seek (NHTSA 402)					

funds to support a statewide transportation needs assessment in order to develop a strategic transportation plan.					
3) The EMS Unit and EMS Board should consider allowing alternate staffing configurations for rural areas, such as one EMT and one First Responder.					
4) The EMS Unit and EMS Board should require EMS operations plans to stipulate adherence to national guidelines for field triage of injured patients, in collaboration with the state trauma system.					
<b>E. Facilities</b>					
1) The Section should designate and publish online (and maintain accuracy of) the capabilities and classification level of each hospital specifically addressing time critical diagnoses and special populations.					
2) The State EMS Medical Director, in conjunction with the Physician Advisory Committee, should develop statewide guidelines on appropriate destination policies based on hospitals' capabilities and driven by patient need. Compliance should be monitored	X				
3) The EMS Unit should require each EMS operations plan to specifically address facility destinations for time critical diagnoses and special populations.					
4) The Section should require submission of hospital outcome data to Regional Trauma Advisory Councils (RTAC) and EMS peer review processes as a prerequisite for trauma center participation in the system.					

5) The Section should empower the Regional Trauma Advisory Councils (RTAC) to ensure that trauma centers are classified at the level most appropriate to their capabilities and to ensure optimal performance of the trauma system.	X				
<b>F. Communications</b>					
1) The EMS Unit and EMS Board should be active participants in the process to create statutory authority, secure funding, and promulgate regulations for emergency medical dispatchers and 9-1-1 dispatch centers consistent with national standards.	X				
2) The EMS Unit and EMS Board should complete the development of the online medical control and resource hospital standards in cooperation with the Physician Advisory Committee.					
3) The EMS Unit should support the implementation of an educational program to improve the working knowledge of radio equipment for all users.					
4) The EMS Unit should continue efforts to integrate EMS agencies, dispatch centers and hospitals on WI Tracs.					
5) The EMS Unit and EMS Board should consider the development of standardized air activation guidelines.					
6) The EMS Unit should investigate models from other states for the implementation of					

call centers which may help to facilitate interfacility transfers, air ambulance activation, and coordination of assets for disaster response.					
<b>G. Trauma Systems</b>					
1) The Section, in conjunction with STAC, should update trauma administrative rules to be consistent with current standards, including the most recent American College of Surgeons Optimal Resources document.					
2) The Section, in conjunction with STAC, should update the trauma plan to be consistent with the HRSA Model Trauma System Planning and Evaluation document and work to secure permanent funding for trauma care system function.					
3) The Section should access additional personnel and financial resources to make use of the trauma registry data to both improve trauma care and guide prevention efforts.	X				
4) The Section should broaden the representation within the State Trauma Advisory Council (STAC).					
5) The Section should improve communication between STAC and the EMS Board.					
6) The Section should create the position and hire a state trauma medical director.					

7) The Section should ensure implementation of and compliance with the newly revised statewide trauma triage and transport guideline.					
8) The Section should use the trauma system STAC regional model to guide development of regional and state EMS organization and response for mass casualty and terrorism events.					
<b>H. Public Information and Education</b>					
1) The EMS Unit should partner with the Violence and Injury Prevention Program (VIPP) to conduct an assessment of current statewide activities by hospitals and EMS providers for public education and injury prevention programs.					
2) The EMS Unit should actively participate in the development of strategic plans with the Bureau of Transportation Safety, Office of Rural Health, and the Violence and Injury Prevention Program (VIPP).					
3) The EMS Unit should modify the regulations to include injury prevention, public education and public information in operational plans for licensed ambulance services.					
4) The Section should utilize information from the trauma registry and Wisconsin Ambulance Run Data System (WARDS) to develop and disseminate fact sheets and brief reports to the public, policy makers and the EMS	X				

community.					
5) The Section should seek resources to utilize patient care data for assessing injury type and prevalence in order to target localized and statewide injury prevention programs.					
<b>I. Medical Direction</b>					
1) Establish the position of State EMS Medical Director as a 0.5 full-time equivalent with commensurate compensation and support.	X				
2) Clarify the responsibilities and authorities of the State EMS Medical Director with particular attention to his or her role in defining and resolving EMS clinical issues in the state, facilitating qualified EMS medical direction throughout the state, and providing clinical expertise within the EMS Unit.					
3) Develop a system of regional EMS medical direction that includes a cadre of qualified EMS medical directors to provide medical direction throughout their regions or oversee local EMS medical directors within their regions.	X				
4) Develop and maintain a roster of all EMS medical directors in Wisconsin, and provide them with periodic communiqués that include meaningful guidance and updates.					
5) Ensure that the Physician Advisory Committee conducts at least bi-monthly face-to-face meetings to conduct its					

business.					
<b>J. Evaluation</b>					
1) The Department of Health Services should require that all licensed hospitals routinely provide meaningful outcomes information for all patients received by EMS.					
2) The Emergency Health Care and Preparedness Section should develop and adequately fund the position of EMS data manager and technical advisor within the EMS Unit.	X				
3) Continue to evaluate and remedy sources of decreased data integrity within Wisconsin Ambulance Run Data System (WARDS).					
4) Develop standard reports from Wisconsin Ambulance Run Data System (WARDS) that provide comparative information to EMS providers.					
5) Develop and disseminate evaluation and quality improvement tool templates for EMS providers to use within their systems.					
6) Submit Wisconsin Ambulance Run Data System (WARDS) data to the National EMS Data Base.					
7) The Legislature should implement a statute that specifically protects EMS-related peer review and quality improvement products from discovery in civil procedures.	X				
<b>K. Preparedness</b>					

1) The Section should leverage available resources from other programs to improve EMS preparedness statewide without creating a situation where EMS preparedness is dependent upon federal funding.					
2) The EMS Unit should require final submission of EMS Reports in a shorter timeframe to better support future Public Health surveillance efforts.					
3) The Section should seek resolution of the legal issues surrounding the implementation of alternate standards of care.					
4) The EMS Unit should consider using Model Uniform Core Criteria to select a standard mass casualty triage method for use statewide.					
5) The Section should incorporate private EMS agencies into the overall mass casualty response plan.	X				