



DIVISION OF PUBLIC HEALTH

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Numbered Memo Series 07-02
July 2007

To: First Responder and Ambulance Service Providers
Service Medical Directors
EMS Training Centers

From: Brian Litza, Chief
Wisconsin Emergency Medical Services Section
Bureau of Local Health Support and EMS

RE: TRANSITION AND STATE OFFICE UPDATE

We would like to take this opportunity to extend our sincere thanks to everyone for being patient with us during our transition. As many already know, we have had a staff reduction over the past year as well as the departure of a section chief and now the intermediate coordinator (as I step into the section chief position). As I have traveled the state, I have found many dedicated EMS professionals who support my mantra of; "It's all about the patients".

As we continue to grow and change EMS in this state, we are dedicated to assuring that all providers operate safely and in the best interest of the public. To assist in the endeavor, we will be releasing our numbered memo series on a more regular schedule. Please continue to look to these memos as our key communication tool to everyone. As always you can find new and updated information on our website at <http://dhfs.wisconsin.gov/ems/>.

COMMUNICATIONS FROM OUR OFFICE

With continued shrinking of government spending and reduced funding we are doing everything within our power to reduce costs and increase efficiencies. In this effort we will (and have been) doing as much communications by e-mail as possible. With this in mind, please help us assure that e-mail addresses are current and updated in EMSS (our licensing database). Additionally, service directors must keep their e-mail current through the Web Access Management System (WAMS) which they used to set-up access to EMSS (see memo series #06-09 for detailed instructions <http://dhfs.wisconsin.gov/ems/Memos/Index.htm>).



We are progressing well towards implementation of our Wisconsin Ambulance Run Data System (WARDS). We have held many training sessions throughout the state and will have only a few more this fall – please continue to look for information on these in the near future. As a reminder all ambulance services are required to submit data or use the WARDS system for run reports by January 1, 2008. Any service that foresees an issue with compliance should be in contact with our office prior to this date. At this point please contact Brian Litza at litzabd@dhfs.state.wi.us or (608) 261-6870 if you have questions.

LICENSING

We are in the process of reviewing some of our processes to increase efficiencies. Since licensing is one of our main responsibilities, we would like to ask your assistance with the following:

- 1) Please remember that a license application is an individual's responsibility. Therefore, when there is an issue with an application the individual is notified by mail of the problem. We only deal with the individual to resolve any application issues.
- 2) We receive hundreds of pieces of paper a day. Unfortunately there are times when things get misplaced. We have set in motion a system to reduce this issue. Part of the system is a new policy that we will be implementing. A portion of this affects submissions of paperwork via fax. Many times faxes come through very dark and unreadable and it is very difficult and time consuming to match applications and various supporting documents to each other. Therefore, ***we will not accept any license applications or supporting documentation sent by fax UNLESS, you are directed by a specific person in our office to do so.***
- 3) We have had many “add to roster” applications being submitted with a full copy of the service roster. When using form DPH 07478 – Emergency Medical Technician License Application Electronic Addition to a Roster please attach a copy of the “EMT Roster Detail” screen to our office ([see attached example](#)) not the full service roster. This saves significant time as it shows us exactly what we need rather than searching through the whole roster.
- 4) Please do not have an applicant contact our office until it has been at least 4 weeks since they mailed their application. In most cases we are very timely (even with staff shortages). As mentioned previously, we receive many applications daily. Each application is processed in the order it was received which means they are not in any other order; and searching to find an application see if it was received is very time consuming. Please remember that we have 60 business days from our receipt of a complete application to issue or deny a license. If the applicant has not heard anything within 4 weeks of mailing the application, the applicant should contact our office.

MEDICAL DIRECTORS

We are very close to rolling out the new medical director's course. However, much of the delay has been getting the physicians "signed up" for access. Please assist us in contacting all the medical directors by forwarding and /or addressing the attached letter ([see attached](#)).

AMBULANCE SAFETY

The hottest topic in EMS right now is ambulance safety. This is both driving and operating in the patient compartment. Over a month ago, our office met with some concerned citizens, government representatives, and WEMSA to address this issue. We have started to address the concerns within this state by several mechanisms. WEMSA is working on some suggested guidelines for their membership. The Physician Advisory Committee is developing "red light and siren transport guidelines" that will be available through our office. In addition, we have asked the EMS Advisory Board to form a committee to make recommendations for action at the state level. This is a very important topic and we will keep everyone informed of any changes that will affect your practice and operation.





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--- IMPORTANT INFORMATION---

DATE: July 13, 2007
TO: All Service Directors and Medical Directors
FROM: The Bureau of Local Health Support and EMS
RE: **Medical Director Information**

Over the past few months we have tried to contact all the service medical directors for the purpose of including them in an EMS medical director's on-line resource website. The site is being developed to assist medical directors understand their role and network with their peers. ***We have outdated contact information on approximately 40% of the medical directors.***

HFS 110.04 (2) (c) For renewal of a license, an ambulance service provider shall submit to the department all of the following:

1. A completed application form.
2. An updated roster of individuals holding EMT licenses affiliated with the ambulance service provider.
3. Evidence that insurance coverage required by ss. 146.50 (6) (c) and 146.55 (7), Stats., is in force.
4. **Any updates to the operational plan that have not previously been submitted.**
5. Any outstanding expenditure reports from the funds spent under the EMS funding assistance program.
6. Any additional information requested by the department during its review of the application.

HFS 110.05 (3) QUALIFICATIONS OF MEDICAL DIRECTORS. An ambulance service provider offering advanced life support or any other service that requires the use of advanced skills shall have a medical director who meets both of the following qualifications:

- (a) The person is licensed as a Wisconsin physician.
- (b) **The person has read and has acknowledged, in writing, having read in its entirety the medical directors' manual developed by the department, except that when the ambulance service provider appoints a replacement medical director, the new medical director shall have 90 days from the date of the appointment to meet this requirement.**

The service director has the responsibility to keep EMSS current with the contact information of those identified as "associates". These roles include owner, service director / co-director, medical director, and quality assurance. By not keeping this information current it becomes a violation of the agreement signed as part of the operational plan.

Please forward current medical director contact information to Dr. Keith Wesley at drwesley@charter.net and assure it is current in EMSS. If you do not have access to EMSS please mail your information and contact us about gaining access to the system. Your assistance in this matter is greatly appreciated.



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[SIGN OFF >>](#) Organization:

This Roster Detail is for the Biennium 2006 - 2008

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Detail - View or edit EMT Information for XXXXXXXXXXXXXXX.


[EMT Information](#) | [Person Information](#) | [Licenses](#) | [Associate/Roles List](#) | [Training History](#)

Summary		License Status	Active
Training Status	Pass	License Level	EMT Basic
CPR/ACLS Status	Pass		
CBC Status	Pass		
DLA Status	Pass		
MD Approval Status	Approved		

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Asterisks (*) indicate required fields.

EMT Information	
License #	12345
First Name	XXXXX
Middle Initial	X
Last Name	XXXXX
Suffix Name	
Date of Birth	XXXXXX
SSN	XXXXXXXXXX
Gender	Male
Street Address	XXXXXXXXXXXXXXXXXXXX
PO Box	
City	MADISON
State	WI
ZIP	53713
County	DANE
Phone Number	
Alternate Phone	
Pager	
Fax	
Email	XXXXXXXXXX
Duty	<input type="radio"/> Full Time <input checked="" type="radio"/> Part Time
Compensation	<input checked="" type="radio"/> Paid <input type="radio"/> Volunteer
License Level	EMT Basic
License Status	Active
License Issued Date	07/18/06
License Expiration	06/30/08
Last Printed Date	07/19/06

LICENSE PROCESSING	
CPR Expiration	09/04/2007 
ACLS Expiration	09/04/2007 
Criminal History Question	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> No Answer
Driving Record Question	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> No Answer
Selecting "approve" certifies that the service medical director has authorized this EMT/FR to the license/certificate level indicated above.	
MD Approval	<input checked="" type="radio"/> Approve <input type="radio"/> Reject
MD Rejection Justification	<input type="text"/>
MD-approved training should only be completed if your Medical Director personally provided this EMT at the specified level or if your Medical Director personally reviewed and approved and the service maintains documentation of successful completion on file.	
MD-Approved Training	<input type="radio"/> Intermediate Technician Refresher <input type="radio"/> Intermediate 99 Refresher <input type="radio"/> Paramedic Refresher <input checked="" type="radio"/> No Answer
Completion Date	<input type="text"/> 
Name of MD Approving Training	<input type="text"/>
Comments (viewable by all)	<input type="text"/>
VALIDATION RESULTS	
CBC Status	Pass 
DLA Status	Pass 
Training Validation Check Status	<input type="radio"/> National Registry/State Exam <input type="radio"/> Override and Pass training <input type="radio"/> Override and Fail training <input checked="" type="radio"/> No Override
Background Check Comments (Viewable by EMSS Staff and Admin users only)	<input type="text"/>
BEMSIP Comments (Viewable by EMSS Staff and Admin users only)	<input type="text"/>
Conditional Comments ("CONDITIONAL" will appear on the EMT's license when printed)	<input type="text"/>

I certify that the information entered on this form accurately reflects the original documentation and that I agree to maintain such documentation.

 Save

Print Preview

Print

Print Status: Printed