AGENDA
AD HOC EMERGENCY MEDICAL SERVICES (EMS) STUDY COMMITTEE
Regular Meeting
May 7, 2026 – 5:30 PM
Chippewa County Courthouse, Room 302

1. CALL TO ORDER

2. ROLL CALL

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD
(Comments from the public will be limited to five minutes per speaker.)

4. CONSENT AGENDA
1. Approve the Agenda
2. Approve the Minutes of the – April 2, 2026
3. Next Meeting – June 4, 2026, at 5:30 PM

5. REPORTS
1. Panel Presentation: Regional EMS Examination Models
    a) Facilitated Discussion – James Small
    b) Committee Q&A with Panelists

2. Initial Report on Survey Findings
    a) Presentation of Data Instrument
    b) Findings from Roster & Chief Data
    c) Preliminary Trends & Stakeholder Feedback

6. BUSINESS ITEMS
1. "Provider Workgroup" Strategy & Development
    a) Discussion of Workgroup “Charge”
    b) Composition & Selection Process
    c) Timeline for Implementation

2. Scheduling of Upcoming Meetings

7. AGENDA ITEMS FOR FUTURE CONSIDERATION
1. Synthesis of Panel & Survey Data
2. Prioritizing Upcoming Agenda Items

8. ADJOURN

The **mission** of this committee is to:
A. Assess the strengths and challenges of Chippewa County EMS services.
B. Review other county and municipal EMS models.
C. Develop recommendations to ensure sustainable and effective EMS operations over the next decade.
D. Establish an action plan for the implementation of these recommendations

Adopted by the Chippewa County Board per Resolution 39-25

Chippewa County shall attempt to provide reasonable special accommodations to the public for access to its public meetings, provided reasonable notice of special need is given. If special accommodations for a meeting are desired, contact the County Clerk's Office at 726-7980. Members of the Chippewa County Board of Supervisors who are not members of this committee are entitled to attend this meeting. It is possible that the attendance of one or more such nonmember Supervisors may create a quorum of some other county board committee, board or commission. Such a quorum is unintended and the nonmember Supervisors are not meeting for the purpose of exercising the responsibility, authority, power, or duties of any other committee, board or commission.

Published 04/30/2026

AD HOC EMERGENCY MEDICAL SERVICES (EMS) STUDY COMMITTEE
May 7, 2026 – 5:30 PM

STATEMENT OF EXPLANATION

REPORTS

5.1 Facilitated Discussion – James Small

Description: Insights from other counties that are currently examining or restructuring their EMS delivery models.

5.2 Initial Report on Survey Findings

Description: Overview of the survey tool developed by the committee and analysis of the current workforce landscape based on roster information provided by County Chiefs.

BUSINESS ITEMS

6.1 EMS Provider Survey Review

Description: Discussion to define the workgroup's charge, determine member composition and selection, and establish an implementation timeline, including initial meetings and reporting milestones.

6.2 Scheduling of Upcoming Meetings

Description: The committee will review scheduling needs for a joint EMS Association meeting and select a new date for the July meeting due to the Fourth of July holiday week.

Subject: Strategic Data Collection – Chippewa County EMS Study
To: Chippewa County EMS Chiefs and Leadership
From: Chippewa County Ad Hoc EMS Study Committee

Dear Chiefs,

As you are aware, the Chippewa County Ad Hoc EMS Study Committee is currently conducting a comprehensive review of our county's emergency medical services. Our primary goal is to ensure a sustainable, high-quality EMS system that supports both our residents and the dedicated responders who serve them.

To make data-driven recommendations to the County Board, we need an accurate "snapshot" of our current workforce. We are requesting that you complete the attached EMS Staffing & Utilization Survey for the 2025 calendar year.

Purpose of this Data Collection
While roster numbers tell us how many people are "on the books," they don't always reflect the operational reality of a department. By collecting de-identified data on on-call hours and incident responses, we can:

- **Identify Strengths**: Highlight the incredible "heavy lifting" being done by your core responders.
- **Quantify the "Volunteer Gap":** Move beyond anecdotes to show exactly where the burden of service is falling and where the current volunteer/paid-on-call model is being stretched thin.
- **Support Funding & Resource Requests:** Use hard data to justify future needs for staffing, equipment, or regional support.

Confidentiality and Privacy
We respect the privacy of your personnel. Please note the following protections:

- **De-identified Data:** Do not provide names. Use numbers (Responder 1, 2, 3...) to identify individuals.
- **Aggregated Reporting:** The committee will not use this data to "rank" departments or individuals. Data will be analyzed in the aggregate to identify county-wide trends and systemic gaps.
- **Internal Use:** This specific breakdown is for the use of the Study Committee to inform our final report.

How This Benefits Your Department
The results of this study will provide a clear picture of the current workload. Our intent is to identify ways to alleviate the pressure on existing staff, reduce "scratches," and ensure that being an EMS provider in Chippewa County remains a sustainable and rewarding commitment.

Please return the completed data log by Apr 26, 2026 to Garret Zastoupil (garret.zastoupil@wisc.edu)

Thank you for your leadership and for your continued dedication to the safety of our community.

Sincerely,

The Chippewa County Ad Hoc EMS Study Committee

EMS STAFFING & UTILIZATION SURVEY

Chippewa County EMS Study Ad-Hoc Committee

PURPOSE: This data is being collected by the Ad-Hoc Committee to analyze the operational capacity and staffing sustainability of EMS agencies within Chippewa County.

INSTRUCTIONS: Please complete one row for every person on your 2025 roster. **Do not use names.** Use numerical identifiers (1, 2, 3...) to maintain anonymity for study purposes.

SECTION 1: AGENCY IDENTIFICATION

- **Agency Name: _____**
- **Reporting Officer: _____ Title: _____**
- **Contact Email: _____ Phone: _____**

SECTION 2: 2025 PERSONNEL DATA LOG

Responder ID #	Certification Level (EMR, EMT, AEMT, PM)	Total 2025 On-Call Hours	Total 2025 Incidents Responded	Still Active? (Yes/No)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

13				
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Survey Continues on page 4….

SECTION 3: SYSTEM IMPACT QUESTIONS

1. **Annual Call Volume:** Total number of 911 requests for service in 2025? _____
2. **Missed Calls (Scratches):** Total times your agency failed to respond due to staffing? _____
3. **Mutual Aid Provided:** Total times you provided backup to a neighboring county agency? _____
4. **Interfacility Transfer:** Total number of interfacility transfers completed in 2025? (Leave blank if you don't provide this service) _____

SECTION 4: Looking Ahead

1. Staffing & Compensation Structure: How are your staff currently compensated? Please describe your model (e.g., flat hourly rates for standby, paid-per-run only, salaried, etc.) and include any specific challenges with this model. *(Open-ended response)*

2. Collaborative Strategies: Historically, interfacility transfers (moving patients between hospitals) have provided critical revenue that helps fund our local 911 emergency services. As new hospital systems enter Chippewa County, there is a risk they may utilize their own internal transport services for these transfers, potentially removing a vital source of funding from our local agencies.

If this revenue is redirected away from our local agencies, which collaborative strategies would you support to ensure our 911 services remain sustainable? (Check all that apply)

[ ] A Unified County "Transfer Team"

[ ] Resource/Equipment Sharing

[ ] Centralized "Back-Office" (Billing/Admin)

[ ] Regional Staffing Pools

[ ] Joint County-Wide Training

[ ] Closest-Truck Dispatch Model

[ ] None: Not in Favor in Any Change

3. Concept: Community Paramedicine
The study committee is exploring a Community Paramedic (CP) model. Unlike a traditional 911-only role, a Community Paramedic is a highly trained clinician who stays "in the field" to perform two vital functions:

- **Preventative Care:** During down-time, they visit "at-risk" residents at home to assist with medication, fall prevention, or wellness checks. This aims to reduce the number of non-emergency 911 calls (like frequent lift-assists) that currently tie up our limited ambulances.
- **Emergency Response:** Because they are already mobile in the community, they remain available to respond to high-acuity 911 calls (like cardiac arrests or trauma) to provide advanced life support (ALS) or extra hands to the local volunteer crew.

  To what extent do you agree that the county should continue exploring this "Dual-Role" Community Paramedic model as a way to support our existing agencies?

  [ ] Strongly Disagree | [ ] Disagree | [ ] Neutral | [ ] Agree | [ ] Strongly Agree

25. Concept: Hybrid Staffing

We are examining using data to identify peak call times. During these "gaps," the county would provide supplemental paid staff to ensure response while maintaining the volunteer-led model at other times. **Should the county explore this to support volunteer agencies?**

[ ] Strongly Disagree | [ ] Disagree | [ ] Neutral | [ ] Agree | [ ] Strongly Agree

25. You're Innovation: What innovative strategies are you currently using to address staffing and/or workforce needs, such as implementing flex staffing? Please explain.

26. Do you believe the county should consider a new financial model (e.g., centralized billing, grants, or a County EMS Coordinator) to support fully staffed services?

[ ] Yes | [ ] No | [ ] Unsure

Please provide any additional comments or concerns here:

27. Experience with County-Wide Models: Have you ever participated in or experienced a "county-wide" EMS model in another region (e.g., Barron County)? If so, please explain what did or did not work well within that specific coordination structure.

Chief's Signature: _____ Date: _____

Chippewa County EMS Responder Survey

Survey Flow

Block: Default Question Block (26 Questions)

Page Break

Start of Block: Default Question Block

Q1 Chippewa County 911 Dispatchers, EMTs, and EMRs are vital to our communities. This survey is designed to help us learn more about what you encounter daily, understand your specific needs, and validate how much we value your service. The study’s purpose is to ensure that the "Next Generation" of Chippewa County EMS is designed by YOU, the responders, rather than just for you. Your responses are completely anonymous. You may skip any question or stop at any time.

Page Break

Q2 What is your primary role as an Emergency Responder?

- ○ 911 Dispatcher
- ○ EMR (Emergency Medical Responder)
- ○ EMT (Basic)
- ○ Advanced EMT (AEMT)
- ○ Paramedic
- ○ Service Director/EMS Chief
- ○ Other: _____

Q3 Which best describes your primary service status?

- ○ Volunteer Paid-per-Run (or possibly compensated for training hours)
- ○ Volunteer Paid-on-Call / Stipend-based
- ○ Volunteer (unpaid, but may be compensated for training hours/ and if respond to a call)
- ○ Full-Time Career
- ○ Part-Time Career
- ○ Other (Please Explain): _____

Q4 How many total years have you been an emergency responder?

- ○ Less than 1 year
- ○ 1-2 years
- ○ 3-5 years
- ○ 6-10 years
- ○ 11-20 years
- ○ 20+ years

Q5 How long have you been with your current primary agency?

- ○ Less than 1 year
- ○ 1-2 years
- ○ 3-5 years
- ○ 6-10 years
- ○ 11+ years

Q6 How many agencies do you currently volunteer or work with?

- ○ 1
- ○ 2
- ○ 3
- ○ 4+

Display this question:

If What is your primary role as an Emergency Responder? = 911 Dispatcher

Or What is your primary role as an Emergency Responder? = EMT (Basic)

Or What is your primary role as an Emergency Responder? = Advanced EMT (AEMT)

Or What is your primary role as an Emergency Responder? = Paramedic

Or What is your primary role as an Emergency Responder? = Service Director/EMS Chief

Q7 On average, how many hours per week do you dedicate to EMS/Dispatch (including on-call time)?

- ○ 0–10 hours
- ○ 11–20 hours
- ○ 21–40 hours
- ○ 40+ hours

Display this question:

If What is your primary role as an Emergency Responder? = EMR (Emergency Medical Responder)

Q26 On average, how many calls do you respond to in a week?

- ○ 0 call
- ○ 1-5 calls
- ○ 6-10 calls
- ○ 11-15 calls
- ○ 16-20 calls
- ○ Over 20 calls

Page Break

Q8 Thinking back to the very beginning, when you first decided to become an EMS responder—what was the spark that drew you to this field? What initially inspired you to join?

_____

_____

_____

_____

_____

Q9 As you've moved through your career, your reasons for staying might have changed. What is it that keeps you committed to serving as an emergency responder today

_____

_____

_____

_____

_____

Q10 Please let us know how much you agree or disagree with these statements based on your day-to-day experience at your primary agency. *If a specific topic doesn't apply to your role or your current station, please select "Not Applicable"*

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
There is a positive atmosphere and strong camaraderie among my crew	○	○	○	○	○	○
Agency leadership is accessible and easy to talk to.	○	○	○	○	○	○
I feel that my concerns and ideas are heard by leadership.	○	○	○	○	○	○
I am kept "in the loop" regarding protocol and policy changes.	○	○	○	○	○	○
The vehicles (ambulances/squads) I use are reliable and well-maintained.	○	○	○	○	○	○
Our medical equipment (monitors, bags, power-cots) is modern and functional.	○	○	○	○	○	○
Our agency has enough personnel to cover shifts without over-relying on a few people.	○	○	○	○	○	○
My current shift/call volume requirements are sustainable for my lifestyle.	○	○	○	○	○	○
I feel the financial incentives (pay/stipends) are fair for the work I do.	○	○	○	○	○	○

I have access to high-quality continuing education.	○	○	○	○	○	○
Our stations and quarters are well-maintained and functional.	○	○	○	○	○	○
Hospital "wall time" and operational delays are kept to a minimum.	○	○	○	○	○	○
We have a good working relationship with neighboring EMS/EMR and Fire agencies.	○	○	○	○	○	○
The local community understands and values the services we provide.	○	○	○	○	○	○

Q11 If you were given the budget to change exactly three things to improve your agency, which would you prioritize? (Select three)

- [ ] Higher hourly pay/stipends
- [ ] Better work-life balance (scheduling)
- [ ] Newer equipment/ambulances
- [ ] More supportive management
- [ ] Grow community support
- [ ] Better mental health support
- [ ] More opportunities for training
- [ ] Improved station conditions
- [ ] Better relationship with other agencies
- [ ] Recruitment and outreach programs
- [ ] Other (please specify): _____

Page Break

Q12 Now that we've talked about your personal experience and your agency, we'd like to look at the profession from a broader perspective. In your experience, what do you think typically draws other people to become emergency responders?

_____

_____

_____

_____

_____

Q13 Do you think people in the community are aware of the critical need for more EMTs/EMRs?

- ○ No
- ○ Yes

Page Break

Display this question:

If Do you think people in the community are aware of the critical need for more EMTs/EMRs? = No

Q14 Which methods would best help inform the public? (Check all that apply)

- [ ] Social Media Campaigns
- [ ] Community Workshops/Webinars
- [ ] Local Partnerships (Schools/Libraries)
- [ ] Print Media & Signage
- [ ] Media Outreach (News/Podcasts)
- [ ] Other (please specify): _____

Q15 What specific barriers prevent the other people in your community from joining EMS? (Check all that apply)

- [ ] Competing Time Commitments (Family/Sports)
- [ ] Financial Burden (Gas/Childcare/Lost Wages)
- [ ] Work-Life Balance/Unpredictable Hours
- [ ] Mental Health Concerns/Fear of PTSD
- [ ] Cost of Entry (Tuition/Certification time)
- [ ] Physical Demands & Safety
- [ ] Other (please specify): _____

Q16 Why do you think other people in your community (of all ages) choose NOT to become emergency responders? This includes barriers to both volunteering and entering EMS as a full-time career.

_____

_____

_____

_____

_____

Page Break

Q17 Every agency has its own way of doing things. From your perspective, what are the specific actions or qualities of your leadership team that make the biggest positive impact on your work

_____

_____

_____

_____

_____

Q18 Statistics show that many EMS responders move on from the profession after about five years. In your opinion, what could be done to better support providers and encourage them to stay beyond that 5-year mark? (Check all that apply)

- ☐ Peer/trauma/conflict support groups
- ☐ Flexible scheduling
- ☐ Feeling more valued by leadership/community
- ☐ Increased training for confidence
- ☐ Improved financial compensation/stipends
- ☐ Other (please specify)

_____

Q19 The following statements focus on the personal side of the job—how it affects you and how supported you feel. Select your level agreement with each statement below. Please be as honest as possible; your individual responses are confidential and help us understand the true climate of our agency. If a prompt isn't relevant, please feel free to skip it

	Strong Disagree	Disagree	Neutral	Agree	Strongly Agree
I can approach a supervisor without fear to discuss concerns.	○	○	○	○	○
I feel personal guilt if we do not have sufficient staffing.	○	○	○	○	○
I often feel “on edge” or have difficulty sleeping.	○	○	○	○	○
I am confident in my skills when I respond to a call.	○	○	○	○	○

Page Break

Q20 Moving from personal well-being to the technical side of the job, we want to look at how things run in the field. Regarding cross-agency work: How consistent are protocols when responding to mutual aid calls across the county?

- ○ Very Consistent
- ○ Somewhat Consistent
- ○ Somewhat Inconsistent
- ○ Very Inconsistent
- ○ Not Applicable

Display this question:

If Moving from personal well-being to the technical side of the job, we want to look at how things r... = Very Consistent

Or Moving from personal well-being to the technical side of the job, we want to look at how things r... = Somewhat Consistent

Or Moving from personal well-being to the technical side of the job, we want to look at how things r... = Somewhat Inconsistent

Or Moving from personal well-being to the technical side of the job, we want to look at how things r... = Very Inconsistent

Q21 How helpful would it be to have all protocols uniform across the county?

- ○ Very Helpful
- ○ Somewhat Helpful
- ○ Somewhat Unhelpful
- ○ Very Unhelpful

Q22 Are you aware of any supports offered in your agency after responding to an especially traumatic call?

- ○ No
- ○ Yes
- ○ I am unsure

Display this question:

If Are you aware of any supports offered in your agency after responding to an especially traumatic... = Yes

Q23 What is currently offered to support you? (Check all that apply)

- ○ Informal "Tailgate" Debriefing: Immediate, informal check-ins with my crew or partner.
- ○ Personal Leadership Check-in: My Agency Director or Chief personally reaches out.
- ○ Peer Support: Access to a fellow responder trained to listen and support.
- ○ Formal CISM/CISD: Access to a formal Critical Incident Stress Management/Debriefing team.
- ○ Chaplaincy Services: Access to a local chaplain or clergy member.
- ○ External Professional Resources: Access to an EAP or professional counseling.
- ○ Other (please specify) _____

Q25 Is there anything else you would like to share with us about EMS that we should have asked about but didn't?

_____

_____

_____

_____

Q27 Click continue to submit your responses

End of Block: Default Question Block