MINUTES
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

Chair Pam Guthman called meeting to order at 5:32 PM

2. ROLL CALL

Attendee Name	Title	Status	Arrived
Pam Guthman (Chair)	County Board Supervisor	Present	
Peter Gehring (Vice-Chair)	County Board Supervisor	Present	
Justus Busse	Chippewa Falls Fire & EMS Battalion Chief	Present	
Dan Dixon	Chippewa Falls District 5 Alderman	Present	
Sandi Frion	Bloomer City Administrator	Absent	
Dale Isaacs	Boyd Village Board	Present	
Corey LaNou	Town of Arthur Chair	Absent	
Ron Patten	EMS Association Chair	Present	
Deb Semanko	Cornell City Council	Absent	
Pauline Spiegel	Town of Eagle Point Supervisor	Absent	
Dave Staber	Lafayette Town Chair & Fire District Board	Present	
Eric Weiland	Cadott Village Board & EMS	Absent	
Eugene Gutsch	Weaton EMS Director	Present	

Others Present: Traci Bremness, Andy Albarado, Garret Zastoupil, Jason Moses, James Small, and Amber Gilles.

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 Motion
2. Approve the Minutes of the – April 2, 2026
3. Schedule Next Regular Meeting Date – June 4, 2026

Motion (Ron Patten/Justus Busse) to approve. Motion carried 13-0.

5. REPORTS

1. Panel Presentation: Regional EMS Examination Models
   Presenters included Andrea Krantz (Portage County), Shawn Phillips (Lafayette County), and Bryan Zeeman (Bayfield County). The presentation was facilitated by James Small and featured a panel discussion on regional EMS models.

2. Initial Report on Survey Findings
   Garret Zastoupil presented preliminary findings from the EMS survey.

6. BUSINESS ITEMS

1. "Provider Workgroup" Strategy & Development
   Discussion centered on strategies to engage frontline EMS staff in the committee's work, in alignment with the committee's charge established by County Board resolution.

   Motion (Peter Gehring / Justus Busse) to draft and send a letter inviting EMS agencies to the June 4, 2026, meeting. Agencies will be asked to have one director and up to two additional members attend to support discussion of EMS models in the region. The letter will include meeting parameters, objectives, and a request for RSVPs. Motion carried 13-0.

2. Scheduling of Upcoming Meetings
   The July meeting date was moved to June 25, 2026, at 5:30 PM.

7. AGENDA ITEMS FOR FUTURE CONSIDERATION

None

8. ADJOURN

Motion (Dave Staber/Dan Dixon) to adjourn. Motion carried 13-0. Meeting adjourned at 7:55 PM

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

Preliminary Findings from Chippewa County EMS First-Responder Survey

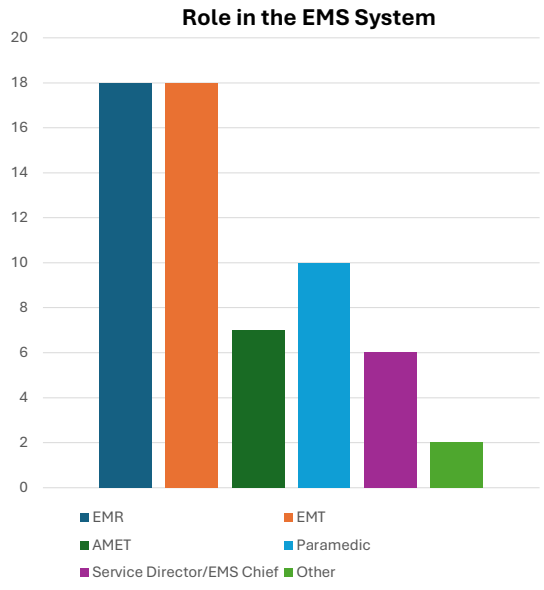
May 7, 2026

1

Respondents

59

Respondents Completed the Survey



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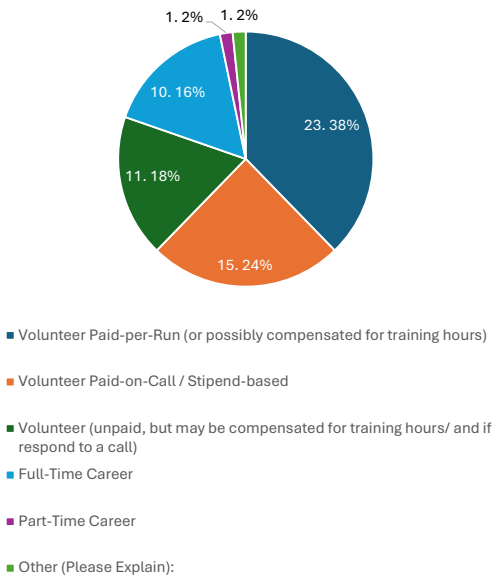
Participants represented a variety of compensation structures



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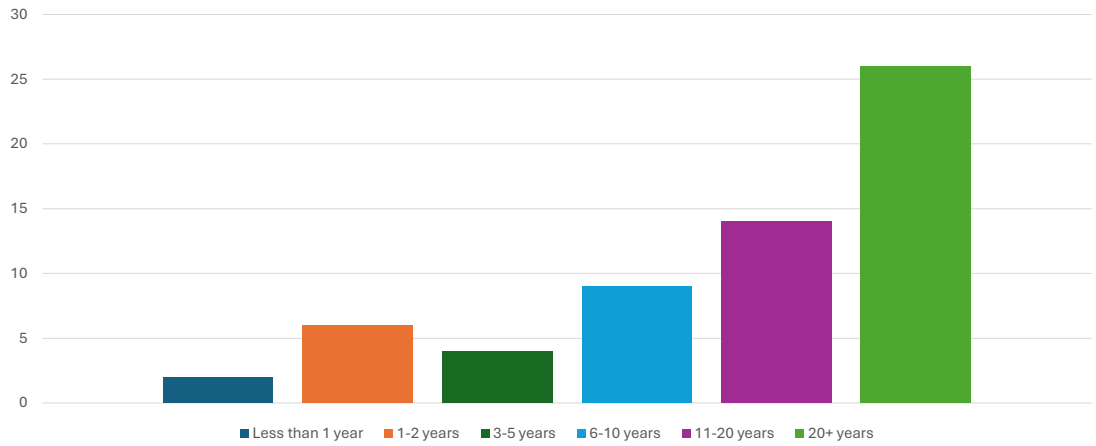
Many participants had served for more than a decade



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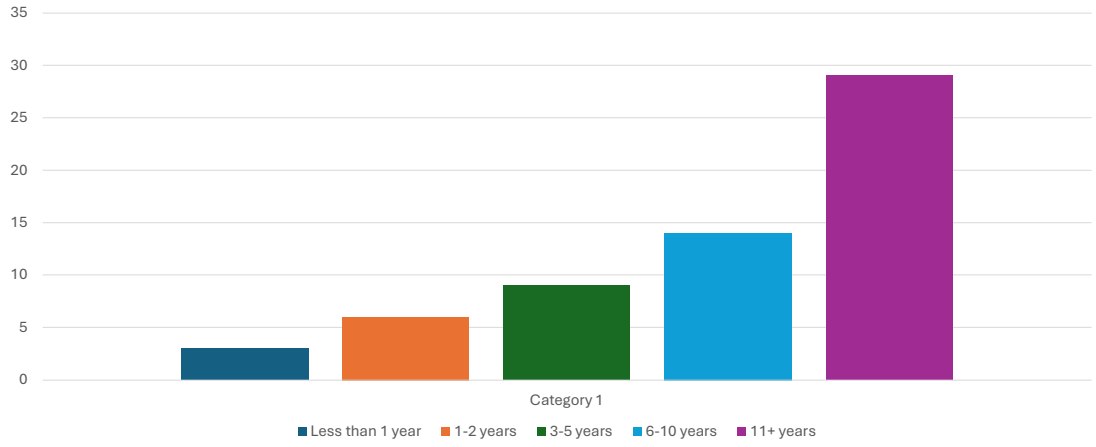
Many Participants had been with their agency for over a decade



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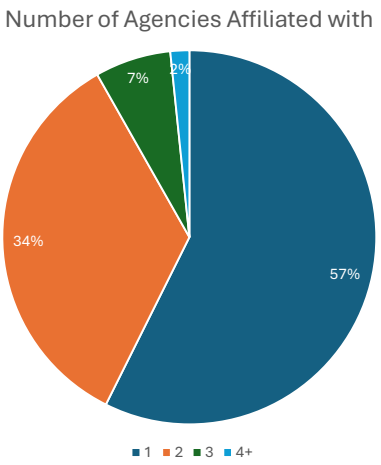
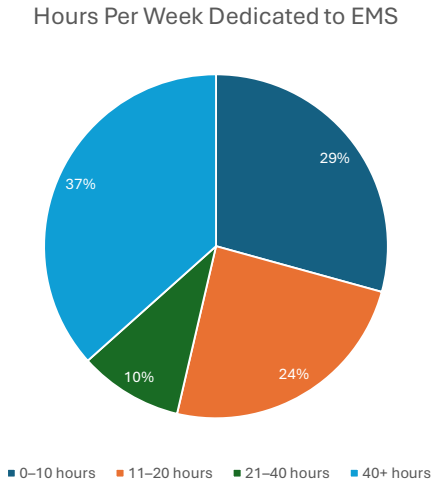
Most participants are affiliated with one agency, though one third are affiliated with 2





6

There is variability in the experiences of agency culture and leadership

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
There is a positive atmosphere and strong camaraderie among my crew	6.67%	0.00%	15.00%	35.00%	43.33%
Agency leadership is accessible and easy to talk to.	8.47%	8.47%	5.08%	32.20%	45.76%
I feel that my concerns and ideas are heard by leadership.	**10.00%**	**5.00%**	**18.33%**	**26.67%**	**40.00%**
I am kept "in the loop" regarding protocol and policy changes.	5.00%	3.33%	15.00%	31.67%	45.00%

7

The main challenges are personnel and compensation

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The vehicles (ambulances/squads) I use are reliable and well-maintained.	0.00%	7.14%	14.29%	30.36%	48.21%
Our medical equipment (monitors, bags, power-cots) is modern and functional.	1.69%	0.00%	3.39%	47.46%	47.46%
Our agency has enough personnel to cover shifts without over-relying on a few people.	**17.54%**	**22.81%**	**24.56%**	**26.32%**	**8.77%**
My current shift/call volume requirements are sustainable for my lifestyle.	8.77%	14.04%	19.30%	40.35%	17.54%
I feel the financial incentives (pay/stipends) are fair for the work I do.	**17.86%**	**21.43%**	**16.07%**	**30.36%**	**14.29%**

8

Operationally, agencies are strong. However, there is a perception that the community doesn't value their service.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I have access to high-quality continuing education.	5.08%	5.08%	16.95%	37.29%	35.59%
Our stations and quarters are well-maintained and functional.	1.79%	8.93%	17.86%	48.21%	23.21%
Hospital "wall time" and operational delays are kept to a minimum. (n=49)	4.08%	8.16%	20.41%	53.06%	14.29%
We have a good working relationship with neighboring EMS/EMR and Fire agencies.	0.00%	5.08%	8.47%	40.68%	45.76%
The local community understands and values the services we provide.	**8.33%**	**11.67%**	**20.00%**	**28.33%**	**31.67%**

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The Top Three Changes to Strengthen ER were:

1. **Higher hourly pay / stipends (30)**
2. **Recruitment and Outreach Programs (24)**
3. **Grow Community Support (22)**

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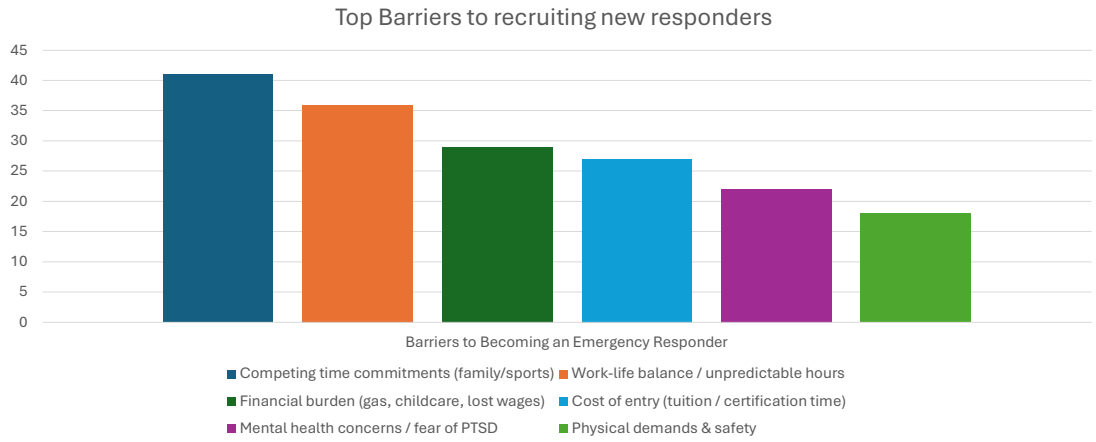
Competing Time and Work-Life Balance are perceived as the top barriers



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Responders Struggle with Guilt when not fully staffed

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Psychological Safety: I can approach a supervisor without fear to discuss concerns.	10.34%	5.17%	8.62%	37.93%	37.93%
Staffing Guilt: I feel personal guilt if we do not have sufficient staffing.	**3.45%**	**12.07%**	**18.97%**	**37.93%**	**27.59%**
Well-being: I often feel "on edge" or have difficulty sleeping.	10.34%	36.21%	31.03%	13.79%	8.62%
Clinical Confidence: I am confident in my skills when I respond to a call.	0.00%	1.72%	8.62%	51.72%	37.93%

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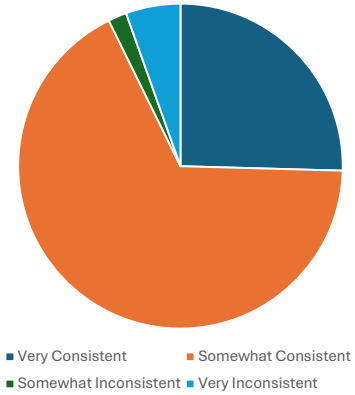
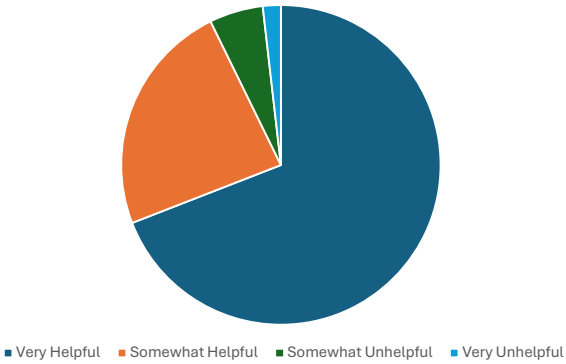
Current protocols are followed somewhat consistently, participants believe greater consistency would benefit the county

How Consistent are protocols followed?



How helpful would it be to have uniform protocols



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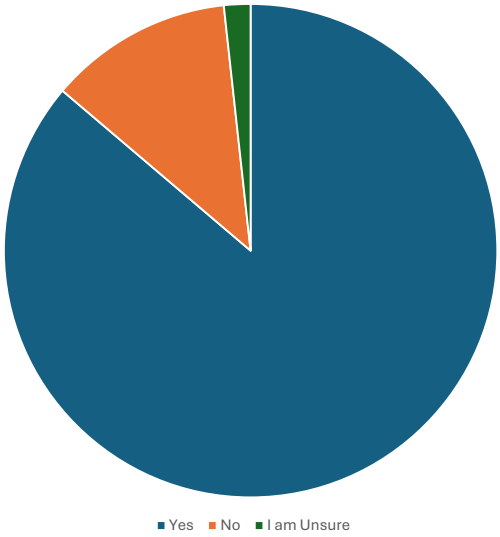
Awareness of Resources After Traumatic Call



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What we heard from EMS Responders

- Top Themes:
  - **Time Constraints** (71%)
  - **Compensation Issues** (58%)
  - **Training Burden** (53%)
- Supporting:
  - **Workforce strain** (47%)
  - **Declining volunteerism** (44%)

"It takes up a lot of time… harder to keep up with life financially while doing stuff for free."

"It takes up a lot of time… harder to keep up with life financially while doing stuff for free."

The EMT class takes a lot of time and energy to get licensed

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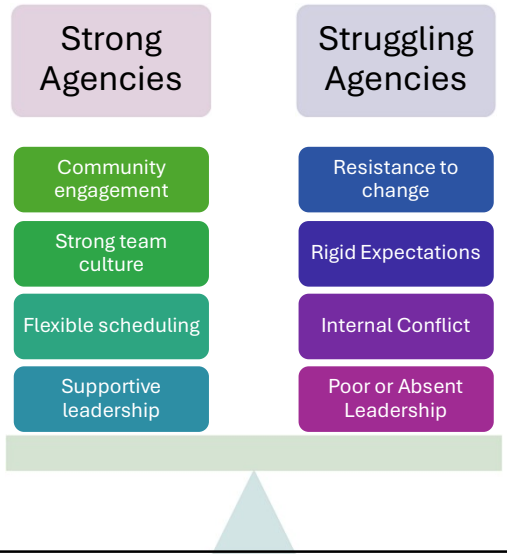
Finding: Agency Leadership and Culture is Crucial



Leadership plays a huge part… we lose a lot of members because of it.

Our department functions like a family… we work together

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Differences Between Seniority*

0–5 Years (New Responders)	6–20 Years (Core Workforce)	20+ Years (Veterans)

• Lower agreement on:
  • Confidence / preparedness
  • Workload sustainability
• Higher sensitivity to:
  • Training burden
  • Time constraints
	• Lowest scores on:
	  • Work-life balance
	  • Staffing sustainability
	  • Burnout-related items
		•More polarized responses: Some very high satisfaction
		•Some very low (especially compensation

Take-Away: Entry Barrier Problem	**Take-Away: Highest-risk group**	**Take-Away: Retention of institutional knowledge at risk**

*None of these differences were statistically significant

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