

University of Wisconsin-Madison School of Medicine & Public Health

LOCUS PROJECT

**Wisconsin Comprehensive Advanced Life Support (CALs):
Physician Information, Outreach, and Dissemination Plan**

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Proposal

Background Information

The practice of emergency medicine presents many challenges in rural areas. Rural hospital emergency departments (EDs) must be staffed to handle a wide range of emergency situations, but other demands on rural physicians' time and limited ED patient volume complicate staffing. Today, with increased specialization in medicine, many different clinicians provide ED care. Studies demonstrate that family physicians provide a significant percentage of emergency department care.^{1,2} In fact, the American Academy of Family Physicians reports that 54 percent of its members provide some form of ED care, and 2.5 percent work full-time in ED care.³

As the need for rural care expands, so does the dependence on family physicians to provide quality emergent care. At the national and state levels, increased policy interest in the quality of emergency care is evident in efforts to establish statewide trauma systems, promote the use of protocols for care provided in EDs, implement electronic medical records, improve continuing medical education programs, and encourage or require reporting on quality measures involving care that may be provided in the ED setting. These efforts are gaining momentum in Wisconsin with strong bipartisan support from public officials, including Governor Jim Doyle, Senate Majority Leader Dale Schultz, Senator Bob Jauch and Assemblyman Curt Gielow. This support is due, in part, to the 2006 American College of Emergency Physicians National Report Card which gave Wisconsin emergency departments an overall score of "C-", placing the state 29th in the nation.⁴

Many initiatives have been implemented to address Wisconsin's subpar grade. One such initiative is the Wisconsin Comprehensive Advanced Life Support (CALS) Program. The Wisconsin CALS Program is tailored after the National CALS Program, which was developed in Minnesota. It is directed at providing knowledge and hands-on skills training in emergency medicine for rural primary care physicians. This is particularly important because unlike emergency departments in urban hospitals, rural facilities often lack subspecialist care such as trauma or general surgeons, backup anesthesiologists, obstetricians, and specialized diagnostic tools. In other situations, paramedics may not be available to transport a patient to a tertiary center or weather can cause delays. Regardless, the patient's life depends on the skills and knowledge of a healthcare team that may consist of only a family physician and several general care nurses.

Recently, the CALS Course was accredited by the Wisconsin State Trauma Advisory Panel for use in Critical Access Hospitals. It has also received accreditation by the Commission on Continuing Professional Development for AAFP CME credit. In conjunction with Luther Midelfort Oakridge Hospital and Clinics, the course has been taught in four rural areas of Wisconsin with great success. Due to the positive reviews, the Wisconsin CALS Program is garnering interest from the Wisconsin Hospital Association, the Wisconsin Office of Rural Health, and the Wisconsin Area Health Education Center among other statewide organizations. However, initial program funding has not been adequate to create a comprehensive informational plan for rural

healthcare providers in the state. This is an essential component to the program design which will inevitably increase interest in CALS, lead to the formation of relationships that could provide sustainable program funding, and improve patient outcomes. The marketing and dissemination campaign will be a grassroots effort to bring funding and informational partners, as well as education and training centers together using a community and team-based approach.

Objectives

Objective I: All Level IV Critical Access Hospitals in Wisconsin will adopt the Comprehensive Advanced Life Support Course as a standard of care.

Strategy: Informational packets will be created and distributed to trauma coordinators at all Level IV Critical Access Hospitals in Wisconsin. These informational packets will contain CALS mission and vision, general course information and resources, course content, goals and objectives, information on the Benchmark Skills Lab, physician testimonial multimedia disc, as well as contact information, upcoming course dates, and enrollment forms. After information has been received, follow up will be conducted to answer questions and schedule informational sessions for hospital staff. Since the CALS course is intended for teams consisting of physicians, nurse practitioners, physician assistants, nurses and allied healthcare professionals in smaller communities, emphasis will be placed on rolling out information with a community and team-based focus.

Objective II: All mid-level and physician informational partners (Wisconsin Chapter of American College of Emergency Physicians, Wisconsin Academy of Family Physicians, Wisconsin Academy of Physician Assistants, Wisconsin Nurses Association) will promote, and publicize CALS information and upcoming events.

Strategy: CALS is the only advanced life support course that teaches the full spectrum of emergency patient management while being recognized by all Wisconsin mid-level and physician organizations. A list of organizational informational contacts has been established for the Wisconsin Chapter of American College of Emergency Physicians, Wisconsin Academy of Family Physicians, Wisconsin Academy of Physician Assistants, and the Wisconsin Nurses Association. These associates will serve as a point of contact to the respective organizational continuing education departments. CALS information will be disseminated through each professional organization to their members. Additionally, “healthcare champions” within each organization will be trained and utilized to circulate information by word of mouth.

Objective III: Form a partnership with Wisconsin Area Health Education Center System (AHEC) and develop network of rural healthcare training centers.

Strategy: The Wisconsin CALS Program will form a working relationship with the Wisconsin AHEC System to improve the capacity for continuing and distance advanced life support education. Information will be disseminated through the AHEC website, as well as through

other promotional materials. This partnership will improve access to quality health care by enhancing community health education resources.

In addition to this, the Wisconsin CALS Program will form a network of rural healthcare training centers across the state. These centers will serve as rotating training sites for the CALS Course. They will be selected based on several factors, including proximity to critical access hospitals. In many cases, these training centers will be technical colleges and institutions of higher education that support continuing medical education. They will serve as an additional outlet for CALS Program information dissemination.

Objective IV: The University of Wisconsin-Madison School of Medicine and Public Health and Medical College of Wisconsin will make CALS information available to all students interested in pursuing a career in rural medicine.

Strategy: Rural Health Directors at the University of Wisconsin-Madison School of Medicine and Public Health and Medical College of Wisconsin will be contacted with regard to the Wisconsin CALS Program. CALS Course information will be disseminated through rural health programs (e.g. WARM), as well as Family and Emergency Medicine Departments. Furthermore, information will be provided to rural health, family medicine, and emergency medicine interest group faculty mentors. We anticipate the CALS Program becoming an integral part of the rural health curriculum at both medical schools in the near future.

Objective V: The Wisconsin Comprehensive Advanced Life Support website will be updated and linked to informational partner websites.

Strategy: The Wisconsin CALS Program website (<http://www.calsprogram.org/wisconsin.aspx>) will be redesigned and updated to make it more user friendly. Supplementary program information, instructor and resource information, course dates and registration section, and contact request form will be added. Moreover, the Wisconsin CALS website will be linked to mid-level and physician professional organization websites. These changes will increase site traffic and usability.

¹ Moorhead JC, Gallery ME, Hirshkorn C, Barnaby DP, Barsan WG, Conrad LC, et al. A study of the workforce in emergency medicine: 1999. *Ann Emerg Med* 2002;40:3-15.

² Williamson HA, Rosenblatt RA, Hart LG. Physician staffing of small rural hospital emergency departments: rapid change and escalating cost. *J Rural Health* 1992;8:171-7.

³ Practice profile survey. Leawood, Kan.: American Academy of Family Physicians, 2004.

⁴ The national report card on the state of emergency medicine (<http://www.acep.org/WorkArea/showcontent.aspx?id=5062>). American Academy of Emergency Physicians. January, 2006.

LOGIC MODEL WORKSHEET

Department/Program: University of Wisconsin-Madison School of Medicine and Public Health LOCUS Project in conjunction Luther Midelfort Hospital & Clinics and the Wisconsin Comprehensive Advanced Life Support Program (CALs)

Contact: Nathan P. Vakahria, M1 Student

Brief program description: In recent years there has been a growing need to staff rural emergency departments with primary care physicians. The Wisconsin CALs Program was developed to meet the training needs for these physicians, and it has been accredited by the Wisconsin State Trauma Advisory Panel for use in Critical Access Hospitals and by the Commission on Continuing Professional Development for AAFP CME credit. In conjunction with Luther Midelfort Oakridge Hospital and Clinics, the course has been taught in four rural areas of Wisconsin with great success.

Mission Statement: CALs is committed to improving patient care by providing evidence-based advanced life support education to rural healthcare providers. These CALs-trained healthcare professionals will become confident, competent providers of life-saving care. CALs is the premier source in rural communities for quality emergency critical care education.

Program customers: Critical Access Hospitals, Rural Primary Care Physicians, Board Certified Emergency Physicians, Physician Assistants, and Nurse Practitioners

Inputs	Activities	Outputs	Initial Outcomes	Intermediate Outcomes	Long-term Outcomes
Luther Midelfort Oakridge Hospital & Clinics Wisconsin Comprehensive Life Support Program (CALs) University of Wisconsin-Madison School of Medicine and Public Health (WARM Program and Rural Health Interest Group) Medical College of Wisconsin (Rural Health Program and Rural Health Interest Group) Wisconsin Area Health Education Center (AHEC) Wisconsin Chapter of American College of Emergency Physicians Wisconsin Academy of Family Physicians Wisconsin Academy of Physician Assistants Wisconsin Nurses Association	Develop thorough dissemination and information campaign for rural healthcare providers and critical access hospitals on knowledge and hands-on skills training in emergency medicine for rural primary care physicians: <ul style="list-style-type: none"> Assess assets and needs of level 3 and level 4 critical access hospitals on global and individual basis. Create informational packets and distributed to trauma coordinators, answer questions, and setup planning meetings. Foster relationships with informational partners and develop "healthcare champions" to promote mentor network. Develop connections with Wisconsin AHEC and rural health training centers. CALs medical school faculty mentorship program for early integration of emergency medicine training for rural providers. 	<ul style="list-style-type: none"> Full needs assessment and understanding of critical access hospital emergency care continuing medical education Evaluation of class size feasibility and course placement by state region. Informational partner involvement and stakeholder program development and dissemination. Healthcare champion mentor program for individuals or facilities interested in utilizing CALs courses. Further program development and partnerships with Wisconsin AHEC and rural health training centers. Addition of CALs courses to rural health curriculum at Wisconsin medical schools. 	Critical Access Hospitals, existing and future rural physicians, physicians assistants, and nurse practitioners : <ul style="list-style-type: none"> Institutional awareness of CALs Program and benefits to patient outcomes, continuity of care, and comprehensiveness of services. Increased knowledge on rural emergency medicine training program alternatives and options More complete understanding of importance/need for comprehensive advanced life support courses vs. traditional approaches. Additional CALs course options available due to re-distribution of courses based on regional need Additional options/rural health electives for medical students interested in working in rural Wisconsin. 	<ul style="list-style-type: none"> Rural critical access hospitals will evaluate the CALs program to make objective decisions about training emergency department staff, as well as create plans to offer the program on a rotating basis. Existing physicians, physician assistants, and nurse practitioners will participate in the CALs course as a part of their continuing medical education. The Wisconsin CALs program will become a part of the rural health curriculum at UWSMPH and MCW. CALs program growth and development due to increased knowledge and interest in course, as well partnerships with informational partners and Wisconsin AHEC 	<ul style="list-style-type: none"> Critical access hospitals will adopt CALs as a standard of care at their facilities. Improved patient care outcomes Informational partners will become the primary mode of dissemination of CALs program information to their membership. Wisconsin CALs will receive sustainable program revenue at the state level.

Assumptions:

Rural health initiatives will remain a concern for policy makers in Wisconsin.

CALs program will continue to find/hire qualified CALs instructors to meet increasing demand.

Necessary partnerships can be made and sustained.

Appendix A:

**Wisconsin Critical Access Hospital
Effective Date Index**

	Location	Hospital Name	County	Critical Access Effective Date	Area Type	Comments
1	Eagle River	Eagle River Memorial Hospital	Vilas	10/1/99	II	
2	Wild Rose	Wild Rose Community Memorial Hospital	Waushara	12/1/99	III	
3	Osseo	Osseo Medical Center	Trempealeau	1/1/00	II	
4	Hillsboro	St. Joseph's Community Health Serv	Vernon	3/8/00	II	
5	Sparta	Franciscan Skemp Healthcare	Monroe	4/20/00	II	
6	Arcadia	Franciscan Skemp Healthcare	Trempealeau	5/1/00	III	
7	Durand	Chippewa Valley Hospital	Peplin	8/1/00	II	
8	Amery	Amery Regional Medical Center	Polk	11/2/00	II	
9	Oconto Falls	Community Memorial Hospital	Oconto	2/1/01	III	
10	Stanley	Our Lady of Victory Hospital	Clark	3/7/01	II	
11	Darlington	Memorial Hospital of Lafayette County	Lafayette	4/1/01	II	
12	Friendship	Moundview Memorial Hospital	Adams	4/1/01	II	
13	Tomahawk	Sacred Heart Hospital	Lincoln	5/1/01	II	
14	Bloomer	Luther Midelfort Chippewa Valley	Chippewa	7/1/01	III	Hospital name change-efhc. May '07
15	Barron	Luther Midelfort Northland	Barron	9/1/01	III	Hospital name change-efhc. June '07
16	Whitehall	Tri-County Memorial Hospital	Trempealeau	9/23/01	III	
17	Chilton	Calumet Medical Center	Calumet	11/2/01	II	
18	Edgerton	Edgerton Hospital & Health Services	Rock	1/1/02	III	
19	Osceola	Osceola Medical Center	Polk	1/1/02	III	
20	Ripon	Ripon Medical Center	Fond du Lac	4/1/02	III	
21	Tomah	Tomah Memorial Hospital	Monroe	4/1/02	II	
22	Lancaster	Grant Regional Health Center	Grant	5/1/02	III	
23	Medford	Memorial Health Center Inc.	Taylor	6/10/02	I	
24	Neillsville	Memorial Medical Center	Clark	8/1/02	II	
25	Park Falls	Flambeau Hospital	Price	10/1/02	I	
26	New London	New London Family Medical Center	Outagamie	1/1/03	III	
27	Waupun	Waupun Memorial Hospital	Dodge	2/1/03	III	
28	Ladysmith	Rusk County Memorial Hospital	Rusk	3/1/03	I	
29	Superior	St. Mary's Hospital	Douglas	8/1/03	III	
30	Prairie du Chien	Prairie du Chien Memorial Hospital	Crawford	10/1/03	II	
31	Grantsburg	Bumett Medical Center	Bumett	10/1/03	II	
32	Black River Falls	Black River Memorial Hospital	Jackson	2/5/04	II	
33	Spooner	Spooner Health System	Washburn	2/12/04	III	
34	Waupaca	Riverside Medical Center	Waupaca	3/6/04	III	
35	St. Croix Falls	St. Croix Regional Medical Center	Polk	4/7/04	III	
36	Hudson	Hudson Hospital	St. Croix	5/1/04	III	
37	Hayward	Hayward Area Memorial Hospital	Sawyer	5/1/04	II	
38	Columbus	Columbus Community Hospital	Columbia	7/1/04	III	
39	Merrill	Good Samaritan Health Center	Lincoln	7/1/04	III	
40	Menomonie	Red Cedar Medical Center	Dunn	7/2/04	II	
41	Richland Center	The Richland Hospital, Inc.	Richland	7/8/04	II	
42	New Richmond	Westfields Hospital, Inc.	St. Croix	8/1/04	III	Hospital name change-efhc. July '04
43	Shawano	Shawano Medical Center	Shawano	9/1/04	II	
44	Boscobel	Boscobel Area Health Care	Grant	10/1/04	II	10 Bed Psych. DPU
45	Shell Lake	Indianhead Medical Center	Washburn	10/1/04	III	
46	Stoughton	Stoughton Hospital	Dane	10/1/04	III	10 Bed Psych. DPU
47	Baldwin	Baldwin Area Medical Center	St. Croix	10/1/04	III	
48	Viroqua	Vernon Memorial Hospital	Vernon	10/19/04	II	
49	River Falls	River Falls Area Hospital	St. Croix	1/1/05	III	
50	Reedsburg	Reedsburg Area Medical Center	Sauk	1/1/05	III	
51	Dodgeville	Upland Hills Health	Iowa	1/1/05	II	
52	Antigo	Langlade Memorial Hospital	Langlade	2/1/05	II	
53	Cumberland	Cumberland Memorial Hospital	Baron	8/19/05	III	10 Bed Psych. DPU
54	Platteville	Southwest Health Center	Grant	11/1/05	III	10 Bed Psych. DPU
55	Oconto	Bond Health Center	Oconto	11/18/05	III	
56	Berlin	Berlin Memorial Hospital	Green Lake	12/1/05	III	
57	Lake Geneva	Mercy Walworth Hospital & Medical Center	Walworth	12/29/05	III	
58	Sturgeon Bay	Door County Memorial Hospital	Door	6/14/06	I	
59	Ashland	Memorial Medical Center	Ashland	10/1/07	I	

DPU = District Part Unit

Distance from nearest Hospital: Type I - 35 miles or more, Type II - between 20 & 34 miles, Type III - less than 20 miles

Prepared by: Wisconsin Office of Rural Health

Phone: 1-800-385-0005

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