



EMERGENCY MANAGEMENT

Meagan Quaderer, Director
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Bayfield County EMS Proposal Agenda for Key Stakeholders

Dear EMS Community Stakeholders:

This letter is written to inform you of the EMS Proposal Presentation scheduled for **6:00pm Wednesday, April 22nd, 2026, in the Bayfield County EOC.** This meeting will be held in-person and remotely. Attendees will be able to participate in the Meeting in person or via voice either by using the internet link or phone number below.

Microsoft Teams meeting

Join: <https://teams.microsoft.com/meet/26365923331359?p=iqAWd3BBKmCwDmBiqw>

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Contact Bayfield County Emergency Management at 715-373-6113 if you have access questions or email EM@bayfieldcounty.wi.gov if during the meeting.

Any person wishing to attend who, because of a disability, requires special accommodations, should contact the County Clerk's office at 715-373-6100, at least 24 hours before the scheduled meeting time, so appropriate arrangements can be made.



EMERGENCY MANAGEMENT

Meagan Quaderer, Director
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Bryan Ziemann, EMS Coordinator
Bryan.Ziemann@bayfieldcounty.wi.gov

Ryan Matthews, Assistant
ryan.matthews@bayfieldcounty.wi.gov

1. Welcome & Opening Remarks

2. Shared Goals & Guiding Principles

3. Overview of Proposed EMS Enhancements

A. Common Elements in Both Proposals

B. Proposal 1: Quick Response Vehicle (QRV) Model

- Non-transport EMS unit staffed by EMTs
- Role:
 - First response
 - Support volunteer crews
 - Fill coverage gaps
- Flexible/dynamic deployment across the county
- Lower startup cost and scalable approach

C. Proposal 2: Transporting Ambulance Model

- County-operated ambulance service
- Capabilities:
 - Emergency & non-emergency transport
 - Revenue generation via billing

Higher startup/operating cost but generates some revenue

4. Financial Overview & Funding Options

5. Stakeholder Facilitated Discussion (60–90 minutes)- James Small, UW Office of Rural Health

6. Next Steps & Decision Timeline

7. Closing Remarks

Countywide EMS System Update

To create an environment for improved reliability in the Bayfield County EMS system for the betterment of patient outcomes. Additionally, to propose recommendations to ensure continued and successful operations over the next 10 years and establish an action plan to carry out those activities.



Countywide EMS Project Timeline

June 29th 2021	The Bayfield County Board approved and signed a resolution to establish a joint Advisory Committee beginning in September of 2021. A final report from the committee shall be submitted to the county board by May 31 st , 2022. The committee shall be made of 15 members which include representatives from Bayfield County townships, Cities, EMS Agencies, the Red Cliff Tribe, and the Bayfield County Board.
October 25, 2022	Bayfield County Mass Casualty Incident EMS service approved by State DHS
March 1, 2024	Bayfield County begins issuing the first annual payments of \$20,000 to each of the nine EMS services in Bayfield County.
August 29th, 2024	Bayfield County completed an EMS study with Strategic Management.
September 11, 2024	The Ad Hoc EMS Advisory Committee approved recommendations which are to hire an EMS Coordinator at the county level for the Bayfield County Executive Committee.
January 2, 2025	Bayfield County begins the hiring process for the EMS Coordinator position.
March 19, 2025	The City of Washburn in partnership with Bayfield County applied for and received funding through the Innovation Planning Grant to create a countywide EMS system that includes a new study to determine the true cost of EMS services in Bayfield County.
June 2, 2025	Bayfield County hires Bryan Ziemann as Countywide EMS Coordinator.
July 20th, 2025	The EMS Coordinator, in conjunction with James Small with the UW Office of Rural Health held an EMS process planning meeting with the nine local EMS service directors.
July 22nd, 2025	In relation to the State of Wisconsin Innovation Planning Grant, a contract was signed with Mission Critical Partners to analyze the current EMS system costs, operations, and staffing processes to create a Countywide EMS system.
August 22nd, 2025	The FY 2025 budget was created to include systems to assist local EMS agencies with ancillary tasks and procedures.
September - December	Bayfield County EMS Directors planning meetings were held where local EMS directors made recommendations for a Countywide Quick Response Unit, additional operational recommendations, and revamping the Bayfield County EMS grant process.
January 8th, 2026	Emergency Management presented a draft Mission Critical Assessment report to the Bayfield County Executive Committee
January 26th, 2026	Mission Critical Partners finalized the Bayfield County EMS Assessment
February 12th, 2026	Emergency Management presented the final Mission Critical Assessment report to the Bayfield County Executive Committee and provided a draft initial proposal for a Quick Response Unit

Planning Process – Next Steps

1. Create two proposals: Full Transporting Service with Ambulance and the Quick Response Unit proposals which will be finalized by March 31, 2026
2. Meet with municipal, tribal, and EMS agencies to present proposals and receive feedback by April 15th, 2026.
3. Host a Town Hall forum for municipal, tribal, and EMS agencies to discuss the two proposals by May 10th, 2026.
4. Present the outcomes and stated support for the two proposals for the County Board to approve by June 30th, 2026.
5. Begin the implementation process July 2026 to be completed and implemented by January 1, 2027.

Emergency Medical Services Proposal Feedback



Submitted to: Bayfield County, Wisconsin
Submitted by: Bryan D. Ziemann, NRP, County EMS Coordinator
Date: April 22nd, 2026

Introduction

This document provides a summary of direct email feedback from key EMS stakeholders in Bayfield County, including EMS Directors and Medical Direction. Two proposals are currently being considered for implementation:

1. A Bayfield County–owned and operated, non-transporting, EMT-level Quick Response Vehicle (QRV).
2. A Bayfield County–owned and operated Basic Life Support (BLS) Ambulance Service.

Some of the feedback from EMS Directors addressed grammatical errors and contextual clarity. This feedback has been incorporated to further refine the proposals.

Additional feedback, including input from Ashland Fire Department, Great Divide EMS, and Medical Director Jonathon Shultz, is also attached. This feedback recommends collaboration with these agencies to provide Advanced Life Support (ALS)/paramedic-level services within the county.

Ashland Fire Feedback

Bryan Ziemann

From: Stuart Matthias <:matthia@coawi.org>
Sent: Wednesday, April 1, 2026 1:58 PM
To: Bryan Ziemann
Subject: RE: BCEMS Proposal
Attachments: AFD and Bayfield County EMS Proposal.pdf

Bryan,

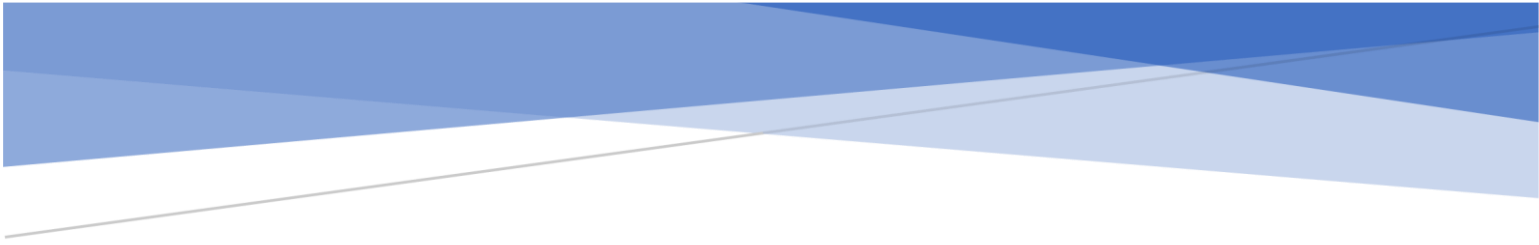
Thanks for sharing these proposals. I do have some feedback for your consideration and for those who will be making the final determination—I have thought about how I would run and manage a BLS chase vehicle if I were the EMS director and I just don't see how this is even a logical consideration. The logistics of trying to integrate the schedule of this crew into the schedule of seven other EMS crews is not feasible. I would not be able to provide the staff of the BLS chase vehicle any type of regular work schedule for them to make plans of their days off. Currently my staff know what their schedule will be for the entire year and even years in advance. Even with this certainty, I have lost staff because of our staffing schedule. Second, I have made the suggestion myself to the EMS committees that current providers should consider cross-credentialing with other services and that was met with a resounding "NO". Thirdly, this BLS chase crew would also have to be proficient in the layout of seven different EMS services' ambulances, equipment layouts, and vehicle operations—this is not impossible but the time needed to accomplish this would take several months. Finally, the BLS crew will still need to request ALS intercepts on occasion. This brings me to a very important point—Due to the operational changes at AFD that were dictated by losing interfacility transfers out of Tamarack, I cannot guarantee that AFD will be around to provide paramedic intercepts. Let me be clear, I will continue to offer this service, but I just might not have staff left to do them.

The transporting ambulance plan is much better than a chase vehicle. Rather than critiquing your transporting ambulance plan, I would like to submit a third plan. AFD is available immediately to provide transporting ambulance service to Bayfield County. I was not able to even consider this option until Tamarack Health decided to work with another ambulance provider. I am very excited about this opportunity to work together in a more formal manner. I have attached my proposal. I look forward to discussing this plan with you and Bayfield County leaders in the near future.

Stuart Matthias, BS, MO, CP
Fire Chief
Ashland Fire Department
215 6th St East
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Find yourself next to the water.





EMERGENCY MEDICAL SERVICES PROPOSAL FOR BAYFIELD COUNTY

Stuart Matthias, Fire Chief, Ashland Fire Department
smatthias@coawi.org 715-628-7052

Introduction

The Ashland Fire Department (AFD) is a comprehensive emergency response department based in Ashland, WI. AFD currently provides 911 EMS response to the paramedic level, paramedic intercepts with ambulance services in Ashland and Bayfield counties, hospital to hospital interfacility transfers to the critical care paramedic level, fire suppression, fire inspections, fire investigations, fire prevention, ice rescues, and hazardous materials response to Ashland, Bayfield, Iron, and Price counties as a member of the State of Wisconsin Type II Hazardous Materials Response Team. AFD has a primary service area of 400 square miles which includes the City of Ashland, and the Towns of Eileen, Gingles, Sanborn, Pilsen, White River, and Marengo.

AFD has a history of collaboration with Bayfield County EMS. For decades, we have proudly provided services to Bayfield County ambulance services. In 2025 AFD provided:

- 60 - 911 EMS calls in the Towns of Eileen and Pilsen
- 180 paramedic intercepts with Bayfield County ambulance services
- 41 coverage calls when volunteer ambulance services were unavailable
- 13 times AFD assisted Bayfield County ambulances with mutual aid when they needed extra help
- EMS ad Hoc committee active engagement
- Bayfield-Ashland County EMS Association membership and active participation

AFD has demonstrated our commitment to Bayfield County citizens by handling an increasing number of EMS coverage calls over the last five years. As EMS systems continue to evolve across the region, AFD is seeking opportunities to strengthen service delivery through strategic partnerships. This proposal is designed to enhance EMS coverage in Bayfield County while supporting long-term EMS system stability.

Proposal: Collaborative EMS Support in Bayfield County

AFD proposes a partnership with Bayfield County to provide dedicated 911 EMS coverage while supporting the existing local ambulance services. This proposal is designed as a low-risk, high-value collaboration that strengthens the County's emergency response network without replacing or undermining current volunteer services. We want to emphasize that our goal is to supplement existing ambulance services and immediately provide high quality care to patients.

Key points of the proposal:

- **One dedicated Basic Life Support (BLS) ambulance** staffed by AFD personnel

- **Part-time initial coverage**, starting at 72–96 hours per week, allowing gradual adjustment and assessment of impact
- **Flexible staffing model**: crews include at least one experienced provider and can respond to calls outside the scheduled territory if needed
- **Coordination with local EMS**: when AFD covers a territory, local EMS staff can focus on remaining shifts, increasing efficiency and coverage for the County
- **State-of-the-art ambulance and equipment**: a fully equipped and immediately available F550 4x4 with Stryker Power Load system, powered stair chair, EKG monitor/defibrillator, and all necessary medications and supplies to begin operations
- **Electronic documentation and billing**: AFD uses a robust electronic patient care reporting system that integrates with our billing company, ensuring efficient recordkeeping and revenue collection, with Bayfield County access for transparency

Benefits to Bayfield County

This partnership provides a win-win solution:

- **Strengthens County EMS coverage** without disrupting current volunteer services
- **Supports local EMS personnel** by reducing coverage gaps and enabling a more manageable schedule
- **Provides immediate, high-quality patient care** using experienced, cross-trained crews familiar with the County
- **Leverages AFD’s fleet and operational expertise** to ensure uninterrupted service, even during maintenance or staffing fluctuations. AFD maintains five ambulances so another ambulance can be used during maintenance and repairs.
- **Offers a scalable model**: part-time coverage can expand to full-time as needs grow

AFD’s approach ensures that Bayfield County residents receive prompt, professional emergency care while preserving and enhancing the capabilities of existing EMS services.

The Staff

AFD employs 24 full-time staff and two part-time staff. All staff are cross-trained for the hazards that we mitigate—fire, hazmat, and rescue in addition to EMS. AFD staff assigned to Bayfield County will consist of at least one experienced and licensed provider that will lead the field team. AFD staff are familiar with Bayfield County people, roads, and culture and will be able to provide high quality emergency medical service on day one.

AFD staff have a long history of training and teaching EMT students and paramedic students from several technical schools to help those students complete their training. Quite a few of Bayfield County's ambulance service's staff have been trained by AFD staff over the years. The working relationship already exists with each ambulance service allowing for a seamless transition.

Documentation & Billing

AFD utilizes an electronic patient care reporting system that is designed for efficient processing of claims to all types of insurance providers. Each ambulance has a tablet with cellular data that can integrate with CAD and also provides wireless internet access for real-time patient care report writing so that each report can be completed remotely. The Bayfield County EMS Director will have access to all patient care reports once they are completed to ensure that quality patient care is being delivered. Our billing company or AFD can provide segregated billing information.

Due to the many variables associated with this plan, we are unable to provide an estimate of revenue projections. Currently 73% of our EMS calls result in billable revenue. Medicare and Medicaid rates are the largest factors in terms of how much revenue is collected. Medicare currently pays about \$718 a call and Medicaid pays about \$520 a call. A percentage of the revenue collected will be retained by AFD to pay for the billing company's service and to help cover carrying expenses. Revenue generated will be used to offset expenses. All amounts will be mutually agreed upon during negotiations of the governing agreement.

Costs & Implementation

AFD's staffing, equipment, and administrative infrastructure allow for rapid deployment and high operational readiness, minimizing risk to the County while maximizing service delivery. AFD is proposing to start service in a part-time capacity.

- **Part-time coverage 3 days/week (starting July 1, 2026):** \$319,218.81 for remainder of 2026
- **Part-time coverage 4 days/week (starting July 1, 2026):** \$410,147.80 for remainder of 2026
- **Full-time coverage:** \$1,354,261.60 annually (includes personnel, supplies, equipment depreciation)
- Additional staffing and recruitment plans are already in place, with qualified candidates selected and ready to onboard immediately

All costs listed are estimated based on projected 2026 expenses and will be renegotiated annually.

Summary

AFD is uniquely positioned to enhance EMS coverage in Bayfield County. With our experienced staff, proven operational success, modern equipment, and long-standing commitment to the region, this partnership is a strategic, low-risk, and high-value solution.

This proposal is about supporting local EMS, protecting residents, and strengthening regional emergency services. AFD's proven track record demonstrates that we can deliver immediate, reliable, and high-quality care, ensuring a safer Bayfield County for all.

AFD is prepared to begin implementation immediately upon agreement and welcomes the opportunity to formalize this partnership.

Barnes EMS Feedback

31March2026

As Director of Barnes Ambulance, I support moving forward with the Quick Response Unit proposal being presented. This proposal is one of two being considered to improve EMS response within Bayfield County.

Both proposals aim to make the EMS system in Bayfield County more robust by expanding the County's role with paid, full-time EMT's to supplement the existing ambulance services. This is a key distinction to note that a full replacement of the existing system is both undesirable and, frankly, unachievable within a reasonable and needed time frame. As many have been saying for years, EMS is in a state of crisis and action needs to be taken. The fact that each proposal is intended to shore up the existing system also highlights the importance of the work being done on a daily basis by the existing services, and the dedication of the personnel that continue to work and respond in their communities.

I favor the QRU proposal over the staffed ambulance proposal for several reasons. The first is that our problem in Bayfield County is not a lack of ambulances but the inability to reliably and quickly get one of those ambulances to every patient when needed, most often due to a shortage of staff. There are currently nine transporting services that provide coverage within Bayfield County, each with at least one ambulance and several with two or more. By utilizing the QRU model, the personnel can be provided without mileage and wear and tear on a much more expensive ambulance.

I also feel the QRU proposal will be more accepted by the existing EMS personnel. Like many other places, personnel in Bayfield County have varied histories working in EMS ranging from just licensed to over 40 years of experience and with that comes a sense of pride and belonging. Like it or not, the image of being replaced by the County versus being assisted by the County is a powerful motivator in the acceptance of changes by the existing services, personnel, and communities. For the system to continue to work and be improved upon it is especially important to keep personnel and not drive them away.

The argument can be made that QRV's do not get an ambulance to a patient. This is correct as a staffed QRV can get personnel to a patient, but an ambulance is still needed to respond. While there are instances of no personnel for a service responding, a common scenario is one crew member responds but is unable to find a second legal crew member. Generally, this single crew member will respond to the scene with an ambulance while an additional ambulance is requested from a neighboring service. In these cases, a QRV can

respond and meet the ambulance on scene, where one of the QRV personnel would then act as the second legal crew member in the transporting ambulance. In this situation, the second QRV personnel can remain available for and respond to subsequent calls for service. Under the envisioned operational plan, using common scheduling information from the local services, the QRV and staff can be preemptively positioned for times of known lack of local ambulance staffing.

The QRU model also represents a very scalable solution that can grow and adapt to the needs of EMS in the County. Beginning with a single QRV represents the smallest initial commitment with the potential to stabilize the EMS system, with the ability to expand to more than one vehicle, transition to a transporting ambulance, or move to a full transporting ambulance service. The QRU proposal additionally provides flexibility in that with a second vehicle the crew could be split into two single crew QRV's as situations dictate.

Each proposal includes a provision to support the current EMS system by providing a staffing grant fund. This fund is a continuation of the levy funding that has been provided to the services for several years without guarantee. Several services, mine included, have struggled with how best to allocate this funding in previous years because with no guarantee of the funding being present annually it is difficult to commit it to an ongoing expense such as adding a staff position, expanding available paid hours, or increasing payroll with the intent of improving personnel availability or willingness to respond. Establishing a more formal process for this funding stream will help to stabilize planning and budgeting by knowing it can be counted upon.

For funding the proposal, and the EMS system overall, there are several advantages to the equal share countywide levy option. The simplest of these is that it removes any double taxation that may occur. If all EMS funding is sourced through the County, and none at the local level, taxpayers have only a single burden to fund the EMS system. This option also removes any local resistance to adequately and properly funding EMS at a local level. Utilizing a single point of funding also helps to promote operating a single EMS system. An important clarification to make is that while EMS is provided by separate services across the County, they all work together, and have for a long time, as a single system in various ways. Strengthening EMS as this single system is important to ensure the future of response and patient care within Bayfield County.

Overall, I feel the equal share levy option is a simpler and less complex way to fund the system. Choosing the utilization-based cost sharing option would create a potentially

complex additional billing system, based off yet to be determined metrics, that would potentially add more burden as far as funding to the local services. I also see this as going against the one system approach. I will point out that the third option of essentially keeping funding sourced as it is, can be viable. This method has been in place for a very long time and does handle the intricacies of each service having differing needs from the others. However, the disparate nature of that funding process also creates inconsistencies across services. Above all, a one size solution for funding is not viable as the needs of and for EMS vary across the County and any funding stream needs to support those differences. For the equal share option, this can be accomplished through an internal budgeting process within the EMS system.

A final point regarding funding is that EMS is a service. It is in the name. While billing is a necessary evil and income generated can be used to offset costs and help fund the system, EMS is not and should not be viewed as a revenue source. In an ideal world, EMS would not exist because no one would get sick or be injured. However, reality is much different; EMS is very much needed every day and is why it is required by statute. Funding and how to go about it rightly needs to be a consideration in any decision, but the end goal should be in getting an ambulance to a patient quickly and effectively.

My goal as a director is to do my best to ensure that an ambulance responds to a sick or injured patient when someone calls 911. I applaud the focus the County administration and County Board have placed on the EMS system over the last several years and am glad they are willing to help. At all levels across the country, we are in an EMS crisis and in a lot of places the burden is constantly placed on the individual services with little help from those that are in a position to do so. None of us know how to easily fix the problem as we do not possess a crystal ball. If we did all our lives would be easier. However, these proposals represent at least an initial step to develop a more robust EMS system within the County and ensure those that need it receive help.

Brett Frierhood
Barnes Ambulance
Service Director

Bayfield EMS Feedback

Bryan Ziemann

From: Lynette Cornelius <corneliuslynette9@gmail.com>
Sent: Friday, March 27, 2026 11:03 AM
To: Bryan Ziemann; Meagan Quaderer
Subject: Bayfields Input on Proposals

Good Morning,

I have reviewed both proposals. I would like to let you know that I think you did a great job in the proposals and providing data.

I have a few questions and comments.

QRV:

Can I get clarification on how the paging system works? How are resources dispatched? Example: I understand if I let the scheduling software know I have zero staff to cover for a specific amount of time, QRV will be toned out. But what if I let the software know that I have one person on, who gets toned out. I would like to see it be done simultaneously. As you know, volunteers won't commit to a full shift if they have things to do, but they still may be available.

Will Bayfield County be paged for all services Lift assists, medical alarms, etc.

I also see where you have stated ECG monitoring. Is this just training for staff, so that they know how to operate the equipment, or are you planning on purchasing this equipment for the QRV. (Cost is anywhere between \$20,000-\$23,500 for these units)

Please double check the numbers you have in the ambulance service proposal. I show an increase in Start Up Cost of \$344,101, and an increase of Total Annual Operating Costs of \$78,100, which would total an increase of \$422,201. This is between QRV proposal vs. ambulance proposals

If you look at the total cost summaries your numbers show a difference of \$344,101 between the proposals. I may have missed something, but thought you should do a once over before submission.

My thoughts are with Joe's that I believe we go with the QRV. There are enough ambulances among the services to have the County staff utilize. We all know that to maintain an ambulance vs. a vehicle becomes quite expensive. Say ambulance and you can add dollar signs.

Lyn

Great Divide EMS Feedback

Bryan Ziemann

From: Monica Bigo <monicabigo@greatdivideems.com>
Sent: Wednesday, April 8, 2026 2:31 PM
To: Bryan Ziemann
Subject: Bayfield County EMS County Wide Proposals

Bryan,

Thank you for including me and the other services in the discussions and for the work that has gone into developing proposals to address EMS challenges within Bayfield County. I appreciate the effort to find solutions to a very real and ongoing issue.

After careful consideration, I want to share that I am not in favor of either the proposed BLS Quick Response Vehicle or the BLS Ambulance model. In my perspective, neither option adequately addresses the root causes of the county's EMS struggles.

As you are aware, there were 108 missed-call events in 2025, largely due to coverage gaps and agencies relying heavily on a small number of individuals to manage a significant portion of call volume. Adding another BLS resource does not resolve these underlying challenges. Instead, it risks further straining already limited staffing pools by drawing personnel away from existing services that are already struggling.

Additionally, neither proposal introduces a higher level of care. While several agencies have expressed that ALS is not needed, those same agencies continue to request ALS intercepts when situations require it. Currently, Great Divide EMS is the only career service in the county providing true 24/7 coverage and ALS-level care (alongside Ashland Fire with their portion of the county and their ALS intercepts of course). These resources already exist and can be leveraged more effectively.

I also have concerns regarding cost versus value. Both proposals would require significant financial investment across all service areas, including the four townships we serve at Great Divide EMS. However, these models would not provide added value to our communities, as Great Divide EMS already ensures reliable coverage in our area. In practice, these proposed resources would likely be utilized in other parts of the county, particularly in the north, especially with South Shore's anticipated closure this summer.

Rather than creating a new service model, I believe a more effective and sustainable approach would be to invest directly into the existing agencies. Supporting recruitment, retention, and operational stability across all current services would strengthen the system as a whole without "recreating the wheel."

I would also reiterate that Great Divide EMS has offered—and continues to offer—assistance. This includes the potential to function in a county-wide response capacity similar to the proposed quick response model, but with the added benefit of ALS-level care. Our goal has never been to replace BLS services, but to support them and enhance patient care outcomes across the county.

At the end of the day, our priority is the health and well-being of the communities we all serve. I truly believe there is an opportunity to utilize existing resources more effectively, provide higher-level care when needed, and do so in a more cost-efficient manner.

Thank you again for the opportunity to provide input. I am always willing to continue these conversations and work collaboratively toward a solution that best serves Bayfield County.

Respectively,

Monica Bigo, CACO, EMT, RN
Great Divide Ambulance Service
Manager/Compliance Officer



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Cable, Wisconsin 54821
<https://greatdivideems.com>

Iron River EMS Feedback

April 12, 2026

Bryan,

Thank you for sharing the two proposed ideas that both outline how Bayfield County intends to get involved in EMS. I have reviewed both, and I prefer the county utilizing their own ambulance to assist local services when needed. I do however also have concerns and objections to the part of the proposal where Bayfield County would take over the levy and set the budgets for local EMS agencies.

I prefer the county taking the approach of putting in place one transport ambulance vs. a fly car. An ambulance owned by the county will make it easier on county EMS staff and local EMS staff. This way, the local services will not need to cross credential all of the county staff to their services to operate locally owned ambulances, which would need to happen if the fly car option was selected. Cross credentialing and sharing of local ambulance creates more paperwork and more of a training burden on the local services. Also, it would be easier for the county staff to learn one ambulance rather than 12 or more. I think the county owning and operating its own transport unit is just the cleaner and more efficient way operationally to move forward.

I do not support the county taking over all levy for EMS and then redistributing the funds back to the municipal services. I think this takes away a tremendous amount of autonomy and local control. I believe this option would allow for absolutely zero wiggle room in our budgets, and compensation adjustments would become immensely more complex and bureaucratic. I think the local municipalities levying and funding EMS services without the county being involved is key if it is fact the truth that the county does not intend a full takeover of services. I appreciate and support the annual county grants to the services, and think they should be tied to performance and ability to handle local calls. It will be easy to see who is taking calls and who is not based on volume of the county unit.

I understand the argument that is made about double taxation, but the cost does not change. The levy is still there, but the locals would have less control if the county becomes involved in deciding what services gets a new ambulance, who gets paid what amount, who gets new equipment, and the list goes on.... What about law enforcement and double taxation? All county residents pay for the sheriffs department, and some towns are double taxed for local police services (Iron River, Washburn, Red Cliff, Bayfield) EMS is not any different.

Sincerely,

Adam Olson
Iron River Ambulance

Mason EMS Feedback

Bryan Ziemann

From: Joe Schick <jcduberock@cheqnet.net>
Sent: Sunday, March 29, 2026 1:29 PM
To: Meagan Quaderer; Bryan Ziemann
Cc: corneliuslynette9
Subject: Bayfield County Proposal

I have read over the proposals that you had asked to read. I am making a few suggestions and you take it as you will.

I am thinking we should go with the Quick Response Unit non transport at this time. We can always upgrade it later if needed. I think it would be a less of a selling point since the cost would be more. Couple notes inside that proposal (Quick Response Unit)

Page 4... It think it would be a better idea if we state that the Bayfield County Response Unit would bill and make the Revenue off the runs that they have to respond to if they are taking the call because the "host agency" could not answer the call. I think the public would see that as a plus to generate a little money back to the county when they are needed to step in. Lift assists would be the same if the QRV takes those calls.

Page 6... County should be able to see all agencies schedules but the agencies should not be able to see each others.

Page 7... Paragraph that starts out As a non-transport entity, Bayfield County EMS would not provide hospital-to-hospital interfacility transport. Then you put a but in there about emergent transfers in case we are needed. Keep that part out. It will be to confusing for the public and will open up a whole bunch of questions a discussions and no one will understand the logic in that. Keep that up to the Supervisor in charge of the QRV at the time it is asked for when we get up and running with this.

Page 13... The \$200,000 proposal should clearly outline how this will work

- *paid quarterly to serve based off previous quarters performance

- *\$50,000 paid out at the beginning of quarter 2 based off local agency making certain percentage of calls in quarter

If an agency does not meet requirement off calls in a certain quarter, that \$50,000 will be divided up between remaining agencies that did meet the requirements.

- *The Bayfield County QRV would be included in remaining agencies that get the \$50,000 divided up for covering the calls..Possibly? Would give county a way of more revenue to sustain equipment and such. Just a thought

Should also add clear outline how if a local agency cannot fully cover a call the QRV EMT'S would then use the host agency's ambulance to transport to nearest hospital. If a host agency has 1 EMT responding to call as a first responder they should get the ambulance from the hall and meet the QRV on scene. Then after they make contact on scene the first responder EMT should follow in the QRV to hospital and then the QRV would become available quicker for other immediate calls if there are any and the EMT can bring back the ambulance to the host agencies hall.

Again this is just some suggestions to think about. I am convinced this is the Proposal we should push and I stand behind.

South Shore EMS Feedback

Bryan Ziemann

From: Jeff Byerhof <byerhofjw@gmail.com>
Sent: Thursday, April 9, 2026 11:07 AM
To: Bryan Ziemann
Subject: Re: Proposals Attached

I am writing in support of the proposal for the creation of a County based EMS transport agency. For anyone truly paying attention to the catastrophic decline in the volunteer centric EMS model for the delivery of pre-hospital care, failure to respond has become an accepted way of life in the Bayfield County EMS system. Essentially, a normalization of deviancy that is wholly unacceptable by any currently accepted metric in delivery of prehospital care. The previous two EMS studies have showed conclusively that local EMS failure is upon us and in the case of South Shore Area Ambulance Service, a reality. Having a unit(s) to respond as a support/chase vehicle in the absence of a local response with a fully stocked ambulance is a fool's errand.

Respectfully,
Jeff Byerhof
Service Director
South Shore Area Ambulance Service

On Apr 9, 2026, at 9:58 AM, Bryan Ziemann <bryan.ziemann@bayfieldcounty.wi.gov> wrote:

See the attached. -Z

Bryan D. Ziemann, NRP
Emergency Medical Services Coordinator, Bayfield County
117 E Sixth Street – PO Box 423
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715.373.3283 office
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<image001.png>

<BCEMS_Proposal_Draft_260331_QRU.pdf><BCEMS_Proposal_Draft_260331_TransportAmbulance.pdf>

Washburn EMS Feedback

Bryan Ziemann

From: Ted Gostomski <emsdirector@cityofwashburnwi.gov>
Sent: Monday, March 30, 2026 9:18 PM
To: Bryan Ziemann
Cc: Meagan Quaderer; Mary Motiff
Subject: Bayfield County EMS proposals

Bryan.

I've read both proposals and do not have substantive comments on either. They are just as we discussed in our directors' meetings.

However, as an editor, I suggest the following in the "Quick Response Unit" proposal:

1. You refer to Quick Response Units and Quick Response Vehicles. It's best to choose one or the other. However, no matter what, please remove the phrase "EMS Fly Car," which appears on page 4. That is definitely not the professional term.
2. Page 8, Goals and Objectives>What we're addressing>second bullet ... "Performance — we'll **expand...**"

I have no comments on the "Ambulance Service" proposal.

Thank you for the opportunity to review these. I'm CCing Mary on this email in case she has anything to add.

Ted

Ted Gostomski
Director
Washburn Area Ambulance Service

1017 Washington Avenue
Washburn, Wisconsin 54891

Dr. Shultz, MD - Aspirus
BAC EMS Council Medical Director Feedback

Bryan Ziemann

From: Jonathan Shultz <Jonathan.Shultz@aspirus.org>
Sent: Friday, April 10, 2026 2:56 AM
To: Bryan Ziemann
Subject: BAC-EMS Proposals

Bryan,

I need to re-iterate at the beginning of this correspondence that in my role as Medical Director for Bayfield-Ashland County (BAC-EMS) consortium I am focused primarily on ensuring that the EMS services under my medical direction are providing the highest quality of care reasonably available to the populations they serve. My role is focused on medical care, not operations or logistics which fall under the authority of Service Directors and you, as EMS Coordinator. However, there are times that these disparate roles overlap. In these situations, I strive to remain apolitical and objectively focus on patient care.

As I understand it, there are currently 2 proposals for supporting EMS within Bayfield County. These include deploying (1) a rapid response vehicle, or (2) a transporting ambulance. Both proposals have unique benefits and disadvantages. While neither is the option that I would pursue, if I were trying to re-imagine the provision of prehospital care in Bayfield County, both would likely be effective in alleviating the immediate, urgent, problems associated with delayed response and non-response to 911 calls. While I do not personally believe that maintaining multiple, independent, BLS ambulance services is viable for Bayfield County in the long-term, if this is the path the county chooses to pursue in the near-term then the proposed solution to deploy a dedicated unit into the county is the best stop-gap proposal presented.

However, with the recent proposal by Ashland Fire Department (AFD) to provide a dedicated ambulance and crew for continuous 911 coverage in Bayfield County, I feel obligated to weigh in at this point. Ashland Fire Department has a long and successful history of augmenting the provision of EMS care within Bayfield County. For years they have been providing ALS intercepts into the county for the sickest patients and, in recent years, have responded as primary 911 when the local volunteer services have failed to respond. The recent proposal by AFD would essentially implement proposal #2 (provide a transporting ambulance) without the need to build this service from scratch. Ashland Fire has the necessary resources already in place and ready to deploy.

Much of the discussion and planning related to Bayfield EMS seems as though it is patching holes in a dysfunctional system known to be fragile and prone to failure, as evidenced by the unacceptably high rate of delayed response, or non-response, to 911 calls. Furthermore, the focus on maintaining BLS coverage as the status quo is not patient centered, nor in the best interest of the communities being asked to pay for these services. While AFD is currently proposing deployment of a BLS unit to the county, as a high-functioning ALS service already employing many experienced paramedics, it is not unreasonable to assume that this county-based unit would, at times, provide ALS response to the county. Additionally, it is not unreasonable to envision that this county-based unit could be readily upgraded to a full-time ALS unit in the future, which would significantly improve the level of emergency care available to the residents of Bayfield County. Lastly, as an all-hazards service, AFD is able to provide resources and support that exceed any other service in the region.