

Wisconsin EMS Physician Advisory Committee

Minutes

June 3, 2014; 15:30-17:00

Sheraton Madison Hotel; 706 John Nolen Drive; Madison, Wisconsin; (608) 251-2300

Members Present	Andrews	Clark	Drayna	MacNeal	Martens	Schultz	Tashjian	Vayder	Zils	Medical Director
<i>2/14/14 Working Board Mtg</i>	-	-	-	-	-	-	-	-	-	-
4/1/14	X	X	X	X	X	X	X	X	X	X
6/3/14	X	X		X	X	X		X	X	X
8/5/14 Working Board Mtg										
10/14/14										
12/2/14										

EMS Staff Present: Hornby, Lemke, Pullen

Guests: Liu, Julie Baumann, Dot Bluma

AGENDA TOPIC	ACTION POINTS	STATUS
Introductions and Announcements	Introductions made throughout the room	Information
Approval of minutes	Minutes from 4/1/14	Reviewed & Approved
WI Coverdell Stroke Program	Presentation by Julie Baumann Coverdell Program Director, DHS	Update & Information
<p>Update provided and reiterated purpose of Coverdel Stroke Program. WARDS report presented showing recording of the EMS Stroke Performance Measures. It was recognized that this data is not necessarily complete and/or accurate at this time. Reinforce best practices Discussion point: What can be done to improve activation of the stroke team in the ED? How to provide feedback to EMS? Get with the guidelines database, an AHA database. 50 hospitals in this hospital are entering into this database, over 1/2 of those being Coverdel hospitals. EMS may not be comfortable saying that they have a "stroke" patient. May be new DTN to 45 minutes 50% of the time (or maybe up to 75% of the time in 60 minutes).</p>		

OLD BUSINESS		
AGENDA TOPIC	ACTION POINTS	STATUS
EMT Narcan Pilot	Pilot program Naloxone bill	Update Update
<p>6/3/14: Pilot program: EMS Education committee passed motion to stop pilot in light of naloxone legislation. PAC discussed value of continuing pilot project and data collection. Motion to discontinue the naloxone pilot was passed unanimously. Naloxone IN use will be ** for EMR and naloxone will be added to EMT scope as required. The law is in place, but there is no clear date in the Act for implementation. Intent is to have in place for all EMTs trained and ready to go by end of biennium. There was some question as to whether the law as written REQUIRES all EMTs to treat with naloxone or if it is optional. There was some discussion that it was not the intent of the legislation to pass a non-funded mandate and that this was to remain optional. The language is not clear. The EMS office is going to get a legal opinion on this. The final motion on scope changes will await the legal opinion.</p> <p>4/1/14: Pilot project information provided by Hornby. 63 services part of pilot. There have been 7 uses of naloxone. 3 by</p>		

ALS, 1 I-tech, 3 EMT. EMS has been providing good follow up, but medical directors have not been filling out select survey. The service director is to fill out a select survey, the medical director is to fill out a select survey, and then the PCR is the third component to data being collected. Data to this point is demonstrating that patients are receiving naloxone without meeting all criteria, specifically the respiratory rate.

Naloxone bill: it is on the Governor's desk. It passed House and Senate and is anticipated to be signed.

12/3/13: Naloxone bill: Liza received correspondence from Nygren's office this AM asking for some clarifications. Liza provided some suggested edits.

Narcan pilot: 7 approved systems, 4 in process. Anticipate board tomorrow clarifying intent to enroll all systems, not just EMT services.

10/8/13: Pilot program being vetted by EMS office and should be approved by November 1st. Anticipate a start date of January 1, 2014, at the latest. The application process will be forthcoming via memo.

6/4/13: Jerry providing final pilot project to Board for approval.

Scopes of Practice	FR Glucometry	Update
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6/3/14: regional CLIA waiver has been obtained successfully by one service

12/3/13: Office determined that a CLIA waiver is required for EMRs using glucometers.

10/8/13: EMR: Question regarding need for CLIA waiver for glucometers at EMR level. Office will research need for CLIA waiver.

Scopes of Practice	Adrenal Insufficiency Treatment -Hydrocortisone as assisted med	Update
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6/3/14: further discussion tabled.

4/1/14: A lot of discussion. Plan to develop a State sample guideline which will address treatment at the paramedic level. Further questions discussed regarding treatment at the other levels of care. Assisted medication? There was a lot of discussion about this perhaps being most appropriately addressed with a "generic" assisted medication protocol. This concept would require on-line medical direction for a decision to be made.

MacNeal and Schultz put together a sample guideline for assisted medications. The PAC and office to use this for further consideration.

Policies Updates	Nontransporting EMT staffing requirement	Update
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6/3/14: No reply from legal yet

4/1/14: No reply from legal yet regarding question from 12/3/13.

12/3/13: Nontransporting EMT staffing requirement: Office to get legal opinion on whether an EMT can function as an EMT solely in a first responder scenario.

Destination policy, to put on the bottom of policy that patient choice is important.

Lights and siren position paper not posted. Office to post.

10/8/13: no new updates

Agreement/Approval by Board 6/5/13 with minor wording change (emphasis on moving quickly; add informed decision). Not updated on website as of 10/1/13.

PAC Use of Lights and Sirens position paper. Not on website as of 10/1/13.

Medication Shortages	Impact, Suggestions, Recommendations -Expired medications	Discussion
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6/3/14: Cady to forward to PAC medication shortage position to consider

4/1/14: NTG is a new shortage. Not affecting anyone here at this time. Tolerating saline shortage.

Question about whether PAC has ever supported the use of expired medication. The message from the office is that this is being considered a local issue. Cady has a document he will share with the PAC and propose the PAC support this as a recommendation. To be reviewed at the next PAC meeting.

12/3/13: Discussion about saline shortage. Memo had been sent by Boundtree regarding potential shortage of saline and LR. Will monitor.

10/8/13: Using medications beyond expiration date becoming more widely used across the country per findings at NASEMSO Medical Directors' Council Meeting.

<p>6/4/13: Mark Schultz provided an example protocol for using D10 as a substitute for D50. To clarify, previously EMS changed all references to D50 in the scopes to just dextrose, so any concentration of dextrose/glucose is acceptable to use. PAC voted to add this to the sample hypoglycemia guideline.</p> <p>12/4/12: PAC discussed current situation. Question was asked about recommendation of using medications beyond the expiration date. The State office cannot approve or provide permission to use medications beyond the expiration date. Brian Litza demonstrated presentations from NASEMSO including Dr. Cunningham's presentation outlining that the DEA prohibits the use of expired medications. Can be found at NASEMSO.org.</p>		
Best Practices Recommendations	PAC list of discouraged medications, equipment or practices with recommended alternatives.	Active
<p>HEMS utilization guideline: what is the status? Still in Department approval process. Fred to f/u on status.</p>		

NEW BUSINESS

AGENDA TOPIC	ACTION POINTS	STATUS
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EMS Board/Office Assignments	Requested Topics	Standing Agenda Topic
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Healthcare coalitions and WHEPP: presentation by Drs. Liu and Clark
Slide show presented. Moving from specific entity funding to regional development and support of a regional healthcare coalition. The formation of a healthcare coalition has become an ASPR requirement for continued funding.

Protocol/Scope Review	<p>Narcan by EMR/FR</p> <p>Nitrous oxide use in EMS</p> <p>Nitrous oxide for AEMT</p> <p>Single medic MAI w/o paralytics</p> <p>Selective spinal immobilization training protocol example – Schultz</p> <p>IT Clamp</p> <p>Abdominal/Junctional tourniquet</p>	Discussion
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Motion to add mechanical CPR device use with ** to EMR scope. After discussion, passed unanimously.
Naloxone scopes pending legal opinion.
Motion to add nitrous oxide to AEMT and Intermediate scope with **. After much discussion, there was concern that there wasn't enough time to fully discuss this issue. Motion withdrawn and will add to next agenda.
Medication assisted intubation deferred.
SSI deferred.
IT Clamp deferred.
AJ tourniquet deferred.

ACEP America's Emergency Care Environment Report Card	PAC input for WI-ACEP	Introduction
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MetaStar Project	Statistics on patient transfers from rural hospitals	Introduction
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NHTSA Site Visit	Information	Information
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Interfacility Transport Guidelines document	Review with Critical Care update	Discussion
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4/1/14: EMSC has asked that this be updated to help them in the development of transfer agreements. The most recent document they have access to is from 2006. PAC to work with Cady's update and to provide final recommendations to be voted upon at next PAC meeting.

12/3/13: Office to review Cady's draft and provide feedback to PAC.		
NAEMSP WI Chapter	Update	Information
Medical Director Report		Information
EMS Board Update		Information
none		
EMS Office Update		Information
none		
Public Comment		Information
Next Meeting: Tues October 14th at 3:30PM, Sheraton in Madison Agenda items:		

