

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Emergency Medical Services Board			Attending: Jerry Biggart, Gregory West, Gary Weiss, M. Riccardo Colella, Steven Zils, Carrie Meier, Michael Clark, Don Kimlicka, Dustin Ridings, James Newlun, Ray Lemke, Mark Mandler, Chuck Happel, Helen Pullen, and Sandy Ryce
Date: 10/17/2017	Time Started: 9:00AM	Time Ended: 4:59PM	
Location: Great Wolf Lodge, 1400 Great Wolf Dr (Red Wolf Room), Wisconsin Dells, WI			Presiding Officer: Jerry Biggart

Minutes

1. Welcome and Committee Member Check-in
2. Public Comment Opportunity on Board agenda or special announcements
3. **Motion by Gary Weiss, second by Dustin Ridings to approved the minutes from the August 1, 2017 meeting. Motion Carried unanimously.**
4. Standing EMS Committee - System Quality & Data (Carrie Meier/Chair)
Discussed the possibility of having the data available monthly to identify trends. Also recommended a score card format for the reports. Chuck has these reports set up to report monthly by region and can continue to do so. Currently reporting on four data sets and will continue with those. Steven Zils asked for a report with response time data for emergent and non-emergent calls. Carrie asked Chuck for instructions for services to use the report writer option in Elite so they can view their own data. Concerns were raised about reports not showing in the system. A request was made to Chuck to contact Image Trend regarding this issue.
There are 49 services that are not reporting in Elite that are not EMR services. Chuck is working with several services and their third party data vendors to transition.
5. Standing EMS Committee – Education & Training (Greg West/Chair)
 - a. Review CoAEMSP Preceptor Training Update- It was determined that the preceptor training must be exactly the same for all the training centers.
 - b. Review AHA First Aid and WI Scope of Practice regarding-A suggestion was made that the first aid that is taught to students be included in the first aid scope of practice. Will visit this option at one of the other subcommittee meetings.
 - c. Review AHA Card Changes-The cost of the AHA cards is going from \$2.50 to \$17.00. The student manual has been changed from \$17 to \$2.50. Jerry will reach out to an AHA rep for the next meeting to speak on this.
 - d. Review training for Epi Injectors, Aspirin, and Inhalers and provide recommendation -This was related to item C. above.
 - e. Discuss CoAEMSP Letter of Review for New Programs- Helen mentioned that an operational plan needs to be submitted before a letter of review can be issued.
 - f. Discuss the NREMT Recertification 2.0 -The NREMT has the recertification 2.0 available on the website. Greg asked if it would be helpful to have the NREMT website connect to E-Licensing for tracking education. Helen said at this point, E-Licensing does connect to NREMT to validate an individual is NREMT. As far as connecting for the tracking of education, E-Licensing is not set up with those modules.
 - g. Review Critical Care Paramedic education and provide recommendation- Greg asked about a local training center that is only 10 minutes away from the college he works at that started out only offering a class during the summer for initial EMT education. Now that

training center is offering most EMS levels of refreshers and advertising to the high school students. The education does not give transferable college credits and it taking away from the students from the college. Helen mentioned that there has to be community support before an approval would be given.

Discussion followed about the possible benefits to a student for the cost savings as well as the different training environment that may benefit the students learning.

- h. Curriculum Update- Asked the state for a status on the EMR to EMT bridge. Ray and Helen are still researching this and need to review more data.
6. EMS for Children Meeting with the EMS Board (Dr. Kim/Dr. Browne/Chair)
- a. Roll Call of EMSC and Board-there was not a quorum for the EMSC meeting. Members present: Riccardo Colella, Dustin Ridings Michael Kim, Lorin Browne, Ben Eithun, Andrew Werth, Melody Mulhal, Jason Selwitschka, Erica Kane
 - b. Approval of June & August Minutes. Will approve at the next meeting due to not having a quorum.
 - c. Review the Data Report-
A draft ambulance run report from July, August and September 2017 was shared. Chuck Happel shared that as of July 2017, WARDS v2 was closed. WARDS v2 runs shared in this draft data report will be reviewed.
Primary impression options have been expanded by Elite v3 to over 400 options. Grouping to ensure that data is clinically relevant may be necessary. Chief complaint may be a more logical category to run for future reports. The EMS data committee will review this topic at a future meeting.
 - d. Review the Education Report
Approximately 18,000 in EMSC funding is available for education and outreach and must be spent by February 28, 2018.
An in-person conference for pre-hospital providers, developing curriculum modules that could be delivered at individual EMS services by local physicians, online training modules and an EMSC newsletter were discussed as education projects.
The EMS Board recommended that model curriculum for local use is explored further.
The EMSC education subcommittee will meet to finalize plans within the next few weeks.
 - e. Review Pediatric Readiness Report
The EMSC "Wisconsin Pediatric Emergency Department Readiness Program" was not selected for Wisconsin Partnership Program funding. Opportunities for funding through the Medical College of Wisconsin will be explored.
A national Pediatric Readiness Quality Collaborative (PRQC) initiative through the EMSC Innovation and Improvement Center (EIIC) will begin early 2018.
American Family Children's Hospital has applied to be a training site, and multiple hospitals have applied to be affiliate sites. PRQC is based on a train-the-trainer model. Training sites will help affiliate sites implement quality improvement programs to improve pediatric readiness.
 - f. Advocacy Presentation by Nicole Hudzinski from the American Heart Association
Nicole Hudzinski, Wisconsin Chapter of the American Heart Association government relations director, shared a presentation on advocacy and the steps to introduce new state legislation or change existing law. To request a copy of the PowerPoint contact Erica Kane – ekane@chw.org
The current legislative session will close in March 2018. The likelihood of a new bill passing through the legislative process by March 2018 is low. The next legislative session will open January 2019.
Children's Hospital of Wisconsin and American Family Children's Hospital are unable to lead pediatric DNR legislation efforts. EMSC is a federally funded program and therefore is unable to lobby.
Identifying partners from palliative/hospice care and professional organizations was selected as a next step.

- g. **Motion by Dustin, second by Gary to adjourn. Motion Carried unanimously.** Meeting was adjourned at 12:05 PM.

12:00-1:00 Lunch

(A quorum of Board members may be present; However, Board business will not be discussed or conducted at this time.)

7. Physician Advisory Committee (Dr. Andrews)

- a. Roll Call of Committee Members: Present-Steve Andrews, Mark Schultz, Michael Clark, Christopher Eberlein, Michael Mancera (remote), Sean Marquis(remote), Steven Zils, Suzanne Martens.
- b. Approval of meeting minutes from the July 2017 meeting-these will be approved at the next meeting.
- c. State Medical Director report (Dr. Martens)
 Prearrival instructions examples are in PowerPoint format. Need to be edited. Ask Brooke Lerner if there is a student who needs a project
 NAEMSP -WI to move ahead with repository considerations for sets of protocols and references.

EMR 12-lead considerations. Contacted by a member of Med Flight who was presenting at a conference. An EMR in their flight response area asked about using 12-leads to cut the time, as they used HEMS for STEMI's. PAC discussed as impact on time, and if significant. Would need to make sure other time-saving steps in place. Consideration of significant cost with monitor that can transmit. Consideration to become a non-transporting EMT agency. Newlun acknowledged 1 EMR unit is still doing 12-leads as a pilot project. Additional EMR groups could request pilot status and provide details.

Dr. Martens PSOW slides are posted on their conference website, with the other presentations. Reminder of using Just Culture; points from EMS Section to pay attention to scope and protect your primary 911 area; feedback from DEA Office that overall EMS is very low on their radar, but they have been involved in some investigations over the past year. Discussion to review the Toxicology releases on the handling of highly potent opioids, and to balance with the CDC indicators for Hazmat response and some of the media hype over some of the encounters. The Assisted Prescribed Emergency Medications with Medical Control example protocol was also presented and discussed. This is also the first protocol being processed through the new document approval system at DHS, which is causing a delay in posting it to the website.

NAEMSO conference information

REPLICA is active

Discussed how other States do flexible staffing; not all that clear; comments that the problems or violations are not from the EMTs but the Paramedics

Obviously other States are further ahead on utilizing CP/MIH

Some areas are enacting legislation to facilitate billing

Telemedicine is huge; comment on difference between the link and recording

Opioid problems everywhere

Manpower shortage everywhere

OH

Updating protocols to include the NASEMSO Model EMS Clinical Guidelines; both adult and peds being redone; looking forward to this Module on non-medical provider administration of Naloxone with quiz
<http://www.ems.ohio.gov/education-naloxone-non-med.aspx>
Establishing an RTF Awareness module
West Palm Beach program in FL, Suboxone started by EMS, CPs attend pts for 1 wk and bring daily Suboxone = will send presentation via Mary; question on Suboxone DEA license; preliminary success with treatment (vs Narcotics Anonymous program)
West Virginia presentation on Right/Left Activists protest and counter protests
Planning is key
Recognize “plants” that can be the trigger for violence; deceptive
Oklahoma recognized that their Law Enforcement First Response program did not have a pediatric component; this is being added to general LEO education
8hr course
Subsection on Peds trauma
Recognized the standard tourniquets do not fit children
The SWAT-T tourniquet can be used on peds
PPE discussion
Associated with the CDC Fentanyl guidelines release
Little difference between N-95 and P-100 for exposure, but more difficult to use and more expensive
Look for an important Lights and Sirens article by Doug Kupas [PA] coming out
Look for an important EMS Fatigue article by Doug Kupas [PA] coming out
Illinois passed a bill that police dogs may be transported in ambulances as injured officers

Reviewing the 2nd version of the Model Clinical Guidelines from NASEMSO; looking to Ohio as likely good example (better format than CT)

Comment: fielded a question from a neighboring state that allows AEMTs to administer Benadryl, wondering about cross-border issues

d. Communications with State EMS Office (James Newlun)

Dave from Image Trend has been made aware of many Elite issues; QA issues. Has found some incorrect set-ups in our system. Dave is reviewing our system and our data dictionary. Will work with Dr. Martens first and then establish a Medical Directors session to work this out.

MAA will not be enacted until Elite QA/QI is active.

Sample protocols onto web: All protocols need to be updated, new template/format. Dr. Martens and Mark Mandler will be doing this.

Critical Care will be reviewed after the first of the year. To review training as well as utilization in the State. Legal opinion is that any TC teaching CCP should be accredited. The EMS Board conversation was that the approval process should be defined and followed consistently.

Rest of report tomorrow.

- e. Review LifeVac as Suction and provide recommendation- The PAC has previously avoided endorsing individual items. Is it FDA approved? Not actually a suction device, more for FBAO removal. Pending additional information.
- f. Discuss Undesignated Trauma Centers (Dr. Clark)

At the June EMS Bd-STAC meeting this opinion was requested. Assigned to Systems Management Cmt and has been discussed. If in a rural area and there is a significant time difference, can they use the local hospital? In a metropolitan area, should you transport to the higher level? Draft statement from Systems Management [Dr. Clark has document]. Triage per State Guidelines. Step 2-3 definitions should preferentially go to the highest level in the region/area. Discussion on use of HEMS. Discussion on impact of ALS intercept, not actually proven to improve outcomes. Difficult to make rules that would apply everywhere. Will be local decision between EMS Medical Director, RTAC, HCC, etc. Discussion on 30 min time range. Acknowledgement that EMS agencies do not know the Trauma Center Levels locally, especially if decrease or become undesignated. The EMS Section is working on the project of mapping the Trauma Centers and hospitals; process to post or distribute being defined.

Remove bullet 3: closest/approp within 30 mins. Dr. Clark to amend. Hope to approve through PAC and EMS Bd and then with STAC. Jan Victorson provided map showing lack of TCs in northern Region 1. Often use HEMS and ALS intercept, may both be coming out of Duluth.

Will bring back updates for Dec EMS Bd meeting and then STAC.

- g. Discuss Stroke designation and provide recommendation
Coverdel Program had asked about certification language, but no recommendation for now. EMS Bd would like to develop a better definition and position statement on best practices related to large vessel occlusion recognition and destinations.
- h. Discuss STEMI centers and provide recommendation
No current requests. Discussion on utilization or bypass of a STEMI center that is only open 6-16:00 and closed on holidays and Sundays. Impact on EMS. This facility is a medical control facility, requires EMS to contact for direction.
- i. Review Scope of Practice
 - i. Discuss CARES registry progress (Dr. Zils)
AHA is in support of CARES. Not on a financial level. Some grants are available, but usually limited to 1 year. Discussion on FTE funding program through Medicaid and implementation of electronic records for meaningful use, the Federal support would be 90% of the cost with 10% left to the State.
Dr. Mancera comments on phone: Consider getting the FTE outside of the State employment, easier, less expensive. Consider looking into the University system or Hospital Association. Look at some other States that have done this. Consider expanding the MCW position to cover this. More research by Newlun and Andrews.
 - ii. Discuss WI controlled substance document (Dr. Zils)
Received reply that the Detera product did not meet the requirements for destruction. Document will likely reflect use of the Reverse Distributor.
 - iii. Review First Aid, EMT, Advanced, and Intermediate scope of practice-minimum skills from Systems committee
Scope reviewed and document presented. Discussion on identifying Required vs Optional vs Standard. Pullen and Weir are also working on curriculum definitions. Some things may just move into standard. How to add when no additional hours to be added to curriculum? EMT is now a 5 credit course, which is the maximum allowed. Would need to split, and charge more. Feedback from some providers is that they are being asked to learn/do too much now, and losing staff due to extra requirements.
Discussed removing specific reference to KED. **Motion by Andrews, Second Eberlein. Approved, no opposition.**
EMS Bd has no objection.
Cardiovasc/Circulation: Conversation on Manual Defibrillation at EMT level. Has been used for decades. Manual defib is faster than the AED.
Immobilization: same

Assisted Medications: Remove Oral Glucose. **Motion Approved.** Add MDI Albuterol and Atrovent and add Epi autoinjector. **Motion by Andrews, Second Clark. Motion approved, no opposition.** NTG be required. **Motion by Clark, Second Andrews. Motion approved, no opposition.**

Medication administration routes: same
Medications approved per protocol: same

Miscellaneous: Rename as Patient Physical Restraint Training. Motion by Clark, no second. Motion by Eberlein to remove the word "Application", second by Clark. Approved, no opposition.

First Aid

Discussion on definition of First Aid. Used to define what an EMS provider may perform if not working for their agency. Defines what civilians can do without being considered to be practicing medicine. Organized First Aid groups such as in-house responders and Ski Patrol. Is this actually under the purview of the EMS Section? They have been contacted to enforce when this is violated into the EMT and above practices. May change to a Guidance document, and remove this column. **Motion by Clark, second Andrews. Need more review based on current practices being taught, such as assisting with Epi autoinjectors. Motion withdrawn.**

iv. Review hazardous materials medical endorsement

Chief Weiss: NFPA 473 has a scope for HazMat EMT and Paramedic, list of medications to be used. A 10-day course already exists. Discussed that this is a specialized and very rarely used set of medications/antidotes. Does not need to be made generally available as an endorsement at this time. Recognize the NFPA document is an excellent resource if this becomes more important in the future.

v. Review Paramedic minimum equipment list; minimum procedures list-Connecticut list of medications as starting point

Andrews converted the CT document into Excel spreadsheet. BLS vs ALS ambulance supplies. Would need to compare with Trans 309. Discussion on the need for cricothyrotomy equipment, recommend as optional. Will need to add Capnography with mandatory start date of 2021. Vascular access considerations: IO in WI is optional at AEMT, required for I-P. Discussion that Morgan lens is not required. Transcutaneous pacemaker and cables considered required. Medications: remove Metoprolol. Discussion on Glucagon requirement due to expense. Will continue next meeting.

j. Discuss items for next PAC meeting

Glucagon

Rest of this list

CARES project

AEMT and Intermediate scopes

First Aid guidance document

Paramedic Minimum Medication List & Amounts

Paramedic Minimum Equipment list; Minimum procedures list

Minimum Medical Director requirements/expectations

- # in person meeting with providers?
- Protocol review frequency?
- Time dedicated to QA?

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- Medical Director's own continuing education?
Restraint protocols for EMR

Adjourn-meeting was adjourned at 4:59 PM.

Prepared by: Sandy Ryce on 11/27/2017.

These minutes are in draft form. They will be presented for approval by the governmental body on: 12/5/2017