

**WISCONSIN EMERGENCY MEDICAL SERVICES BOARD
STRATEGIC PLANNING MEETING MINUTES**

**February 2- 3, 2016
Great Wolf Lodge
Wisconsin Dells, Wisconsin**

MEETING STARTS	09:00 AM 02/02/16	MEETING ENDS	12:00 PM 02/03/16
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These minutes do not reflect the exact times of periodic breaks taken throughout the two-day meetings.

FACILITATOR	Jerry Biggart, EMS Board Chair
RECORDER	Mindy Allen, EMS Board Secretary
Board Attendance:	Mindy Allen, Jim Austad, Steve Bane (via web on 2/3), Jerry Biggart, Michael Clark (via web), Riccardo Colella (via web on 2/2), Mark Fredrickson, Carrie Meier (via web), Craig Nelson, Greg West, Steve Zils
	James Newlun (EMS Office), Chuck Happel (EMS Office), Suzanne Martens (State EMS Medical Director), Steve Andrews (PAC), Dr. Kim (EMS-C, via web)
Guests in person:	Dana Sechler
Guests via Web	List w/EMS Office.

	AGENDA ITEM	DISCUSSION	ACTION
01.	Meeting Called to Order	Meeting was called to order by Biggart at 9:08 am.	
02.	Approval of Minutes		Deferred until April board meeting.
03.	Introductions (as needed)	N/A	
04.	Public Comment	None	
05.	Communication Chain between DHS and the Board	<p>Group feels that there has been increased communication. Goal is to continue open and transparent communications between EMS office and board. When sending emails, correspondence should be sent to all board members unless specifically intended for executive board or medical directors. Include at beginning who message is meant for.</p> <p>West: When meant for group, should be disseminated by DHS since correspondence is open to public record. Documents sent should be limited to informational only and should not include a discussion narrative.</p> <p>Newlun: Legal opinion was read regarding email in relation to open</p>	Copy full board and Newlun on all correspondence. Keep narrative minimal and limited to informational.

		records. State communication is archived. Emails are allowable to solicit input or help if communication doesn't solicit action. Austad: Sub-committee meetings should be posted. Newlun: Meetings are posted in two locations and include notification to Biggart and Fredrickson.	
06.	EMS Board Operating Procedure Manual Updates - Rules of Order	Board should review current the SOP document and bring forth any recommendations for changes to the April meeting.	Board - Review SOP document and bring recommendations for changes to April Meeting.
07.	NHTSA Assessment Review	Priority recommendations were reviewed and updated to reflect completed or in progress status.	
08.	Review of DHS110 and SS256	Several statute and rule items have been identified that need to be fixed and added, including language for new EMR staffing. All recommendations for changes should be sent to Biggart.	Exec board will work with Newlun to compile list of changes.
09.	License Ambulance Services as midlevel providers allowed to dispense a controlled substance	Andrews: 16 states and DC licensed ambulances have recognized ambulance services as mid-level providers and have laws in place to comply with DEA requirements. Ambulance services aren't allowed to dispense controlled substances. New legislation is going through the House that would allow providers to be mid-level providers. State legislation is still needed that would enable providers to dispense. Martens: If this law doesn't go through, all providers would be unable to use standing orders and would need to call medical control every time an order is needed. Wisconsin is not in accordance with the law. State DEA is trying to fix this. Each individual station must have a separate license. Newlun forwarded the federal language to legal counsel. Martens to send out language to board. Need state language to mirror federal language which licenses ambulance providers as mid-level providers. Will start with DHS to review federal activity and then review at April meeting. Motion by Allen, seconded by Nelson, to support federal language and recognize ambulance providers as mid-level providers. Allen moved, seconded by Nelson, to amend motion to "Support HR 4365 and forward recommendation to DHS". All in favor. Motion carried.	Add to April Meeting Agenda - Dispensing of Controlled Substances Board approved support of HR 4365. Martens to forward a recommendation to DHS.
10.	NEMSIS 3.4/Elite	5 services are uploading to Elite, which uploads to NEMSIS. Within next couple weeks, will be opening up to additional service bridges	Keep item on Data committee meeting agenda for April and

		<p>to check functionality with third party systems before releasing to all providers. Version 3.4 should be able to migrate right away. Meier: Is there any other data for epidemiologist to review in April? Are the dates still realistic? Happel: Dates are still on target</p>	<p>include input from Epidemiologist.</p>
<p>11.</p>	<p>EMS Board Involvement in Investigations</p>	<p>Newlun reported on some current investigations. Question: Should/Can board go into closed session if needed to discuss details of case? Newlun will get interpretation.</p> <p>Board Recommendation for Board Involvement in Process:</p> <ol style="list-style-type: none"> 1. Office to substantiate complaint. 2. Investigate. Investigation phase to include at least two office staff. 3. Office provides recommendation of action to board 4. Office report topics and facts of case to board with redacted personal information for objectivity purposes. Recommended action should include Just Cause/Just Culture standard prior to final disposition. 5. Board reviews recommendations. 6. If disposition includes a suspension or revocation, the case should come before the board. Office may temporarily suspend a license until a final disposition is determined. 7. The process for closed sessions will need to be established. <p>Current Investigation process by EMS Office:</p> <ol style="list-style-type: none"> 1. Complaint form completed by complainant. 2. Complaint is looked into by office. If valid, office investigates, collects information and then takes action. <p>Future process:</p> <ol style="list-style-type: none"> 1. Complaint received. 2. Identify who is involved. 3. EMS Office staff will be perform site visit as part of the investigation, 4. Staff is using program called CLEAR. Staff will be trained on program and establish SOGs to include board's statutory requirements. 5. Process will involve Karen. 6. Communications back will include responses from both the 	<p>Newlun to get legal interpretation regarding closed session investigation discussions.</p>

		<p>service director and medical director.</p> <p>Allen: For standardization purposes, include in SOGs the requirements for public posting for investigations and resolutions and how communication is handled when the complainant asks for the results of the investigation.</p> <p>Newlun reported that 10% of license applications are being audited and reported on an investigation regarding individuals going through class and not issued TC permits. They were required to complete clinical time and had to re-issue the training permits. If board is to be included in the investigations, this could result in time delays and impact student's ability to move forward or gain employment. Students cannot apply for training permit until 46 hours of EMT class are completed.</p> <p>West: Students are caught in the loop. This is fault of the training center and not the fault of the student.</p> <p>Background check discussion: Newlun: Of the 10% of audits, 50% with violations are due to flexible content CEUs. Some applicants self-reported that they made a mistake. Application includes several validity questions before an applicant clicks to submit.</p> <p>Discussion held regarding the degree of the mistakes and what constitutes revocation of a license. West: Boils down to integrity.</p> <p>Question: Does severity of reprimand correlate to whether problem is found during audit or self-reported?</p> <p>Consensus of board: Complaint should be handled on a case by case basis to determine if applicant submitted with intention to defraud or if they self-reported the error. Validity should be built into application to not allow applicant to submit unless requirements are met. Validity should be built into two avenues – flexible vs. traditional refresher.</p>	<p>Review rules for training permits regarding hours prior to application and Training Center vs. Ambulance Service Training Permits. Referred to Education/Training Committee</p> <p>Build validity into Elicensing application via two avenues – flexible vs. traditional refresher.</p>
12.	EMS Refreshers/CE	6-hour Mini Refresher and testing will not be required for next biennium. Communication will be sent out after the completion of the current biennium to avoid confusion.	Remove licensing period topic from SMD committee. Will be re-added if deemed necessary after review by

		<p>- Considerations: How many CEUs/hours would be required per year? If any violations or criminal activity, would not be found in background check for 3-4 years vs. 2 years DHS administration previously supported extending the licensing periods to reduce costs. Newlun will discuss with Karen and determine if it needs to remain on agenda.</p>	EMS Office.
13.	Pre-Arrival Instructions	<p>SMD developed letter with intent to send out letters and flow chart to service directors and PSAPs. Committee will send letter and flowchart to Paul/James for review. Any concerns will be sent back to committee. Committee to address any inconsistencies and resend to DHS for approval prior to being sent to PSAPs and ambulance providers. In the event of a delay with sending by the EMS Office due to the approval process, committee will determine if WEMSA will send out. Second phase is for committee to develop QA standards. Zils & Biggart reported on implementation in of pre-arrival instructions in their areas.</p>	Item to remain on SMD committee agenda. Committee to work on second phase. Allen will send letters and flow charts to Newlun for submission to DHS for approval.
14.	<p>EMS Office Agenda Items</p> <ul style="list-style-type: none"> • State Plan • Listening Sessions for EMS • Investigation Updates • Discuss Renewal Audits. • Data Points for RSI • Update on FAP • Healthcare Coalition Update 	<p><u>State Plan Listening Sessions:</u> Timing was an issue with the comment period for the 2016-2018 plan. In the future, listening sessions will be held to gain input. Draft plan will be ready in April 2017 with finished document ready in November and submit to the legislature at the appropriate time.</p> <p>Recommendation was to hold listening sessions at WEMSA and in the HCC regions and invite the HCC reps. Board members are encouraged to participate in the listening sessions that are scheduled in their region. If region is more densely populated with career services, a couple sessions will be held with focus on both career and non-career services. Audience-identified topics will be indicated on agenda. Topics will also include service Director and Medical Director Topics.</p> <p><u>HCC Update:</u> Need to get more board members more involved. Carry-over funding to be applied to EMS. Goals identified on how funds can be applied. \$30,000 is allocated for each coalition region. An additional \$50,000 and \$75,000 is available to regions that include EMS Ebola initiatives. Request to establish initiatives that meet a certain standard to include statewide benefit vs. giving</p>	<p>Newlun to disseminate to board the comments that were received on the State EMS Plan.</p> <p>Newlun to invite Lisa and Carolyn to attend next board meeting to discuss HCC funding perimeters and objectives.</p>

		<p>money for equipment. Request to ask service directors for funding ideas. Concern that funds are being spent on equipment vs. statewide initiatives and that funds are being provided to disciplines outside of EMS. Concern that this will resemble FEMA funding for various equipment and not make an overall impact in regards to preparedness. Are there guidelines on how HCC regions can disperse funds? If not, perimeters should be established and as a state, we should encourage state-wide initiatives.</p> <p><u>Data Points for RSI – Happel Reporting:</u> Need good reporting process, ability to pull success rates. Field is in WARDS and can set up additional fields. Zils: Can certain fields be mandatory? A: Yes, can create validation fields dependent upon answer and bring up additional questions. Can be tied to medication used. With service bridges, once connected to Elite, will download validation rules. Developing process for QA/QI the process.</p> <p><u>Update on FAP:</u> FAP funds were not reduced with budget bill and fund remains at 1.96 million. The new FAP application is being worked on. A process is being developed to track escrowed funds for agency's to have the ability to direct deposit funds to their account.</p> <p>Question regarding the ability to track data submitted with FAP applications. A: Can pull data from Elicensing. Certain data fields can be set to be a required field. Request from office to board to identify what data should be collected.</p>	<p>Allen to send data field requests to the office.</p>
15.	Pandemic Response / 911 Surge	<p>EMS Office: Need legal opinion if ambulance personnel can triage only and/or deny transport during a pandemic situation. Newlun will find out legal opinion prior to be placed back on agenda. Any documents related to this topic should be forwarded to full board.</p> <p>Pandemic Response topic will be placed on the SMD agenda for the purposes of reviewing and adopting a recommendation to DHS. Include considerations for all pandemics. Include highly infectious disease preparedness and response considerations. Consider low staffing availability during these incidents.</p>	<p>Newlun will find out legal opinion prior to being placed on April agenda.</p> <p>Pandemic Response topic to be placed SMD agenda for the purposes of reviewing and adopting a recommendation to DHS.</p>

16.	PAC Specialty Appointment	Recommendation to Increase PAC from 7-8 to include a pediatric physician. Motion by Austad to appoint Dr. Tamas to PAC effective 2/5. Second by Nelson. All in favor. Motion Carried.	Andrews to notify Tamas of PAC appointment.
17.	RTF	Complete. Guidance document provided to EMS office for placement on website.	
18.	MIH	<p>Legislation stalled with opposition from WHA. Current legislation session to end in Feb and not resume until fall session/November. WHA has a moving target of concerns. Anticipate that hospitals will be onboard when 1) they don't get reimbursed 2) are assessed fees 3) quarterly bonus payments are affected.</p> <p>MIH isn't just about CP/EMS but includes risk reduction, high utilization, etc. A needs assessment that is being worked on through WCTS will address many of the concerns. MCW has been hired to do survey and collect responses. Needs assessment will include gap analysis. A stakeholder meeting will be held on March 23rd.</p> <p>Pilot programs: City of Madison has been approved to have a CP pilot program. Some additional departments are still waiting for operational plan approval.</p> <p>The previous answer from the EMS office was "As long as they are performing under scope of practice, MIH can be implemented." Newlun will follow-up to find out DHS opinion.</p> <p>Motion by West, second by Austad, to disband MIH committee. Motion carried.</p> <p>Plans for legislative study group may be enacted. Austad will follow-up.</p>	<p>Newlun to check with DHS regarding position on MIH.</p> <p>Austad to send out information on legislative study group.</p>
19.	EMS Mutual Aid and relevant legislation/law	<p>Memo sent from EMS Office indicating services should have coverage agreements and mutual aid agreements in place. Agreements should be included in their ops plans. A bill was passed that allows out of state ambulance providers to enter Wisconsin up to 10 times. Another bill was passed that allows out of state mutual aid without needing Wisconsin licensure if all resources have been exhausted. Concerns are that data is not being collected from the out of state mutual aid ambulance services. Ambulance service with primary area should ensure a PCR is uploaded to WARDS. Civil liability cap considerations. 911 responses should be covered first. Some agencies are relying on out of state ambulance providers to cover their area while they are busy doing interfacility transports. Rules should be established.</p>	Refer to SMD committee to compile list of considerations, identify issues and develop recommendations to EMS office in regards to mutual aid responses.

20.	EMS Minimum Staffing and relevant legislation/law	<p>Waiver Process: If issuing waiver, must follow the three requirements of the rule. Develop standards for initial application and renewal application for waiver. Within operational plan, must define mutual aid. Difference between mutual aid and auto-aid. Requirement to update operational plan.</p> <p>EMS office has not yet issued any waivers. Four services have submitted operational plan updates.</p> <p>DHS 110 – Newlun sent correspondence to legal counsel for the need to open 110 and will determine if it's possible to use the emergency rule process. Public meetings will be held when rules are opened.</p> <p>Austad: When 110 is open, need to add sentence to operational plan that include criteria if applying for staffing population waiver.</p> <p>Feasibility Study: Provides opportunity to review to determine if service is sustainable. Criteria needs to be established to approve or deny requests.</p> <p>Regions: As a statewide system, we need to review all areas of the state to determine what is appropriate levels, numbers and location of services around the state. Long-term plan is to hire a consultant to do a statewide study.</p>	Refer to SMD Committee. Develop waiver standards for initial and renewal applications and criteria for approving or denying feasibility studies, and submit to DHS. Bring recommendations to April meeting.
21.	Intro of EMS Board as a legislator resource	Need legislators to recognize EMS Board as a resource prior to or when introducing EMS-related legislation.	Exec board will work with Health Committee to educate legislators prior to the Fall session.
22.	Sustainable EMS staffing	<p>Discussion held on sustainable EMS staffing.</p> <p>West: Changes in education to sustain the current level of services they provide. Michigan possibility of going away from Registry due to increased requirements. For example, at end of education, students must complete a capstone experience to gain team leads out in the field. Can't complete program and sit for Registry until capstone program is completed. CoAEMSP interpretation of rules is impacting training centers' ability to achieve requirements.</p> <p>Educational standards: There have been requests for bridge courses from First Responder to EMT-B and for the ability to retain the EMT-IT level without the need to transition to the AEMT level. FVTC doing pilot in spring for EMR-Basic bridge.</p> <p>Discussion regarding recruitment issues: EMS is not an essential service. We need to look at EMS as a professional service. EMS is</p>	West will invite CoAEMSP to attend educator coordinators meeting in May. Recommendations from educators group will then be referred to the Education/Training committee meeting in June.

		<p>experiencing aging providers and lack of volunteers. This will require legislation.</p> <p>Goal of SMD was to talk to Safetech Solutions for recommendations on staffing models. This task exceeds capabilities of the SMD committee. Regional HCC funds could be utilized to hire consultants to do statewide study for objective data. Recruitment is among top issue in Wisconsin.</p> <p>Illinois recently removed General Duty Clause and now up to legislature to provide immunity to municipalities who are not meeting certain duties.</p> <p>Considerations: How to get counties more involved (i.e. Ch. 66), tax levy considerations, ALS responses, placement of ambulances, GIS data, response times.</p>	<p>Allen to contact Safetech Solutions for cost to evaluate the statewide system. Approach HCC for funding.</p> <p>Biggart will talk to an attorney to speak to board at future meeting regarding tax levy considerations.</p>
23.	Scope of Practice	<p>Newlun reported that some skills and items (i.e. blood products) were previously approved in operational plans for paramedic services that were not in scope for paramedic level. Now that the EMR level is approved as a legal ambulance staffing configuration, skills will need to be reviewed to ensure all approved items are included in the current SOP document.</p>	<p>Referred to PAC to look at SOP documents in relation to national scope for gap analysis and review to ensure current state SOP includes skills and items that were approved (at EMR level) but not added to the current SOP document. Martens will locate previous minutes regarding blood products.</p>
24.	Committee appointment process	<p>Ensure timeline and notification of committee openings aligns with current board SOP document.</p>	<p>Review SOP document.</p>
25.	Medical Director Report/Initiatives	<p>Martens reported that she is tracking activity and hours as medical director. She is working with EMS office on questions, investigations, and any issues that arise. She attended NAEMSO meeting. Reported on nationwide use of Narcan, shortages of EPI, use of 1:1,000 in code discussion. Requested a folder on website to store minutes, recommendations and references.</p>	<p>Develop location on website to store minutes, recommendations and reference documents.</p>
26.	EMSC Report/Initiatives	<p>Amalia had baby. Carry-over funds approved as of last week after initially being denied. SE EMS training planned.</p>	
27.	Future Legislative Initiatives	<p>EMS as an Essential Service</p>	
28.	Other Business	<p>Status of MUCC - MUCC qualifies on all points and mirrors SALT. Not required by STAC but references it. Fredrickson will check with STAC status of implementation. Martens talked to Brooke. Paul</p>	<p>Fredrickson will check with STAC regarding status of MUCC implementation.</p>

		<p>working on pilot for triage tag tracking and accountability. Implements into WI Trac. When switched vendors, functionality maintained but is beta testing. Ensuring hospitals are ready and capable. Joint meeting was held with STAC. Motion was made on October 12, 2012 to recommend adoption of MUCC. They considered development of a white paper to approve. Request to place MUCC topic on April agenda.</p> <p>SMD Medicaid sub-committee is working on reimbursement. Dana scheduled meeting w/Kevin Moore, Karen McKeon, James Newlun, February 16 at 11:00 am. Full report will be provided at April meeting.</p>	<p>MUCC topic to be placed on April agenda.</p> <p>SMD sub-committee to provide report on meeting w/Kevin Moore regarding Medicaid.</p>
29.	New Initiatives for EMS Board Consideration	For sustainable and effective EMS system, need to review all areas of the state to determine what are appropriate regions, levels, locations and quantities of ambulances and first response departments throughout the state. Long-term plan is to hire a consultant to do a statewide study.	
30.	Next Meeting Date & Location	04/13/2016. Most likely will be held at Sheraton/Madison.	
31.	Adjourn	<p>Day 1: Motion by Fredrickson, second by Austad to adjourn. Motion carried. Meeting adjourned at 4:33 pm.</p> <p>Day 2: Motion by Fredrickson, second by Austad to adjourn. Motion carried. Meeting adjourned at 11:54 am.</p>	