**DEPARTMENT OF HEALTH SERVICES** **STATE OF WISCONSIN**
F-01922 (11/2017)

# OPEN MEETING MINUTES

Instructions: F-01922A

| | | | |
|---|---|---|---|
| Name of Governmental Body: Physician Advisory Committee | | | Attending: Separate list |
| Date: 9/17/2024 | Time Started: 1418 | Time Ended: 1530 | |
| Location: Online via Zoom, in person at DHS | | | Presiding Officer: Dr. Steve Zils PAC Chair |

**Minutes**

a) Roll Call of Committee Members & Introductions
   a. Zemple (virtual), Clark, Schultz, Marquis, Kronenfeld (virtual), Eberlein (virtual), Zils, Lohmeier
b) Approval of Previous Committee Meeting Minutes
   a. Motion by Clark. seconded by Schultz. All approved.
c) Public comment opportunity to Committee (2 minutes per attendee unless pre-authorized by Chair)
   a. Question by Dr. Clark requesting clarification of if IABP were included in scope of practice for transports.
   b. Eric Anderson (DCEMS): Statement read and shared

*Since the change in scope from March of this year to remove manual defibrillation as an optional skill at the EMT and AEMT levels, we've heard a lot from our local agencies in and around Dane County that the change signaled a lack of trust and value in their role during out of hospital cardiac arrest care.*

*I'd like to acknowledge that the equipment in the field is good, and our providers have industry-standard monitors, but these monitors are not perfect. For example, artifact can lead to a reset or delay in the AED's interpretation of the rhythm, in turn leading to critical time off the chest that otherwise may be avoided. Additionally, we found the AED Mode in LifePak 15 and LifePak 20 monitors is not intended for use on patients 8 and under, leaving a number of our agencies conflicted on whether they need to now purchase and use a separate AED for these patients or incur the cost of upgrading their cardiac monitors to adhere to the scope change. We will be exploring submitting a waiver of hardship, but felt bringing this to the PAC was important to reinforce the need to understand the operational implications of any proposed changes to the scope of practice moving forward.*

*Since May of 2020, Dane County has put significant efforts into our EMS system towards SCA improvements. We review and send feedback on every available OHCA in our county, and to date have provided feedback on **1,458** OHCA events. We look closely at metrics including time on chest, compression quality and prolonged interruptions in compressions. In this same time, I have unfortunately needed to review **41** resuscitation events for patients under 8. Given our close evaluation of SCA care by our providers, we plan to submit a request for a pilot project to the state office to further evaluate and compare our system's ability to interpret and act on the four basic cardiac rhythms encountered during SCA.*

*In closing, cardiac arrest care is in the culture of Dane County EMS. Our providers are committed to giving each patient the best chance at a good outcome and our office is committed to giving these providers feedback on their resuscitation efforts to be even better next time. We believe manual defibrillation as an optional skill beyond the paramedic scope saves lives. Together we look*

*forward to demonstrating the professionalism and dedication our county has to improving survival from SCA, and will keep the PAC informed and engaged on our efforts to do so.*

d) EMS Office Report (Mandler)
   a. Update on online scope of practice change request form
      i. Check box and contact info for medical director approval
      ii. Check box for actual or perceived conflict of interest
   b. Previous question from PAC: Does the office have the ability to approve or deny advanced skill requests? The office does not have the ability to approve or deny a request that is in scope. To modify this, DHS 110 would have to be modified.
   c. Previous question from PAC: What would a framework look like for a pilot? The department does have the ability to do a pilot. It would have to be specifically looking at the addition or modification of scope of practice, be on a small scale, goal to evaluate feasibility, and participation would have to be voluntary (unclear how consent could/would be obtained). This would require full department review.
      i. Request by Dr. Zils to have the office to put this in writing to be able to communicate to agencies that are interested in consideration a pilot application.
      ii. Mandler states they will look into this.
      iii. **Action item:** Request for development of a Pilot Guidance Document

e) State EMS Medical Director Report (Colella)
   a. Noted they have finished recording the state portion of the online version of Medical Director's Course.
   b. FOMO Course Update – Live version at MCW, requesting input on scheduling and consideration to align to any other conferences; consideration for in alignment with WI – ACEP in spring of 2025 or WI-NAEMSP Medical Director Virtual Symposium
   c. Status of request to draft letter to medical and service directors re: course – still on agenda, but awaiting actual roll out of the medical director's course.
      i. **Action Item:** Dr. Zils requested once draft is completed to send to chair of PAC for review.
   d. NASEMSO discussions nalbuphine
      i. Action Item: Request interpretation from OLC 256.40 opioid antagonist. If an agency wanted to use nalbuphine, would statute allow this to happen independent of scope of practice?

f) Discussion, review and possible action on EMR, EMT, AEMT, Intermediate, Paramedic scope of practice (Zils) (standing item)
   a. Antibiotics for Open Fractures (Clark)
      i. Update from STAC meeting: R
      *ii.* Reviewed Joint Policy Statement from ACEP/NAESMP/NAEMT/COT/OTA *Prehospital Antibiotic Administration for Suspected Open Fractures*
      *iii.* Reviewed article: Muniz, et al. "Time Savings and Safety of EMS Administration of Antibiotics for Open Fractures" https://www.tandfonline.com/doi/full/10.1080/10903127.2024.2347291
      *iv.* Discussion surrounding support for single agent for this, rather than a broad inclusion of antibiotics in scope of practice.
      *v.* Discussion surrounding administration methods including IV, pumps, IM that do not necessarily burden cost.
      *vi.* Motion: Add cephalosporins for prehospital treatment of open fractures at the paramedic level by Dr. Clark, seconded by Dr. Lohmeier.. All approved.
   b. Finger Thoracostomy optional for PARA
      i. Action items from prior meeting:

1. Does the EMS Office have the ability to approve or deny an optional skill for an agency? If not, what would need to be done to facilitate that.
    a. See notes above – the EMS Office does NOT have the ability to approve or deny an optional skill for an agency
2. PAC requests EMS Office to discuss what the framework is regarding developing and implementing a pilot program and research project that includes interventions that are outside scope.
    a. See notes above.

ii. Further discussion to readdress in the future with consideration for development of a critical care scope of practice for 911, HEMS scope of practice. No motion to include this in current scope of practice at this time.

c. Levetiracetam use as optional at paramedic level (Schultz)
    i. Discussion to add this as a backup/alternative for seizure treatment, safety and efficacy of the medication
    ii. WARDS data: In previous Aug to Aug year, 17738 seizure as primary or secondary, 1815 received 1 dose of benzo, 536 required additional benzo dose (for all services) – notes about 30% of patients that received benzos for seizures required an additional dose of benzo
    iii. Dr. Colella shared data for pediatric seizures regarding two large studies out of UK supporting Keppra as an adjunct for seizure management and additional resource
        1. https://www.chausa.org/publications/catholic-health-world/archive/article/december-1-2018/ssm-health-in-wisconsin-rolls-to-front-lines-of-emergency-care-strengthens-first-response
        2. https://www.chausa.org/publications/catholic-health-world/archive/article/december-1-2018/ssm-health-in-wisconsin-rolls-to-front-lines-of-emergency-care-strengthens-first-response
        3. https://www.chausa.org/publications/catholic-health-world/archive/article/december-1-2018/ssm-health-in-wisconsin-rolls-to-front-lines-of-emergency-care-strengthens-first-response
    iv. Discussion around EMS Office new process for obtaining public comment online
        1. Action Item: EMS Office to post proposed scope of practice change for adding levetiracetam to website for public comment (goal to close by 10/18) with plan of having a special PAC meeting week of October 21st
    v. Dr. Eberlein input on whether or not we wanted to discuss adding a single drug to scope of practice or classes of medication consistent with previous efforts to do this. Discussion from Dr. Schultz that this is essentially in a category of its own and that this is worth being specific on.
    vi. Will post for public comment and plan to review on October meeting agenda.

g) Discuss, review and possible action on State Protocols (Colella) (standing item)
    a. None

h) Discuss and develop future new business (Zils)
    a. None

i) Adjourn
    a. Motion by Lohmeier, seconded by Schultz.

Prepared by: Kacey Kronenfeld on 9/17/2024.

These minutes were presented and approved by the governmental body on: 2024-12-04