

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: State EMS Board			Attending: Separate list compiled by DHS EMS Section.
Date: 10/16/2018	Time Started: 9:03am	Time Ended: 4:35pm	
Location: 1313 John Q Hammons Drive, Madison, WI 53562			Presiding Officer: Biggart, Jerry (EMS Board Chair)

Minutes

1. Welcome and committee member check-in.
2. Introductions of EMS Board, EMS Office staff, and attendees.
3. Public Comment by Danielle Zimmerman of Rep. Amy Loudenbeck's office.
4. Approval of minutes from August 1, 2018 board meeting. Motion made by Don Kimlicka, second by Greg West. Motion carries, none opposed.
5. Motion by Chair Jerry Biggart to add Dr. Charles Cady to the Physician Advisory Committee. Second by Mark Fredrickson. Motion carries, none opposed. Chair Biggart also welcomed Dr. Chris Eberlein to the board.
6. System Quality & Data Committee Chair Carrie Meier provided update on committee work.
 - a. Presentation by DHS Epidemiologist Joe Tatar on CARES cardiac arrest data. Handout provided to board members. Questions raised about the data and how to use it. Motion by Dr. Clark to create ad hoc CARES workgroup to be led by Carrie Meier. DHS staff provided updates on WARDS compliance and improvements that will be made to WARDS Elite. NFPA 950 public comment period is open. No update from HeartSafe Wisconsin.
 - b. Education and Training Committee Chair Greg West provided update on committee work. Chair West provided information on students transferring from one Wisconsin paramedic training program to another, often because of difficulty passing the course at the first location.
 - c. Technical college system is happy to announce that EMS is included in the State's 'high demand field' criteria, which provides funding for technical colleges to recruit high school students for EMT programs, which is no cost to the students. The students can complete EMT training before high school graduation, but cannot be licensed until they reach 18 years of age. Curriculum workgroup is finishing review of paramedic curriculum, then will move on to other provider levels. Discussion of the current NREMT exam, which is computerized, and changes based on how well the student is doing on the test.
7. EMS for Children Committee Chair Dr. Kim provided update on committee work.
 - a. Survey results show that 21% of Wisconsin EMS agencies have an assigned pediatric emergency care coordinator. EMSC is looking to increase that number. Anyone who is interested can contact EMSC for help. In-depth survey results were provided to the board, with a presentation on what the survey data mean. DHS Epidemiologist proposed taking the survey data and formatting it for distribution to the board by February or March 2019.
8. Discussion of future board meeting schedule. Proposed dates for 2019 are March 5-6, June 4-5, September 3-4 and December 3-4. This would be a quarterly meeting schedule, which was viewed favorably by the board. Madison was proposed for the 'normal' meeting location. Motion to recommend quarterly meetings for 2019 and beyond made by Chris Anderson, second by Dustin Ridings. Motion carries, none opposed.
9. Discussion of future board meeting structure. DHS proposed breaking out committee meetings from full board meetings. Discussion on feasibility of that proposal, including whether any (or all) board members should be present for committee meetings, unless the committee chair is also a board member. Suggestion made for committees to meet, at their own scheduled times, then prepare detailed information for the full board. At least one board member would be present for each committee meeting as a resource to the committee. DHS will have a Skype for Business account available for use by board and committees. The board will continue discussion on structure, but will go ahead with new schedule. No action taken on structure.

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10. Physician Advisory Committee Chair Dr. Zils provided update on committee work. PAC meeting minutes approved by PAC members.
- a. Public comment from Tom Fennell (Mayo Clinic Gold Cross Ambulance) regarding BiPAP. There is a trend in interfacility transport, and even prehospital treatment and transport, toward using BiPAP rather than CPAP. Request was made for consideration to be given to revising the paramedic scope to allow BiPAP.
 - b. State Medical Director Dr. Riccardo Colella provided report to PAC and board members. Dr. Colella presented report on uniform patient care protocols as a goal for Wisconsin. Flexible staffing legislative mandate may be a good application of uniform protocols.
 - c. CPAP vs. BiPAP: CPAP reduces hospital mortality and need for intubation. Data may not be sufficient to show that BiPAP will improve upon those outcomes, but no data shows any harm in using BiPAP.
 - d. Three medications which have not been used by any EMS service in the past two years will be removed from the paramedic medication list. Motion made within PAC to remove Nubain, Pavulon, and Naltrexone. Motion carries, none opposed.
 - e. Discussion regarding the use of over-the-counter (OTC) medications for tactical EMS (TEMS) providers to assist law enforcement personnel with common issues such as fever, headache, sinusitis, etc. Motion made within PAC to allow use of any OTC medication to be given per package instructions. Motion carries, none opposed.
 - f. Discussion regarding scope of practice at various licensure levels and how to simplify the current scope outline. Rather than stars, or asterisks, suggestion would be using simple terms such as “optional” and “required.”
 - g. Discussion regarding changing the laryngoscope and Magill forceps from required to optional at the EMS level. Currently required by Trans 309 as mandatory equipment on an ambulance, so no changes suggested for now.
 - h. Motion made by PAC member Kasey Kronenfeld to add acetaminophen and ibuprofen (oral) at the AEMT level. Motion carries; four in favor, three opposed.
 - i. Discussion led by Dr. Sean Marquis regarding adding some commonly used medications to the paramedic list, rather than the critical care (specialty care transport) list. Discussion tabled for now; will be discussed at a later date.
 - j. Discussion regarding Do Not Resuscitate (DNR) orders for EMTs. Concerns range from bracelet validity, paper orders, bracelet not being worn, etc. These are common problems experienced by EMTs. May require legislative action in order to be changed.
11. Transition back to board meeting from PAC meeting.
- a. Motion to adjourn made by Dr. Zils, second by Dr. Eberlein. Meeting adjourned at 4:35pm.