

OPEN MEETING MINUTES

Name of Governmental Body: EMS Board			Attending: See below
Date: 09/02/2020	Time Started: 9AM	Time Ended: 1:20 PM	
Location: Zoom Meeting			Presiding Officer: Jerry Biggert
Minutes			

1. Meeting called to order – 9:00 AM
2. Welcome and EMS Board Member rollcall
3. Approval of previous EMS Board meeting minutes

Motion – Pluess - Accept June Board Meeting minutes with name spelling changes

Second – West

Motion – Pluess – Accept July meeting minutes

Second – Albert

Discussion – None

Approval – Unanimous

4. Public comment opportunity regarding Board agenda or special announcements
(2 minutes max per attendee unless Chair extends period)

None

5. Report from EMS Section Chief Lockhart, and Section Staff, with possible recommendations/action from EMS Board regarding Administration, Education, and Operations

- DHS 110 clearinghouse review received and working on response
- 28 days away from renewal deadline - 09/30/20
- CE Requirement questions – being finalized and will be released after deadline
- July 1 & September 30th – if you use them for 2020-2023 cannot be used for next triennium
- Community EMS working through process and will be endorsement to a license
- CARES registry training in process
- EMS two-year plan with DHS Secretary
- Two state town hall meetings
- Website revision up and running
- TRANS 309 – proposed rule revision in process

6. Reports from Standing Committee Chairs with possible recommendations/action (see Committee Agendas for business items)

a. System Quality & Data (Dr. Eberlein/Chair)

1. Data review – Overview of EMS call volumes. Call volume is near normal compared to prior years for July. Opiate and Mental Health volume is increased.
 - a. Biospatial Update: Biospatial is utilizing AI to for the narrative section of report. We plan to investigate how this can help our committee improve our data. Destination facility, Clustering, ET3. Training on using Biospatial for users.

- b. NEMSIS presentation: Eric Chaney from NHTSA: Roadblocks to data sharing including HIPPA interpretation. “Sharing Data Saves Lives”
 - c. Public Information Discussion - Will continue with opiate, narcan, trauma, stroke and STEMI data. Consideration of Mental health transports to dashboard.
2. Data Collection and Sharing:
- a. -Interoperability Solutions: Will communicate with Eric Chaney on identification of areas that have succeeded on this front. Investigate legal framework and HIPPA laws, improve understanding of importance for hospitals, and demonstrate Value.
 - b. Improving Data Workflow Inefficiencies: Improve WARDS run forms, subcommittee to look at fully understanding cycle of data.
 - c. WARDS Update and discussion: Town hall to educate services on changes.
 - d. Education and Training module to include data quality and QA.
 - e. Discussion on data that would be helpful for EMS agencies around the State - Adding pre-selected reports allowing for easy comparison between agencies and State-wide data.
 - f. CARES WISCONSIN update - Continue to see increase in services, Data Quality is improving, WI is 2% better than national average for survival to discharge.
 - g. WARDS compliance, review, data quality improvement in WARDS - CQI project working on barriers including Data improvement, Systems (CQI templates), Benchmark Data. Education on importance of CQI and improve ease of implementation. Benchmarks to regional data and national. Focus is on overall improvement and non-punitive.
3. State of Wisconsin EMS plan - Data improvement on entry and ease of reporting in WARDS is a top priority.

b. EMS for Children (Dr. Kim/Dr. Browne/Chair)

- 1. Pediatric readiness collaborative – improves ED readiness. Wisconsin most productive of all the states. Should have some recommendation in the future for improvement.
- 2. Another round of surveys will go out in May 2021.
- 3. Education outreach. Met with education committee and state ems office to discuss pediatric specific education modules. Potential to develop and deploy trainings through Train-WI.
- 4. Children’s Wisconsin Transport team will be creating an online trach training module – hope by end of year.
- 5. Pediatric emergency care coordinator – September 16th meeting and December 16th meetings set.
- 6. Children with special health needs. Patient at risk program no longer has central state database. Local services using paper forms maintained by school nurses – this is working well. Looking for smaller services to participate in this project to take to scale.
- 7. POLST & DNR guideline. Statute 154 - Formulating a process to add pediatrics and POLST and revise this statute to update.
- 8. Pediatric safe transport. Interim guidance has been finalized and circulated. Request endorsement from EMS board.
 - a. Reference handout available for safe transport guidelines.
 - b. Survey regarding safe transport will be sent out to providers and service directors.

Motion – Litzka - Approve recommendation from EMS to implement the interim pediatric guidance statewide. Second – Ridings

Discussion – Status of interim guidance – will it become a “permanent”? EMC stated they would keep the board and EMS office updated on revisions.

Approval – Unanimous

Motion – Litza – Recommend requirement of services to have a policy for pediatric transport based on the approved guidance.

Second – Ridings

Discussion – Not sure if rule/statute statute supports but recommendation made.

Approval – Unanimous

c. Education & Training (Brian Litza/Chair)

1. WTCS
 - a. -Continuing work on the NREMT psychomotor exam transition
 - b. Appreciation to all those involved in the development process
2. Updates and Discussion from/with the WI EMS Office on EMS Education and Training (Helen Pullen).
 - a. We have developed a new process and kept up with the demand of NREMT exams in light of COVID and are farther ahead in response than other states
 - b. The new electronic based process has actually sped up the time to licensure - in some cases within 24 hours (has been up to three weeks)
 - c. Now we are focusing on the cognitive exams
 - d. We will be rolling out the new OOHS exam material soon.
 - e. Working to create video “best practices” instead of the face-to-face instructor called conference
3. Follow-up discussion from scope and curricula discussion from June board meeting
 - a. Final curricula needs to include scope, protocols, lab/clinical/field guidelines, standards and procedures manual, and national educational standards.
 - b. Concern regarding schools’ ability to adjust hours for fall of 2021 – we need hard numbers to update courses in the system to be ready for fall of 2021
- 4. Motion forwarded by committee to recommend to the state EMS office:**
 - a. The EMT curricula be based on 252 didactic/lab hours and 10 patient contacts**
 - b. The AEMT curricula be based on 216 didactic/lab hours and 72 hours of clinical**

Motion – From committee to accept the updated curricula hours as forwarded by the committee.

Second – Not required

Discussion – None

Approval – Unanimous

c. (Matcha – Melvin)

- Discussion – none
 - Carried - unanimous
5. EMR survey on scope and education requirements report.
 - Robust discussion regarding data from survey
 - PAC will review the scope and potentially make some adjustments
 6. Discussion of further surveys – other levels
 - Joint discussion suggested we survey the other levels but with the strict timelines to develop curricula this might not be possible. We will continue to investigate this idea for future scope revisions.
 7. Curricula updates – specifically community paramedic/EMS
 - A team has been identified and will be convening to discuss if the recommended curricula needs to be updated or “Wisconsinized”.

8. Refresher hour requirements for 2023-2026 Renewal

- Creating a FREE online self-paced EMR refresher that will be available through TRAIN-WI
 - New training centers have been approved to make service-based training easier to track and verify
 - The 2023-2026 renewal cycle dates are July 1, 2020 thru June 30, 2023.
- b. -We reviewed the renewal hours and the update renewal templates from the state EMS office
- c. ii. Following NCCP Model from NREMT
- EMR - 18 hours
 - EMT- 40 hours
 - AEMT- 50 hours
 - Paramedic - 60 hours
 - Helen shared updated renewal documents for each level based on the new licensure period and the NCCP model.

The committee recommended the approval of the updated refresher template documents for all levels that match the NREMT NCCP so they can be published through the department to the public. The EMS board had previously acted on this and no motion/vote was entertained.

d. Physician's Advisory Committee (PAC) (Dr. Steven Zils/Chair)

1. Per request of Dr. Colella, State EMS Medical Director - Joint call with Education Committee Meeting regarding their agenda item 8.g: Follow up discussion from scope and curricula discussion from June board meeting
 - a. Reviewed EMR Survey on scope and education requirements report
 - b. Possible recommendation(s) to EMS Board and PAC regarding scope and education for EMR
 - i. Recognize trend is that results support wanting to maintain maximal skills but shortest training required
 - ii. It was noted that EMR scope is closely approaching EMT, but that expectation for hours training is significantly less
 - iii. Education & Training Committee noted that their take-away from survey was that goal would be approximately 100 hours for initial training but this would not allow coverage of all advanced skills
 - iv. Discussion regarding what entry level vs road ready goals should be for EMR initial education
 - v. Discussion regarding overall goal of transformation of WI Scope of Practice towards national scope format was to work towards removing optional skills
 - vi. From EMS Office, discussed goal of developing a training portfolio for every EMS provider that can easily be utilized to share across state borders – most schools are planning to implement January 1, 2021
 - vii. Recommendation to push back to PAC to reevaluate scope of practice
2. Discussion, review and possible action on PEEP adjustments for transport ventilators
3. Discussion, review and possible action on TEMS Scope of Practice
 - a. DHS 110 does not currently have TEMS as a provider level thus there is not a statutory or regulatory means of approving practice that is currently outside of an individual's scope of practice
 - b. Discussion regarding what does TEMS endorsement mean

4. Discussion, review and possible action on State Protocols
 - a. Dr. Colella updated PAC on form recommendations and shared sample protocols
 - b. Established as state protocols offer resource but not required of every agency in the state
 - c. Discussion regarding formatting and potential development of a Field Manual

e. System Management & Development (Dr. Clark/Chair)

(out of agenda sequence)

A. EMS COVID-19 Survey Response

- a. Main Topics for Follow-up
 - i. PPE Availability
 1. Encourage ongoing monitoring at state, region, local level and ongoing exploration of sources
 2. Concerns about position of EMS within supply chain priority
 - a. Opportunities for group purchasing
 3. Recommendation to consider elastomeric P-100 respirator to conserve PPE and improved filtration
 - ii. Effects of Outbreaks on Personnel
 1. Encourage tracking number of personnel unable to work due to COVID infection, quarantine due to exposure, underlying conditions
 2. Information on prevention techniques: screening of patient by dispatch, screening of personnel, universal masking
 - iii. Training
 1. Need for development of processes to enable ongoing in-person training (clinical) and new personnel onboarding
 - a. Heavy reliance on 3rd parties to host clinicals (Hosp, Urgent care, etc). Exterior agencies were able to shut down the EMS initial training over concerns of exposure.
 - iv. Information Sharing
 1. Need for services to have a consistent reliable sources of information, engagement of medical director
- b. Next Steps
 - i. Incorporate above topics into monthly EMS Office Townhall meetings
 - ii. Develop shorter follow-up survey for evaluate trends in above topics
 - iii. Share survey results with EMS personnel and representational groups
- c. Data File was shared with DHS (complete) and HERC (deidentified)
- d. Additional Topics for Follow-Up
 - i. OSHA has suspended Fit Testing for old employees due to crisis levels. Fit Test only New Employees <https://www.osha.gov/memos/2020-04-08/expanded-temporary-enforcement-guidance-respiratory-protection-fit-testing-n95>
 - ii. Comments made by services that respirator fit testing was not being performed at baseline, not consistent with OSHA requirements
 - iii. Public Service Announcement about PPE used by EMS: Milwaukee Fire <https://www.youtube.com/watch?v=KF6EiVFk3Ao&feature=youtu.be>

- iv. Inconsistent times reported for “airing out N-95 masks”
 - v. Concerns about HERC being more visible and accessible to their local Services AND inconsistent guidance from hospitals to EMS
 - B. Onboarding Work Group: Discussion on “Recommendations of EMS Onboarding Procedures’ Document
 - a. Serves as framework for services
 - b. Serves to onboard employees effectively and efficiently
 - c. Group plans to meet twice before December meeting to develop document for further review
 - C. Diversions: Discussion on “ Bypass and Diversion: Document
 - a. Establishes criteria
 - i. Bypass Conditions
 - ii. Limited Divert
 - iii. Peak Consensus
 - b. Present to Board and Office for review
 - i. Plan to obtain feedback from WI ACEP and WI NAEMSP
 - ii. Once approved, provide recommendations to WI Hosp. Association for buy in.
 - D. PSAP T-CPR:
 - a. On hold due to C19
 - b. Virtual training presentation created as alternative to in -person. Prefer to deliver education in an in- person format.
 - c. Revised training to include AHA recommendations on HCPR during C19
 - E. Update Committee Descriptions:
 - a. See attached
 - b. Discussion on previous EMS Leadership Course via Tech Schools
 - i. Sample online lectures: <https://www.youtube.com/user/WCTCEMS/playlists> (Click on Leadership and Management playlists)
 - F. Additional:
 - a. Concerns about Services who have to participate in Cost- Date Reporting study for Medicaid/Medicare reimbursements.
 - b. 79 Wi Services on that list
 - c. Deadlines have been extended by 1 year due to COVID-19
 - d. Good data could lift reimbursement rates, while bad data could affect future rates
 - e. Recommendations to see where/what group assisting agencies with this initiative should fall under. Once determined there needs to be outreach and education conducted for those services.
7. Report on Health Care Coalition State Advisory Committee (Clark)
- a. No update
8. Update with possible recommendations regarding Medicaid reimbursement rates/ Ground Emergency Medical
- a. No update
9. Discussion with Action specifications related to the Wisconsin EMS Board Human Relations Committee established at the July EMS Board Meeting (Biggart)
- a. Still working on formation – Laura Albert will vice chair
10. Update & Discuss Status of overdose Initiatives in Wisconsin & Role(s) that the EMS Board can serve in assisting with the Initiative (standing item) (Biggart, Colella, Bates)

- a. Investigating “Narcan leave behind” similar to Missouri
- 11. Legislation Updates Report on EMS Topics (standing item) (Biggart/Pluess)
 - a. None
- 12. Discuss new EMS equipment concepts with possible recommendation as applicable (standing item)
 - a. None
- 13. Update Regarding Behavioral Health and Wellness of EMS Workers (standing item) (Pluess/Ridings)
 - a. None
- 14. December 2020 EMS Board Meeting Logistics
 - a. Will be a Zoom meeting. Look to open meeting notices for details
- 15. Discuss and Develop Future New Business
 - a. None
- 16. If Necessary, Motion/Vote: Closed session (Board and EMS office) - to review complaints received by the WI EMS program and provide consultation per Wis. Stat. § 256.08(4). The closed session is authorized under Wis. Stat. § 19.85(1)(f).
 - a. None
- 17. If Necessary, Transition to Open Session
 - a. No close session required.
- 18. Adjourn – 1:20 PM

Motion – Eberlein – Adjournment

Second – Clark

Discussion – None

Approval – Unanimous

Attendance:

Board Members

Jerry Biggart

Justin Pluess

Brian Litza

Greg West

Timothy Bantes

Michael Clark

Dustin Ridings

Cheris Eberlein

Amanda Bates

Steve Zils

Laura Albert

Government Representatives

Mark Lockhart – DHS Representative

M Riccardo Colella – State EMS & Trauma Medical Director

Michael Kim – EMS For Children

Timothy Weir – Wisconsin Technical College System (ABSNT)

Prepared by: Litza on 09/02/2020

Minutes reviewed and approved with no corrections or additions by the governmental body on: 12/02/2020